MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: June 10, 2022
CLIFF#: 269810

PREPARED FOR: Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: Public Posting of Child and Family Practice Review (formerly Case Review) Summaries in June 2022

BACKGROUND:
In the *BC Children and Youth Review*, the Honourable Ted Hughes recommended that twice a year the Ministry of Children and Family Development (ministry) publicly release a summary of each child death review it completed during the previous six months. In June 2011, the ministry revised its process for posting summaries to include all critical injury case reviews as well. The summaries are posted in June and December each year and provide a narrative description of the child and family practice review. The public disclosure of child and family practice review summaries considers privacy issues and confidentiality in accordance with the *Freedom of Information and Protection of Privacy Act* and the *Child, Family and Community Service Act.*

DISCUSSION:
There were 14 child and family practice reviews completed as of June 2022. Thirteen will be posted as summaries. A summary will not be posted for one review because it was a Youth Justice review and cannot be posted due to the confidentiality requirements of the *Youth Criminal Justice Act*.

Of the 13 reviews that will be posted:

- All 13 were file reviews
    - 2 were related to sibling groups of 3, 1 was related to a sibling group of 2, and 10 were on 1 child, totalling 18 children related to the 13 reviews
- Of the 18 children, 10 children died and 8 were critically injured. Of the 10 children that died:
    - 6 were Indigenous children
    - 6 children were in care and 4 children were not in care
    - 3 children were served by Indigenous Child and Family Service (ICFS) Agencies and 6 children were served by the ministry. One child was served by both an ICFS Agency and the ministry.
    - 2 child deaths were accidental, as described within the corresponding final Coroner's Reports.
    - Final Coroner's Reports have not been received regarding the other 8 child deaths, but the coroner initially determined 2 of these deaths were accidental, 2 were undetermined, 2 were suicide, and 2 were natural.

Five of the 13 reviews that will be posted were regarding critical injuries, and of the 8 children injured:

- 6 are Indigenous children
- 4 children were in care and 4 children were not in care

- 6 children were served by the ministry and 2 were served by an ICFS Agency

Positive practice themes for the child and family practice reviews were:

- Communication with and support for caregivers
- Relationship building and communication with youth
- Cultural identity and connection supported
- Consistency with documentation and planning
- Engagement of Indigenous communities in planning

The practice concerns identified in the child and family practice reviews were addressed through action plans developed in collaboration with ICFS Agencies and Service Delivery Areas (SDA) leadership where the children were served. Themes of the practice concerns were:

- Child protection safety assessments and planning
- Home visits or in-person visits with children
- Mental health assessments and planning
- Cultural planning
- Documentation delays

Each SDA and ICFS Agency is responsible to complete their action plans. The Quality Assurance Branch monitors the completion of every action in the action plans by following up with those accountable until they are completed. Overdue actions require an explanation, as well as the expected steps and timeframe for completion; these may be brought to the attention of the responsible Assistant Deputy Minister.

Next Steps:
Once approved, these summaries will be posted to the ministry's internet page.

ATTACHMENTS:

A. Table for Summary Posting June 2022
B. 260263 FR Summary
C. 256106 FR Summary
D. 260414 FR Summary
E. 258676 FR Summary
F. 256461 FR Summary
G. 261802 FR Summary
H. 260045 FR Summary
I. 249701 FR Summary
J. 258331 FR Summary
K. 261424 FR Summary
L. 244392 FR Summary
M. 259468 FR Summary
N. 261374 FR Summary

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Table for Summary Posting: June 2022

Ref #	Type	Critical Injury/Fatality	Type of Fatality	In Care	Indigenous Child	MCFD or ICFS Agency	# Actions	Actions Completed	Actions In Progress	Actions Overdue
260263	File	Fatality	Overdose	Yes	Yes	ICFS Agency	0	0	0	0
256106	File	Fatality	Accidental	Yes	Yes	ICFS Agency MCFD	0	0	0	0
260414	File	Fatality	Natural	Yes	Yes	ICFS Agency	0	0	0	0
258676*	File	Fatality/Critical Injuries	Undetermined	Yes	Yes	MCFD	5	0	5	0
256461	File	Fatality	Overdose	Yes	No	MCFD	4	4	0	0
261802	File	Fatality	Natural	Yes	No	MCFD	0	0	0	0
260045*	File	Fatality/Critical Injuries	Undetermined	No	Yes	ICFS Agency	2	2	0	0
249701	File	Fatality	Suicide	No	No	MCFD	3	3	0	0
258331	File	Fatality	Suicide	No	No	MCFD	4	4	0	0
261424	File	Fatality	Overdose	No	Yes	MCFS	4	0	4	0
244392*	File	Critical Injuries	-	Yes	Yes	MCFD	5	2	0	3**
259468	File	Critical Injury	-	No	No	MCFD	3	3	0	0
261374	File	Critical Injury	-	No	No	MCFD	4	1	3	0
						Totals:	34	19	12	3

* These case reviews each relate to multiple sibling groups.
** Quality Assurance has followed up on this and there is a plan to complete.

BRITISH COLUMBIA

Ref #: 260263
Date: June 2022

Summary: Child and Family Practice Review of the Death of a Youth in the Care of the Director in 2021

Circumstances of the Fatality

The review examined the Indigenous Child and Family Services Agency involvement with a youth who died. The youth received guardianship services at the time of the death.

Findings

The director demonstrated a clear commitment to supporting the youth. Collaboration with the youth's care team to meet the youth's needs was consistent. This included monthly meetings to plan for the youth. Documentation of this planning and related assessments was thorough.

Actions

No actions were required to address the findings of the review.

The review was completed in February 2022.

BRITISH COLUMBIA

Ref #: 256106
Date: June 2022

Summary: Child and Family Practice Review of the Death of a Youth in the Care of the Director in 2020

Circumstances of the Fatality

The review examined the Indigenous Child and Family Services Agency and ministry involvement with an Indigenous youth who died. The youth was receiving guardianship services at the time of the death.

Findings

The services provided to the youth largely addressed their needs and supported their transition to adulthood. The youth was supported by a large care team who regularly met to discuss planning and service provision in order to support the youth. Although there was no recent communication with the youth's Indigenous community, the youth had previously attended their Indigenous community and participated in cultural activities.

Actions

No actions were required to address the findings of the review.

The review was completed in May 2022.

BRITISH COLUMBIA

Ref #: 260414
Date: June 2022

Summary: Child and Family Practice Review of the Death of a Youth in the Care of the Director in 2021

Circumstances of the Fatality

The review examined the Indigenous Child and Family Services Agency involvement with an Indigenous youth who died. The youth received guardianship services at the time of the death.

Findings

In the months before the youth's death, the director helped to gather an extensive and diverse circle of support for them; this care team's work focused on connecting the youth to their family, Indigenous communities, and culture, which helped to build upon their strengths. Assessment and planning completed for the youth led to tangible improvements in their safety, self-care, and overall health.

Actions

No actions were required to address the findings of the review.

The review was completed in December 2021.

BRITISH COLUMBIA

Ref #: 258676
Date: June 2022

Summary: Child and Family Practice Review of the Death & Critical Injuries of Children in the Care of the Director in 2021

Circumstances of the Fatality & Critical Injuries

The review examined ministry services provided to an Indigenous child who died, and their siblings who were critically injured. The children and their family were receiving guardianship and family support services at the time of the death and critical injuries.

Findings

The ministry's assessment and planning did not address the children's safety and well-being. Their placements were not screened, assessed, or approved, leaving them vulnerable to harm.

Child protection incidents were not completed in a timely manner and assessments were not completed. The ministry did not address concerns raised by community professionals about the care provided to the children. The children were not met with regularly, cultural plans were not created, and their Care Plans were not updated.

Actions

The involved Service Delivery Area leadership and the Quality Assurance team developed an action plan for a review to occur of all placement decisions for children placed outside their parental home to ensure the care providers have been assessed appropriately, and thorough and timely completion of child protection incidents with the involved staff.

The involved staff also receive training about guardianship responsibilities, including regular in-person, private meetings with children-in-care, updating Care Plans, completing cultural plans for Indigenous children-in-care, and ensuring children access appropriate medical care and support services. Further review of the involved team's cases would be completed, focusing on family service, child service and resource standards.

The review was completed in December 2021. The above action plan is due for full implementation in June 2022.

BRITISH COLUMBIA

Ref #: 256461
Date: June 2022

Summary: Child and Family Practice Review of the Death of a Youth in the Care of the Director in 2020

Circumstances of the Fatality

The review examined the practice related to a youth who died. The youth and their family were receiving guardianship and family support services at the time of the death.

Findings

The assessment and planning for the youth partially addressed their safety and well-being. The youth had a large care team that collaborated frequently to support their safety, even though the youth was reluctant to accept help. They had health issues that impacted their functioning and contributed to their inability to engage in services. There was no record of assessments that support decision making and permanency planning.

The youth was involved with another ministry program, but this program did not assess the youth's mental health needs and did not provide service in accordance with policy. Additionally, the youth's consent was not obtained prior to providing this service, or when sharing their personal information. The youth's electronic file information was not entered in a timely manner and there was no record of consultation with a supervisor.

Actions

The involved Service Delivery Areas (SDA) leadership and the Quality Assurance team developed an action plan for the involved teams to review the BC Permanency Framework and the Case Transfer and Joint Case Management directive, including collaboration on planning and coordination of services. A review would also occur of the SDA's provision of services to youth with a specific need regarding supervision, documentation, consultation, and consent.

The review was completed in December 2021. The above action plan was fully implemented in May 2022.

BRITISH COLUMBIA

Ref #: 261802
Date: June 2022

Summary: Child and Family Practice Review of the Death of a Youth in the Care of the Director in 2021

Circumstances of the Fatality

The review examined the ministry services provided to a youth who died. The youth was receiving guardianship services at the time of the death.

Findings

The permanency and health needs of the youth were thoroughly addressed through collaborative, consistent planning amongst a large care team. When the youth's health needs increased, the ministry worked with members of the care team to develop planning to address the youth's needs.

Actions

No actions were required to address the findings of the review.

The review was completed in February 2022.

BRITISH COLUMBIA

Ref #: 260045
Date: June 2022

Summary: Child and Family Practice Review of the Death & Critical Injuries of Children Known to the Director in 2021

Circumstances of the Fatality and Critical Injuries

The review examined the Indigenous Child and Family Services Agency involvement with Indigenous children, one who died and two who were critically injured. The children and their family received services at the time of the death and critical injuries.

Findings

Assessments were not fully completed to address the risk to the children's safety and well-being, and planning was not consistent with the family's needs. In particular, goals related to a specific need identified for the children were not met and planning to increase support for the family to meet those goals was undocumented.

Prior to the review being finalized, the involved staff reviewed policies related to issues identified through the review and teams were restructured to better serve families where there are risks present.

Actions

No further actions were required to address the findings of this review.

The review was completed in December 2021.

BRITISH COLUMBIA

Ref #: 249701
Date: June 2022

Summary: Child and Family Practice Review of the Death of a Youth Known to the Ministry in 2020

Circumstances of the Fatality

The review examined the ministry services provided to a youth who died. The youth and their family were receiving services at the time of the death.

Findings

There was no documentation of an assessment or plan when the youth identified a mental health issue. Based on the circumstances, these were required. When further concerns of the youth's mental health were raised there was no record of an assessment or plan being created.

Prior to the review being finalized, a webinar was provided to targeted staff within the Service Delivery Area regarding a mental health issue.

Actions

The involved Service Delivery Area leadership and the Quality Assurance team developed an action plan to provide mental health training regarding a specific issue to involved staff, and to discuss with team leaders the requirement for having regular clinical supervision to identify youth with a specific mental health issue and review the assessment and planning for them.

The review was completed in December 2021. The above action plan was fully implemented in March 2022.

BRITISH COLUMBIA

Ref #: 258331
Date: June 2022

Summary: Child and Family Practice Review of the Death of a Youth Known to the Ministry in 2021

Circumstances of the Fatality

The review examined the ministry services provided to a youth who died. The youth and their family received services at the time of the death.

Findings

A required initial assessment was not completed when the youth began receiving mental health services. Over the following year, their risk related to mental health issues was not assessed, and a safety plan was not developed to mitigate any risks. Recommendations for working with the youth were not followed. The youth required an assessment of their needs and a plan developed to address these needs, and consultation with a supervisor was warranted, but these did not happen.

Actions

The involved Service Delivery Area leadership and the Quality Assurance team developed an action plan to review the documented circumstances in a sample of children and youth who receive mental health services, documentation requirements, recommendations during clinical supervision, and the assessment of risk related to mental health issues.

The review was completed in December 2021. The above action plan was fully implemented in February 2022.

BRITISH COLUMBIA

Ref #: 261424
Date: June 2022

Summary: Child and Family Practice Review of the Death of a Youth Known to the Director in 2021

Circumstances of the Fatality

The review examined the ministry services provided to an Indigenous youth who died. The youth and their family received services at the time of the death.

Findings

The ministry entered into an agreement for the youth's care without their parent's involvement. In that agreement, the ministry committed to offer the youth support; this did not occur. The youth subsequently moved to a home where specific concerns had been identified about their safety. No steps were documented to mitigate the safety risk to the youth. New information about the youth's specific needs was received; however, no action occurred to address these needs.

Actions

The involved Service Delivery Area leadership and the Quality Assurance team developed an action plan to review with the involved staff policies regarding: Out of Care services to youth, clinical consultation to assist in case planning when involved in complex high-risk child protection cases, reassessing risk when youth return to homes where outstanding child protection concerns have not been addressed and offering support services to youth and families.

The review was completed in May 2022. The above action plan is due for full implementation in June 2022.

BRITISH COLUMBIA

Ref #: 244392
Date: June 2022

Summary: Child and Family Practice Review of the Critical Injuries of Children in the Care of the Director in 2019

Circumstances of the Critical Injuries

The review examined the ministry services provided to Indigenous children who were critically injured. The children were receiving guardianship services at the time of the critical injuries.

Findings

The ministry partially fulfilled their responsibilities for the care of the children. Educational needs were met for one of the children and the ministry supported the children's connection to their culture and family. Planning was not updated to reflect the children's needs. Support for one of the children was arranged, but the child did not receive the support. There was a delay in developing a cultural plan for the children. Once the plan was developed, the children began to connect more with their extended family, culture and community.

Prior to the review being finalized, meetings occurred with the children's Indigenous community to discuss permanency options, and one of the children received support to address their emotional health needs.

Actions

The involved Service Delivery Area leadership and the Quality Assurance team developed an action plan to consistently document contact with children in care, update the children's records to make note of ministry contact that occurred with them during the past year, and review policies relating to planning and recording information.

The review was completed in March 2022. The above action plan will be implemented in July 2022.

BRITISH COLUMBIA

Ref #: 259468
Date: June 2022

Summary: Child and Family Practice Review of a Critical Injury of a Child Known to the Director in 2021

Circumstances of the Critical Injury

The review examined the ministry services provided to a child who was critically injured. The child and their family received services at the time of the critical injury.

Findings

After the ministry received reports of related concerns, the child's safety and well-being were not fully assessed. The child was left at increased risk, and the concerns reported were unaddressed in the month leading up to the child's injury.

Prior to the review being finalized, the involved staff reviewed assessment and planning policies related to issues identified through the review.

Actions

The involved Service Delivery Area leadership and the Quality Assurance team developed an action plan to review with the involved staff Best Practice Approaches, Child Protection and Violence Against Women, and screening-in new reports when there are open family service cases.

The review was completed in February 2022. The above action plan was fully implemented in May 2022.

BRITISH COLUMBIA

Ref #: 261374
Date: June 2022

Summary: Child and Family Practice Review of a Critical Injury of a Child Known to the Director in 2021

Circumstances of the Critical Injury

The review examined the ministry services provided to a child who was critically injured. The child and their family received services at the time of the critical injury.

Findings

The assessment and planning for the child partially addressed their safety and well-being. Safety planning was completed, but only with one parent. No action was taken to confirm the safety plan was followed. Collateral contacts were not contacted, safe sleep practices were not reviewed, and there was minimal collaboration with service providers.

Prior to the review being finalized, the involved staff reviewed child protection policies related to issues identified through the review.

Actions

The involved Service Delivery Area leadership and the Quality Assurance team developed an action plan for the involved staff to review safe sleep practices, and attend training on problematic substance use, intake and assessment, ongoing family services, and guardianship responsibilities.

The review was completed in May 2022. The above action plan is due for full implementation in November 2022.

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: June 10, 2022
CLIFF#: 269929

PREPARED FOR: Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: Public posting of five practice audit reports in June 2022

BACKGROUND:

The purpose of the practice audit program is to support and improve practice under the *Child, Family and Community Service Act*, the *Adoption Act, Youth Criminal Justice Act* and the Aboriginal Operational Practice Standards and Indicators through measuring compliance with practice standards. Compliance ratings are based on documentation. There are four ministry practice audit reports and one Indigenous Child and Family Service Agency (ICFS Agency) practice audit report to be posted in June 2022.

The Service Delivery Area (SDA) Community Youth Justice audits are designed to assess the practice of Ministry of Children and Family Development (ministry) youth probation officers in relation to key components in the Community Youth Justice Operations Manual and related practice directives and guidelines. Practice Analysts rate compliance using a tool consisting of 19 measures based on the above policies.

The ICFS Agency audits are designed to assess the practice of ICFS Agency child welfare practitioners in relation to their relevant delegated programs in Aboriginal Operational and Practice Standards and Indicators and, when applicable, in the Adoption Practice Standards and Guidelines (2001) and the Child Protection Response Model in the Child Safety and Family Support Policies.

DISCUSSION:

1. Four SDA Community Youth Justice Practice Audit Reports will be posted: **South Fraser, East Fraser, North Vancouver Island,** and **South Vancouver Island**.

    - Overall Compliance Rates: South Fraser **45**%, East Fraser **51**%, & North Vancouver Island **48%,** South Vancouver Island **40%**
    - South Fraser: all four actions have been completed
    - East Fraser: all four actions have been completed
    - North Vancouver Island: one action has been completed; two actions due end of June 2022
    - South Vancouver Island: five actions due end of June 2022

    The South Fraser SDA developed a four-point action plan to address and support service improvements. The improvements include improved screening and referral of youth with

suspected FASD, improving service planning, development of practice guides, consultations, documentation, training and monitoring. The components of the action plan were completed in March 2022.

The East Fraser SDA action plan is a four-point plan that addresses and supports service improvements. The SDA improvements include refresher training for their youth justice staff, increasing Team Leader tracking of reviews, and increasing cultural considerations in planning. The components of the action plan were completed in May 2022.

The North Vancouver Island SDA action plan is a three-point plan that addresses and supports service improvements. The SDA has held staff meetings to review the results of the audit and clarifying expectations on documentation including the complaints process, victim notification, and FASD screening requirements. A refresher training has been provided on Service Planning, non-enforcement of breaches consultation. One action has been completed and two more are due at the end of June 2022.

The South Vancouver Island SDA has developed a five-point plan that addresses and supports service improvements. The SDA Leadership met to discuss the findings and identified their strategy and developed a plan. The responsible Director of Operations will meet with all involved staff to discuss the findings with QA staff. Refresher training will be provided on service planning, victim notification, documentation requirements including consultations regarding non-enforcement of breaches and time frames required for all documentation. Action plan to be completed by June 30, 2022.

2. One ICFS Agency Practice Audit Report will be posted: **Vancouver Aboriginal Child & Family Services Society** (VACFSS)(C6 Delegation: Child Service, Resource, Family Service).

    - Overall compliance rates: Child Service: Youth in Continuing Care **64%**, Child Service: Youth in Temporary Care **60%,** Resources **85%**, Family Services **68%**,
    - Five actions were identified and all five actions have been completed.

    VACFSS is committed to improvements including reviewing timelines, policies, standards, and consultation points related to ongoing family service cases, contact with children and youth in care, completing transferring recordings for children in care, care plans, reviewing annually the Rights of Children in Care, reviewing Appropriate Discipline standards, completing case documentation, submitting Reportable Circumstances and interviewing children and youth about their care experience.

    To date, they have provided training to their staff to increase knowledge and documentation requirements for contact with children and youth in care, monitoring and reviewing care plans, reviewing rights of children in care, providing the caregiver with information and appropriate discipline standards, reportable circumstances, transferring continuing care files and interviewing the child or youth about their care experience.

Attachments:
Appendix A – Further information on audit reports

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Appendix A

Additional information on each audit report to be posted with summaries of common strengths and challenges are as follows:

1. **<u>Service Delivery Area Community Youth Justice Practice Audit Reports to be Posted:</u>**

South Fraser
- Report Completed: May 9, 2022
- Overall Compliance: **45%**

East Fraser
- Report Completed: January 31, 2022
- Overall Compliance: **51%**

North Vancouver Island
- Report Completed: May 9, 2022
- Overall Compliance: **48%**

South Vancouver Island
- Report Completed: May 20, 2022
- Overall Compliance: **40%**

Common Strengths and Challenges of the four Service Delivery Area Community Youth Justice Audits:

Strengths were found in the following areas: *
- Initial interviews with youth
- Service planning addressing considerations specific to Indigenous youth
- Service plans address youth goals
- Service plans being completed within 30 days of initial meetings with youth

Challenges were found in the following areas: *
- Service plans being reviewed and copies provided to youth and parent(s)
- Consultation with supervisors regarding non enforcement of breaches
- Service plans not addressing considerations specific to victims and victim notification
- Initial meeting / interview with youth not including all required components to be reviewed with youth
- Documentation being properly entered

*The range of compliance varies between SDAs and strengths and challenges also varies.

2. **<u>Indigenous Child and Family Service Agency Practice Audit Report to be Posted:</u>**

Vancouver Aboriginal Child & Family Services Society
- Completed: December 29, 202

Child Service: Youth In Continuing Care

- Overall compliance: **64%**

Child Service: Youth in Temporary Care

- Overall compliance: **60%**

Resource

- Overall compliance: **85%**

Family Service

- Overall compliance: **68%**

Strengths and Challenges of the one Indigenous Child & Family Service Agency

Strengths were found in the following areas:

Child Service:

- Preserving the identity of the child in care and providing culturally appropriate services, deciding where to place the child, meeting the child's need for stability and continuity of relationships, providing initial and ongoing medical and dental care for a child in care, planning a move for a child in care, planning when a child or youth is missing, lost or runaway, closing continuing care files, preparation for independence, notifying the public guardian and trustee and involving them when required, and following guardianship agency protocols established by the agencies.

Resource:

- Obtaining and documenting supervisory approval at key decision points, completing application and orientation for family care homes, completion of the home study, providing training for caregivers, having current signed agreements with caregivers, investigating allegations of abuse or neglect in a family care home, completing a quality of care review and closing a family care home.

Child Safety and Protection Family Service:

- Gathering full and detailed information from the caller, assessing the report about a child or youth's need for protection (completing the screening assessment), determining whether the report requires a protection or non-protection response, assigning an appropriate response priority, assessing the safety of the child or youth, making a safety decision consistent with the safety assessment, meeting with or interviewing the parents, meeting with every child or youth in the home, visiting the family, determining the need for protection services, and making the decision to end ongoing protection services.

Challenges were found in the following areas:

Child Service:

- Monitoring and Reviewing the Child's Comprehensive Plan of care, reviewing the rights of children in care, maintaining in-person contact every 30 days with children and

youth in care, providing the caregiver with information about the child or youth and reviewing the appropriate discipline standards, completing reportable circumstances, case documentation, transferring continuing care files and interviewing the child or youth about the care experience after moving from placements.

Resource:

- Monitoring and Reviewing the Family Care Home.

Child Safety and Protection Family Service:

- Conducting an Initial record Review (IRR), conducting a Detailed record review (DRR), documenting the safety assessment, working with collateral contacts and completing the FDR assessment or Investigation within 30 days of receiving the report or in accordance with the extended timeframe that had been approved by the supervisor.

Ministry of **Children and Family Development**

South Fraser Service Delivery Area

Community Youth Justice Practice Audit

Report Completed: May 2022

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch

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INTRODUCTION

This report contains information and findings related to the community youth justice (CYJ) practice audit that was conducted in the South Fraser Service Delivery Area (SDA) in June – December 2020.

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

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

1. SUMMARY OF FINDINGS

This practice audit was based on a review of records in two samples of Correctional Service (CS) files obtained from the South Fraser SDA. The audit included a review of electronic records and attachments in the CORNET client management computer system, as well as documents in the physical files. The samples contained a combined total of 178 files. The review focused on practice within a three-year timeframe that started on June 15, 2017 and ended on June 14, 2020. All documentation during the timeframe of supervision for the selected order, including concurrent orders, is assessed for compliance to the audit measures.

The following sub-sections contain the findings and observations of the practice analysts who conducted the audit within the context of the policy, standards and procedures that informed the audit design and measures.

1.1 Initial Interview with Youth

When a youth is the subject of a court order that requires the youth to report to a probation officer, MCFD youth justice policy requires that an initial interview is completed by the date stipulated in the order, or within five days of the issuance of the order if a date is not stipulated in the order itself. The intended outcomes of this policy are that youth understand their orders and the consequences of not complying with their orders. The initial interview process is repeated for each new order.

The standard for an initial interview is that a youth probation officer: confirms the identity of the youth; explains the conditions in the order and the consequences of not complying with those conditions; explains the right to apply to the court for a review of the conditions in the order and the provisions for records disclosure and non-disclosure; explains the ministry's complaints process; communicates the date, time and manner of the next contact the youth will have with a youth probation officer; and, if there's a victim, informs the youth that the victim will be contacted and informed about the conditions in the order. There are other more procedural and documentary requirements that are part of standard practice for completing an initial interview. For this measure, all Client Logs must be recorded in CORNET as soon as it is practical to do so, but within five working days.

The practice analysts found that more than three quarters of the files in the samples had all the required initial interviews documented in the CORNET Client Log within five working days of their occurrences. The remaining files had at least one initial interview that was either not documented or not documented in the CORNET Client Log within five working days of their occurrences, or both.

The audit also identified whether all the required components were covered by the youth probation officers during the initial interviews. Of the files that documented initial interviews, less than one tenth contained all the required components. In most of the remaining files, there was no indication that the ministry's complaints process was explained to the youth. In addition, over three quarters of the files contained orders with conditions requiring victim notifications and, in a clear majority of those files there were no indications that the youth were told that the victims would be notified and provided with copies of the orders. Further, less than one quarter of the files had no indications that the court orders were reviewed with the youth. Lastly, one tenth of the files had no indications that the dates, times and manners of the next contacts were communicated to the youth.

1.2 Fetal Alcohol Spectrum Disorder (FASD) Screening and Referral

Youth justice policy requires that a youth probation officer complete the FASD Screening and Referral Tool once for every youth who is sentenced and ordered to report to a youth probation officer and submit the results to The Asante Centre without identifying the youth. If the results indicate that the youth was screened in for FASD, the policy requires a youth probation officer to refer the youth, with consent, to The Asante Centre for a comprehensive assessment. The intended outcome is that youth who are diagnosed with FASD, and their families, will have access to potentially effective treatments and services while the youth are involved with the criminal justice system and afterwards.

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

Of the applicable files, the practice analysts found that almost one third of the files contained completed and submitted FASD Screening and Referral Tools. Less than one quarter of the files had the Screening/Referral Tools completed after the 30-day time requirement and the rest were either not completed or had no confirmation of being sent to The Asante Centre.

1.3 Structured Assessment of Violence Risk in Youth (SAVRY)

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

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

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

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

1.4 Service Plan

When a youth is sentenced and under community supervision, a youth probation officer is required to develop a service plan that identifies goals, objectives and strategies that are relevant to the youth's needs and reduce the risk of further offending. With few exceptions, a new service plan is required for each new court order and, therefore, there can be multiple service plans within a file. The intended outcome is effective management of the risks presented by youth in ways that protect the public and bring about positive changes in the youths' offending behaviours.

The standard is that a youth probation officer completes a service plan within 30 days of an initial interview with the youth and within 30 days of a file transfer and updates the service plan every six months thereafter for as long as there is an active supervision order. The standard also

requires that the service plan be approved by a supervisor within five working days of receipt from a youth probation officer and that a youth probation officer review the plan with the youth and provide copies of the plan to the youth and the youth's parent or guardian.

This audit found that almost half of the files had service plans that were completed within 30 days of the initial interviews with youth and, if required, within 30 days of receiving transferred files. Of the remaining files, more than one third had one or more service plans that were completed more than 30 days after the initial interviews or more than 30 days after receiving transferred files and less than one quarter of the files were missing one or more required service plans. Of the service plans that took longer than 30 days to complete, the extra time they took to complete was between two and 183 days, with the average being 37 days.

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

The audit found that almost two thirds of the files had service plans that were all approved by supervisors within the required five-day timeframe. Almost all the remaining files had service plans that were approved by supervisors, but not within the required five-day timeframe. Of the approvals that took longer than five days to complete, the extra time they took to complete was between one and 130 days, with the average being 12 days.

In addition, only one file confirmed that all the service plans were reviewed with the youth and copies of the service plans were provided to the youth and their parent(s) or guardian(s), as required. The practice analysts reviewed all Client Log entries in the files to confirm whether this had occurred.

1.5 SAVRY Risk and Protective Factors

A service plan that targets SAVRY risk and protective factors related to the youth's offending behaviour is required to be developed by the youth probation officer. The intended outcomes are reduced recidivism and to support public safety.

The standard is that a youth probation officer uses the results of the SAVRY to identify risk factors that are most likely to contribute to the youth's offending behaviour and protective factors that are likely to support the youth in avoiding further offending.

The practice analysts found that slightly more than one third the files had service plans that consistently addressed the highest rated risk factors and risk factors designated critical by the youth probation officers. Of the remaining files, almost half had at least one service plan that did not address the highest rated risk factors and risk factors designated critical by the youth

probation officers and less than one quarter did not have plans for implementing identified strategies for the selected risk factors.

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

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

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

Youth justice policy requires that all conditions in an order are addressed in the youth's service plan. These conditions could involve, among others, maintaining a curfew, abstaining from carrying a weapon, abstaining from consuming alcohol or drugs, completing community work service, and residing where directed. The intended outcomes are compliance with orders, reduced recidivism and to support public safety.

The standard is that a youth probation officer includes each condition in the service plan and identifies the strategies that will be used to monitor the youth's compliance with each condition.

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

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

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

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

1.7 Victim Contact and Victim Considerations

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

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

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

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

1.8 Considerations Specific to Indigenous Youth

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

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

In conducting this audit, the practice analysts found that most of the files pertaining to Indigenous youth had service plans in which the cultural connectedness section was completed.

1.9 Social History

Each service plan must have a social history that contains comprehensive information about the youth, including the youth's connections to their culture and cultural community. The intended outcome is that youth justice staff have access to all the information they need to provide continuous service and make informed decisions related to case planning and public safety.

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

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

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

1.10 Non-enforcement of Breach or Violation of Court Order

When a youth fails to comply with conditions in an order and a youth probation officer decides not to send a report to Crown Counsel, the youth probation office is required to consult with a supervisor. A similar process applies when the youth violates conditions of supervision in the community or a conditional supervision order. The intended outcomes are that youth are held accountable in ways that take into consideration both the circumstances surrounding the breaches or violations and public safety.

The standard requires a youth probation officer to record in the youth's file the circumstances of the breach or violation, the content of the consultation with a supervisor, and the rationale for the decision not to initiate the enforcement process. The policy related to non-enforcement of breaches and violations applies to all order types, which could result in a high number of consultations per file, depending on the youth's behaviour, maturity level, peer group, mental health, court history, etc. Holding youth accountable in ways that take into consideration the circumstances surrounding the breach or violation and public safety can be challenging. Documenting the decision and rationale for non-enforcement demonstrates that this challenge is being thoughtfully addressed.

In almost one quarter of the files in which breaches or violations of orders were not enforced by youth probation officers, the practice analysts found that consultations with supervisors were documented. When applying this measure, the practice analysts read all entries in the CORNET Client Logs, noting breaches and violations, and looked for corresponding consultations when no enforcement actions were taken.

1.11 Documentation in CORNET

Policy requires that a youth probation officer is to record and attach all relevant client information in CORNET. The intended outcomes are continuity of service, including day-to-day supervision and support for the youth, public accountability, and to support public safety.

The standard is that a youth probation officer records information in the CORNET Client Log within five working days of an event in a way that allows someone unfamiliar with the file to understand what occurred and attaches all relevant documents to the log. In addition, client logs are printed and placed in the physical file at least once a month.

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

The practice analysts found that a small minority of the files had the required documents attached in the CORNET Client Log. In addition, most of the files had at least one occurrence of a record title within the CORNET Client Log that did not contain content. When applying this measure, the practice analysts reviewed the physical files and all the CORNET Client Log entries and cross-referenced documents that were required to be attached in CORNET.

2. ACTION PLAN

ACTION	PERSON RESPONSIBLE	INTENDED OUTCOMES	DATE TO BE COMPLETED
1. A training session component with a focus on documentation requirements and best practices for service plans, SAVRY, and client logs will be provided to staff. The following two resources will be developed: Service plan checklist, Cornet coding Quick Reference Guide (QRG). Copies of checklist and guide to be provided to MQA.	Director of Practice with support of the Youth Justice Regional Director and the Youth Justice Practice Consultant.	• Staff will have enhanced understanding of required documentation for service plans, SAVRY, and client logs. • Youth will be provided copies of their Service Plans for each order. • Staff will have consistent logging practices within Cornet. • Staff will identify critical, high risk, and protective factors and incorporate within the service plan.	Completed in February 2022
2. A training session to review the policy, process, and rationale for completion of the FASD screening tool will be provided to staff.	Director of Practice with support of the Youth Justice Regional Director and the Youth Justice Practice Consultant.	• Youth and their families will have access to assessments and services to assist with transitioning into adulthood.	Completed in February 2022
3. A training session to review the policies related to victim contact and considerations will be provided to staff and where appropriate victims notified.	Director of Practice with support of the Youth Justice Regional Director and the Youth Justice Practice Consultant.	• Victim contact and considerations will be documented and victims notified as appropriate.	Completed in February 2022
4. A training session component with a focus on documenting Indigenous heritage and increasing and enhancing cultural connectedness for youth will be provided to staff and where appropriate current service plans will be updated.	Director of Practice with support of the Youth Justice Regional Director and the Youth Justice Practice Consultant.	• Service plans for Indigenous youth will reflect and enhance their connections to their communities, heritages, and cultural practices.	Completed in February 2022

APPENDIX

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

A. METHODOLOGY

This audit was based on a review of records in two samples of Correctional Service (CS) files obtained from the South Fraser SDA. The audit included reviews of electronic records and attachments in the CORNET computer system, as well as documents in the physical files. The data collection phase of this audit took place in June through December 2020.

The samples were selected using the following process:

1. Two lists of CS file numbers were obtained from the Youth Justice Project Consultant in the Specialized Intervention and Youth Justice Branch:
    - List one contained files that were open on September 15, 2019, nine months prior to the audit start date, and
    - List two contained files that were open on September 15, 2018, 12 months prior to the date specified in list one.
2. Files in list two that were also in list one were removed from list two.
3. Files that were labelled "CS number not found" (i.e., files with sealed orders) and files that contained only bail orders, extra judicial sanctions, adult only orders, custody only orders, orders that were less than six months in length, orders in which the majority of supervision occurred in another SDA, and/or orders in which less than six months of supervision was provided by the South Fraser SDA were removed from both lists.
4. The most significant court order in each file on both lists was selected, and practice related to that court order, as well as all other orders that were active within the timeframe of that order, was reviewed using the CYJ audit tool and rating guide.

The CYJ audit tool is a SharePoint based form, designed by data specialists on the Monitoring Team, in the Child Welfare Branch, which contains 19 measures designed to assess compliance with key requirements in the CYJ Operations Manual. Each measure contains a scale with "achieved" and "not achieved" as rating options as well as ancillary questions designed to assist the practice analysts in collecting categorical and qualitative data that explain or provide context for the ratings.

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

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

The selected files were reviewed and assessed by practice analysts with youth justice experience and specialization, on the Provincial Audit Team, in the Quality Assurance Branch.

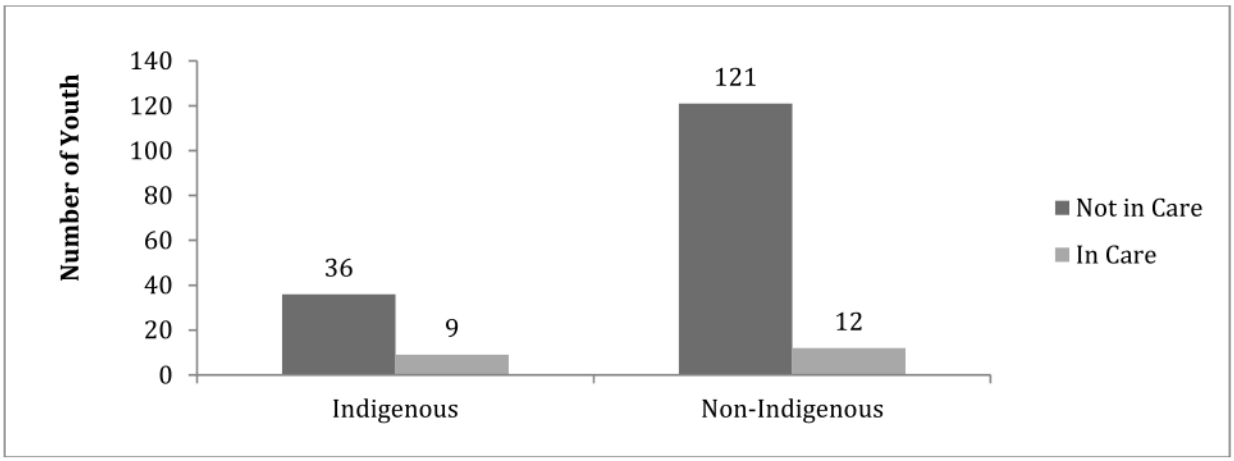
Quality assurance policy and procedures require that practice analysts identify for action any record that suggests a child or youth may need protection under section 13 of the *Child, Family and Community Service Act*. During the audit process, the practice analyst watched for situations in which the information in the record suggests that a child may have been left in need of protection. When identified, the record is brought to the attention of the responsible team leader (TL) and director of operations (DOO), as well as the executive director of service (EDS), for follow up, as deemed appropriate. This procedure is also used to identify for action any youth justice record that suggests there may be a current public safety concern, and when a record, such as a Youth Forensics Psychiatric Services report, is inappropriately attached to CORNET. During the course of this audit, no file was identified for possible follow up.

B. DETAILED FINDINGS AND ANALYSIS

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

Combined, there were 178 files in the two samples selected for this audit. Figure 1 provides an overview of the youth whose files were included in the samples.

Figure 1: Demographic Characteristics of Youth



Not all the measures in the audit tool were applicable to records in all 178 files. The "Total Applicable" column in the tables contains the total number of files that had records to which the measure was applied.

The overall compliance rate for the South Fraser SDA was **45%**.

b.1 Initial Interview with Youth

Table 1 provides the compliance rate for measure CYJ 1, which has to do with documenting the initial interview with the youth.

Table 1: Initial Interview with Youth

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 1: Initial interview with youth documented within five working days	178	150	84%	28	16%

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

The compliance rate for this measure was **84%**. The measure was applied to all 178 files in the samples; 150 were rated achieved and 28 were rated not achieved. To receive a rating of achieved, the required initial interviews with the youth were documented in the CORNET Client Log within five working days of their occurrences.

Of the 28 files rated not achieved, 7 contained documentation of all the required initial interviews but at least one initial interview was not documented in the CORNET Client Log within five working days of its occurrence; 17 did not contain documentation of one or more required initial interviews; and 4 had a combination of the above noted reasons.

The measure was accompanied by the question, "Which components of the interview process were not documented in CORNET?" This question did not impact the compliance rate for the measure but was designed to verify whether all required aspects of the initial interviews were documented in the Client Log. Of the 178 files, 11 described all the components of the interview process for each initial interview that was documented, 4 had no documentation of any initial interviews, 1 had a combination of an initial interview that was not documented and an initial interview in which all the required aspects were documented, and 162 did not describe one or more of the components of the interview process for one or more of the initial interviews that were documented. Specifically, 145 files did not confirm that the youth were informed about the MCFD complaints process; 118 did not confirm that the youth were informed that the victims would be notified and provided with copies of the relevant orders; 33 did not confirm that the court orders were reviewed with the youth; and 19 did not confirm that the dates, times and manners of the next contacts were communicated to the youth.

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

Table 2 provides the compliance rate for measure CYJ 2, which has to do with completing the FASD Screening/Referral Tool within 30 days of intake and forwarding the results to The Asante Centre. The note below the table provides the number of files to which the measure was not applicable and explains why.

Table 2: FASD Screening and Referral

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 2: FASD Screening/Referral Tool completed within 30 days of intake, and results forwarded to Asante Centre	149*	47	32%	102	68%

* This measure was not applicable to 29 files because the FASD Screening/Referral Tool had been previously completed.

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

The compliance rate for this measure was **32%**. The measure was applied to 149 of the 178 files in the samples; 47 were rated achieved and 102 were rated not achieved. To receive a rating of achieved, the FASD Screening/Referral Tool was completed within 30 days of an initial interview with a sentenced youth and forwarded to the Asante Centre.

Of the 102 files rated not achieved, 62 did not contain the required FASD Screening/Referral Tools; 23 contained the required FASD Screening/Referral Tools, but they were not completed within 30 days of the initial interviews with the youth; 13 contained the required FASD Screening/Referral Tools, but no documentation they were forwarded to the Asante Centre; and 4 had a combination of the occurrences.

b.3 Structured Assessment of Violence Risk in Youth (SAVRY)

Table 3 provides compliance rates for measures CYJ 3 and CYJ 4, which have to do with completing and updating the SAVRY. The note below the table provides the number of files to which one of the measures was not applicable and explains why.

Table 3: Structured Assessment of Violence Risk in Youth (SAVRY)

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 3: SAVRY completed within 30 days of initial interview with youth, and when a transferred file is received	178	103	58%	75	42%
CYJ 4: SAVRY updated every six months	139*	60	43%	82	57%

*This measure was not applicable to 39 files because the length of the orders did not require updates or the periods of supervision extended beyond the timeframe covered by the audit

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

The compliance rate for this measure was **58%**. The measure was applied to all 178 files in the samples; 103 were rated achieved and 75 were rated not achieved. To receive a rating of achieved:

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

Of the 75 files rated not achieved, 53 had one or more SAVRYs that were not completed within 30 days of the initial interviews with the youth or within 30 days after transferred files were received; 11 did not have one or more of the required SAVRYs; and 11 had combinations of the above noted reasons. Of the 53 files with SAVRYs that were completed after the 30-day timeframe, the extra time they took to complete was between one and 190 days, with the average being 44 days.

The measure was accompanied by the question, “How many comment boxes in the initial SAVRY were filled out by the youth probation officer?” This question did not impact the compliance rate for the measure but was designed to provide feedback on how frequently rationales are provided for the ratings in the SAVRYs. The practice analysts found the following results:

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

CYJ 4: SAVRY updated every six months

The compliance rate for this measure was **43%**. The measure was applied to 139 of the 178 files in the samples; 60 were rated achieved and 79 were rated not achieved. To receive a rating of achieved:

- the SAVRY was updated within six months of the completion date of the previous SAVRY; or
- an extension to the timeframe to update the SAVRY was approved by a supervisor and their direction was documented.

Of the 79 files rated not achieved: 74 had SAVRY updates, but some or all the updates were not completed every six months, and 5 had one or more SAVRYs that were not updated. Of the SAVRY updates that took longer than six months to complete, the extra time they took to complete was between one and 400 days, with the average being 35 days.

b.4 Service Plan

Table 4 provides compliance rates for measures CYJ 5, CYJ 6, CYJ 7, and CYJ 8, which have to do with completing the service plan within 30 days of an initial interview with the youth, obtaining approval for the plan from a supervisor, reviewing the plan with the youth and parent/guardian, and updating the plan every six months. The note below the table provides the number of files to which one of the measures was not applicable and explains why.

Table 4: Service Plan

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 5: Service Plan completed within 30 days of initial interview with youth	178	75	42%	103	58%
CYJ 6: Service Plan approved by supervisor within five working days of receipt from youth probation officer	178	112	63%	66	37%
CYJ 7: Service Plan reviewed with youth and parent/guardian and copy provided to youth and parent/guardian	178	1	1%	177	99%
CYJ 8: Service Plan updated every six months or when transferred file received	133*	47	35%	86	65%

* This measure was not applicable to 45 files because the length of the orders did not require updates or the periods of supervision extended beyond the timeframe covered by the audit

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

The compliance rate for this measure was **42%**. The measure was applied to records in all 178 files in the samples; 75 were rated achieved and 103 were rated not achieved.

To receive a rating of achieved, a service plan was completed within 30 days of an initial interview related to a new order or within 30 days of receiving a transferred file, and each service plan was developed after the SAVRY was completed. Of the 103 files rated not achieved, 42 had one or more service plans that were not completed within 30 days of initial interviews or within 30 days after transferred files were received; 26 did not have one or more service plans completed for new orders or when transferred files were received; 9 had one or more service plans that were completed prior to the completion of SAVRYs; and 26 had combinations of the above noted reasons. Of the service plans that were completed after the 30-day timeframe, the extra time they took to complete was between two and 183 days, with the average being 37 days.

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

The compliance rate for this measure was **63%**. The measure was applied to records in all 178 files in the samples; 112 were rated achieved and 66 were rated not achieved. To receive a rating of achieved, the service plan was approved by a supervisor within five working days of receipt from a youth probation officer.

Of the 66 files rated not achieved, 51 had one or more service plans approved by supervisors, but not within five working days, 12 had one or more service plans but not approved by the supervisor; 2 had a combination of these occurrence; and 1 did not contain any service plans. Of the 53 files with service plans that were approved by supervisors, but not within five working days, the extra time they took to be approved was between one and 103 days, with the average being 12 days.

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

The compliance rate for this measure was **1%**. The measure was applied to records in all 178 files in the samples; 1 was rated achieved and 177 were rated not achieved. To receive a rating of achieved, the file contained documentation indicating:

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

Of the 177 records rated not achieved, 176 had combinations of missing the above requirements; and 1 did not contain any service plans.

The practice analysts found many examples of Integrated Case Management (ICM) and other meetings taking place, where the youth was in attendance and case planning was discussed; however, there was no indication that the service plans were reviewed during these meetings.

CYJ 8: Service plan updated every six months

The compliance rate for this measure was **35%**. The measure was applied to records in 133 of the 178 files in the samples; 47 were rated achieved and 86 were rated not achieved. To receive a rating of achieved, the file contained documentation indicating that the service plan had been updated within six months of a previously completed service plan and after the SAVRY was updated.

Of the 86 files rated not achieved, 46 had one or more service plans that were not updated every six months; 36 had one or more service plans that were updated, but not within six months of a previously completed service plan (1 file had a service plan that was completed prior to a SAVRY being completed and 1 file had a service plan that was partially completed); 3 had a combination of these occurrences; and 1 did not contain any service plans.

b.5 SAVRY Risk and Protective Factors

Table 5 provides compliance rates for measures CYJ 9 and CYJ 10, which have to do with addressing SAVRY critical and/or other risk factors and SAVRY protective factors in the service plan.

Table 5: SAVRY Risk and Protective Factors

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 9: Service Plan addressed SAVRY critical and/or other risk factors that contributed to offending behaviour focusing on the higher rated factors	178	62	35%	116	65%
CYJ 10: Service Plan addressed SAVRY protective factors	178	112	63%	66	37%

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

The compliance rate for this measure was **35**%. The measure was applied to all 178 files in the samples; 62 were rated achieved and 116 were rated not achieved. To receive a rating of achieved, the SAVRY was completed prior to the service plan and:

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

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

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

CYJ 10: Service Plan addressed SAVRY protective factors

The compliance rate for this measure was **63%**. The measure was applied to records in all 178 files in the samples; 112 were rated achieved and 66 were rated not achieved. To receive a rating of achieved, each service plan:

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

Of the 66 files rated not achieved, 27 had one or more service plans that did not identify the strategies that would be used; 15 had one or more service plans that did not address protective factors identified in the SAVRYs; 12 had one or more service plans completed prior to the SAVRYs; 5 had one or more service plans that did not describe how the identified strategies would be implemented; 6 had a combination of the above noted reasons; and 1 did not contain any service plans.

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

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

Table 6: Other Issues Related to Court Orders and Youth's Goals

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 11: Service Plan addressed other issues/items related to court order (reporting frequency, curfew, no contacts, referrals to programs, community work service, etc.)	178	50	28%	128	72%
CYJ 12: Service Plan addressed Youth's goals	178	151	85%	27	15%

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

The compliance rate for this measure was **28%**. The measure was applied to records in all 178 files in the samples; 50 were rated achieved and 128 were rated not achieved. To receive a rating of achieved each service plan:

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

Of the 128 files rated not achieved, 90 had one or more service plans that addressed some, but not all, of the other issues/items related to the court orders; 12 had one or more service plans that did not address any of the other issues/items related to the court orders; 8 had one or more service plans that addressed other issues/items related to the court orders but did not identify strategies to be used; 17 had a combination of these occurrences; and 1 did not contain any service plans. The practice analysts observed that of the 105 files that had at least one service plan that addressed some, but not all, of the conditions on the order.

CYJ 12: Service plan addressed youth's goals

The compliance rate for this measure was **85%**. The measure was applied to all 178 files in the samples; 151 were rated achieved and 27 were rated not achieved. To receive a rating of achieved, each service plan:

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

Of the 27 files rated not achieved, 14 had at least one or more service plans that included the youth's goals but did not identify the strategies to be implemented; 11 had one or more service plans that did not address any of the youths' goals; 1 had a combination of these occurrences; and 1 did not contain any service plans.

b.7 Victim Contact and Victim Considerations

Table 7 provides compliance rates for measures CYJ 13 and CYJ 14, which have to do with contacting the victim within five working days of receipt of the court order and addressing victim considerations in the service plan. The notes below the table provide the number of files to which two of the measures were not applicable and explain why.

Table 7: Victim Contact and Victim Considerations

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 13: Victim contacted within five working days of receipt of court order, if order included protective conditions (i.e., no contact)	137*	70	51%	67	49%
CYJ 14: Service Plan addressed victim considerations	152**	92	61%	60	39%

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

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

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

The compliance rate for this measure was **51%**. The measure was applied to 137 of the 178 files in the samples; 70 were rated achieved and 67 were rated not achieved. To receive a rating of achieved, the victim was contacted within five working days of receipt of an order with protective conditions (i.e., no contact order).

Of the 67 files rated not achieved, 53 had one or more occurrences when the victims were contacted, but not within the required five working days; 9 had one or more occurrences when the victims were not contacted and the reasons were not recorded in the CORNET Client Log; and 5 had a combination of these occurrences.

CYJ 14: Service plan addressed victim considerations

The compliance rate for this measure was **61%**. The measure was applied to 152 of the 178 files in the samples; 92 were rated achieved and 60 were rated not achieved. To receive a rating of achieved, each service plan:

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

Of the 60 files rated not achieved, 43 had one or more service plans that addressed some, but not all, of the victims' considerations; 8 had one or more service plans that addressed victim considerations but did not identify strategies to be used; 6 had one or more service plans that did not address the victims' considerations; 2 had a combination of these occurrences; and 1 did not contain any service plans.

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

b.8 Considerations Specific to Indigenous Youth

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

Table 8: Considerations Specific to Indigenous Youth

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

* This measure was not applicable to 133 files because the youth were not identified as Indigenous.

CYJ 15: Service Plan addressed considerations specific to Indigenous youth

The compliance rate for this measure was **78%**. The measure was applied to 45 of the 178 files in the samples; 35 were rated achieved and 10 were rated not achieved. To receive a rating of achieved, each of the required service plans:

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

All the 10 files rated not achieved had one or more service plans where the "Cultural Connectedness" sections were not completed.

b.9 Social History

Table 9 provides compliance rates for measure CYJ 16, which has to do with including a clearly identified social history, with all the required information, in the service plan.

Table 9: Social History

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 16: Service Plan includes a clearly identified social history with all required information	178	65	37%	113	63%

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

The compliance rate for this measure was **37%**. The measure was applied to records in all 178 files in the samples; 66 were rated achieved and 113 were rated not achieved. To receive a rating of achieved, each of the required service plans contained:

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

Of the 113 files rated not achieved, 111 had one or more service plans with partially completed social histories, 1 had one or more service plans with no social histories, and 1 did not contain any service plans.

The measure was accompanied by the question, "If the social history was partially completed, what information was not included?" This question was designed to provide feedback on the quality of documentation related to social histories. Of the 111 files that had one or more service plans with partially completed social histories, 80 were missing information about the youths'

families and other caregivers, the youths' relationships with their caregivers, and/or the youths' behaviours at home and in their communities, 67 were missing offences information, 64 were missing relevant victim information, and 52 were missing information about the youths' previous contacts with the justice system. The total adds to more than the number of files that had one or more service plans with partially completed social histories because 106 files had combinations of the above noted reasons.

Of the 45 files pertaining to Indigenous youth, 33 had one or more social histories that lacked information about the youths' Indigenous heritages, and/or the youths' connection to their communities, heritages and cultural practices, and/or community members or programs that might be available to support the youth.

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

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

Table 10: Non-Enforcement of Breach or Violation of Court Order

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 17: Consultation with supervisor regarding non-enforcement of breach or violation occurred	113*	23	20%	90	80%

* This measure was not applicable to 65 files because there were no indications that supervisor consultations were required.

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

The compliance rate for this measure was **20%**. The measure was applied to 113 of the 178 files in the samples; 23 were rated achieved and 90 were rated not achieved. To receive a rating of achieved, the file contained documentation indicating that:

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

Of the 90 files rated not achieved, 81 had one or more occurrences when the required supervisory consultations were not documented; 6 had one or more occurrences when either consultations occurred but the supervisors' approvals and/or directions were not noted or consultations occurred and details of the consultations were not recorded; and 3 had a combination of these reasons.

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

b.11 Documentation in CORNET

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

Table 11: Documentation in CORNET

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 18: Required documents are attached to Client Log in CORNET and entries contain information that corresponds with Record title	178	6	3%	172	97%
CYJ 19: Client Logs recorded in CORNET, in separate entries and required manner, within five working days, and printed and placed on file once a month	178	77	43%	101	57%

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

The compliance rate for this measure was **3%**. The measure was applied to records in all 178 files in the samples, 6 were rated achieved and 172 were rated not achieved. To receive a rating of achieved, the CORNET Client Log had:

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

Of the 172 files rated not achieved, 23 had one or more occurrences when required documents were not attached to the CORNET Client Logs; 13 had one or more occurrences when log entries were titled, but the records' content fields were left blank or incomplete; and 136 had combinations of the above noted reasons, including 2 that had one or more occurrences when the log entries were complete but the titles were left blank.

CYJ 19: Client Logs recorded in CORNET within five working days

The compliance rate for this measure was **43%**. The measure was applied to records in all 178 files in the sample; 78 were rated achieved and 101 were rated not achieved. To receive a rating of achieved:

- the CORNET Client Log entries were recorded within five working days, and
- the CORNET Client Log entries were recorded separately.

Of the 101 files rated not achieved, 39 had one or more occurrences when Client Logs were recorded in CORNET, but not within five working days; 25 were missing entries in the CORNET Client Logs; 2 had one or more occurrences when Client Logs were recorded in attachments in CORNET; and 35 had combinations of the above noted reasons.

The practice analysts noted whether CORNET Client Log entries were printed and placed in the physical files on a monthly basis and if the log entries were recorded in manners that made it easy for someone unfamiliar with the files to understand. These data sets did not impact the compliance rate for the measure but was designed to provide feedback on the quality of documentation related to CORNET Client Logs. Of the 178 files reviewed, 145 (81%) had up-to-date Client Log entries that were printed and placed in the physical files and 43 (24%) had Client Log entries that were clearly written so that someone unfamiliar with the files would understand. The practice analysts found that 76 (43%) files had Client Log entries that used acronyms and abbreviations when referring to community partners. Because the roles and mandates of agencies and community resources vary across communities and service delivery areas, it is important for youth probation officers to ensure that acronyms used to identify community partners and their roles are clearly explained in the log entries.

Ministry of **Children and Family Development**

East Fraser Service Delivery Area

Community Youth Justice Practice Audit

Report Completed: January 2022

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch

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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 East Fraser Service Delivery Area (SDA) in January – May 2021.

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

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

1. SUMMARY OF FINDINGS

This practice audit was based on a review of records in two samples of Correctional Service (CS) files obtained from the East Fraser SDA. The audit included a review of electronic records and attachments in the CORNET client management computer system, as well as documents in the physical files. The samples contained a combined total of 75 files. The review focused on practice within a three-year timeframe that started on January 18, 2018 and ended on January 17, 2021. All documentation during the timeframe of supervision for the selected order, including concurrent orders, is assessed for compliance to the audit measures.

The following sub-sections contain the findings and observations of the practice analysts who conducted the audit within the context of the policy, standards and procedures that informed the audit design and measures.

1.1 Initial Interview with Youth

When a youth is the subject of a court order that requires the youth to report to a probation officer, MCFD youth justice policy requires that an initial interview is completed by the date stipulated in the order, or within five days of the issuance of the order if a date is not stipulated in the order itself. The intended outcomes of this policy are that youth understand their orders and the consequences of not complying with their orders. The initial interview process is repeated for each new order.

The standard for an initial interview is that a youth probation officer: confirms the identity of the youth; explains the conditions in the order and the consequences of not complying with those conditions; explains the right to apply to the court for a review of the conditions in the order and the provisions for records disclosure and non-disclosure; explains the ministry's complaints process; communicates the date, time and manner of the next contact the youth will have with a youth probation officer; and, if there's a victim, informs the youth that the victim will be contacted and informed about the conditions in the order. There are other more procedural and documentary requirements that are part of standard practice for completing an initial interview. For this measure, all Client Logs must be recorded in CORNET as soon as it is practical to do so, but within five working days.

The practice analyst found that more than three quarters of the files (58/75) had all the required initial interviews documented in the CORNET Client Log within five working days of their occurrences. The remaining files had at least one initial interview that was either not documented or not documented in the CORNET Client Log within five working days of their occurrences, or both.

The audit also identified whether all the required components were covered by the youth probation officers during the initial interviews. Of the files that documented initial interviews, less than one fifth contained all the required components (two files did not document any initial interviews). Of the remaining files, over three quarters had no indications that the ministry's complaints process was explained to the youth, one third had no indications that the court orders were reviewed with the youth and almost one quarter had no indications that the dates, times and manners of the next contacts were communicated to the youth. In addition, almost three quarters of all the files contained orders with conditions requiring victim notifications and in more than three quarters of those files there were no indications that the youth were told that the victims would be notified and provided with copies of the orders.

1.2 Fetal Alcohol Spectrum Disorder (FASD) Screening and Referral

Youth justice policy requires that a youth probation officer complete the FASD Screening and Referral Tool once for every youth who is sentenced and ordered to report to a youth probation officer and submit the results to The Asante Centre without identifying the youth. If the results indicate that the youth was screened in for FASD, the policy requires a youth probation officer to refer the youth, with consent, to The Asante Centre for a comprehensive assessment. The intended outcome is that youth who are diagnosed with FASD, and their families, will have access to potentially effective treatments and services while the youth are involved with the criminal justice system and afterwards.

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

Of the applicable files, the practice analyst found that two thirds contained completed and submitted FASD Screening and Referral Tools. Of the remaining files, almost two thirds had the Screening/Referral Tools completed after the 30-day time requirement and the rest did not have completed Screening/Referral Tools on the files or attached to the CORNET Client Log.

1.3 Structured Assessment of Violence Risk in Youth (SAVRY)

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

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

Almost two thirds of the files had SAVRYs that were completed within the required timeframes. Almost all the remaining files had SAVRYs that were completed more than 30 days after the initial interviews or more than 30 days after the transferred files were received. Of the SAVRYs that took longer than 30 days to complete, the extra time they took to complete was between one to 177 days, with the average being 46 days.

Most of the files in the samples required updated SAVRYs. Of the applicable files, one third had all the required updates to the SAVRYs completed, namely every six months. Of the remaining files, most had all SAVRY updates completed, but one or more were not completed every six months. Of the SAVRY updates that took longer than six months to complete, the extra time they took to complete was between one to 133 days, with the average being 25 days.

1.4 Service Plan

When a youth is sentenced and under community supervision, a youth probation officer is required to develop a service plan that identifies goals, objectives and strategies that are relevant to the youth's needs and reduce the risk of further offending. With few exceptions, a new service plan is required for each new court order and, therefore, there can be multiple service plans within a file. The intended outcome is effective management of the risks presented by youth in ways that protect the public and bring about positive changes in the youths' offending behaviours.

The standard is that a youth probation officer completes a service plan within 30 days of an initial interview with the youth and within 30 days of a file transfer and updates the service plan every six months thereafter for as long as there is an active supervision order. The standard also

requires that the service plan be approved by a supervisor within five working days of receipt from a youth probation officer and that a youth probation officer review the plan with the youth and provide copies of the plan to the youth and the youth's parent or guardian.

This audit found that almost half of the files had service plans that were completed within 30 days of the initial interviews with youth and, if required, within 30 days of receiving transferred files. Of the remaining files, more than half had one or more service plans that were completed more than 30 days after the initial interviews or more than 30 days after receiving transferred files and one quarter were missing one or more required service plans. Of the service plans that took longer than 30 days to complete, the extra time they took to complete was between one and 176 days, with the average being 28 days.

Most of the files in the samples required the service plans to be updated every six months. Of the applicable files, more than one third had all service plans updated every six months. Of the remaining files, almost two thirds had all service plans updated, but one or more were not updated every six months, and one third had one or more service plans that were never updated. Of the service plans that were updated but not within six months of a previously completed service plan, the extra time they took to complete was between one and 44 days, with the average being 13 days.

The audit found that over one third of the files had service plans that were all approved by supervisors within the required five-day timeframe. Of the remaining files, three quarters had service plans that were approved by supervisors, but not within the required five-day timeframe and almost one quarter had one or more service plans that were not approved by supervisors. Of the approvals that took longer than five days to complete, the extra time they took to complete was between one and 107 days, with the average being 19 days.

In addition, only one file in the samples confirmed that all the service plans were reviewed with the youth and copies of the service plans were provided to the youth and their parent(s) or guardian(s), as required. The practice analysts reviewed all CORNET Client Log entries to confirm whether this had occurred.

1.5 SAVRY Risk and Protective Factors

A service plan that targets SAVRY risk and protective factors related to the youth's offending behaviour is required to be developed by the youth probation officer. The intended outcomes are reduced recidivism and to support public safety.

The standard is that a youth probation officer uses the results of the SAVRY to identify risk factors that are most likely to contribute to the youth's offending behaviour and protective factors that are likely to support the youth in avoiding further offending.

The practice analyst found that slightly less than half the files had service plans that consistently addressed the highest rated risk factors and risk factors designated critical by the youth probation officers. Of the remaining files, almost all had at least one service plan that did not address the highest rated risk factors and risk factors designated critical by the youth probation officers.

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

With respect to both risk and protective factors, almost one in ten files (6/75) had service plans that were not informed by updated SAVRYs.

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

Youth justice policy requires that all conditions in an order are addressed in the youth's service plan. These conditions could involve, among others, maintaining a curfew, abstaining from carrying a weapon, abstaining from consuming alcohol or drugs, completing community work service, and residing where directed. The intended outcomes are compliance with orders, reduced recidivism and to support public safety.

The standard is that a youth probation officer includes each condition in the service plan and identifies the strategies that will be used to monitor the youth's compliance with each condition.

Two thirds of the files had service plans that addressed all the conditions in the court orders. Of the remaining files, almost two thirds had at least one service plan that addressed some, but not all of the conditions in an order and almost one quarter had at least one service plan that did not address any of the conditions in the court orders.

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

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

In almost all the files, the service plans included the youths' goals along with strategies to support the youth in attaining their goals. Of the remaining files, almost all had one or more service plans that did not address any of the youths' goals.

1.7 Victim Contact and Victim Considerations

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

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

In half the files that had orders with protective conditions, the victims were notified within the required timeframe. Of the remaining files, most confirmed that the victims were notified, but not within the required timeframe and (6/27) almost one quarter had at least one court order with a protective condition for which there was no indication that the victim(s) was ever notified.

More than three quarters of the files that had orders with victim considerations, such as apology letters, restorative justice processes or restitutions, had service plans that addressed these conditions. Of the remaining applicable files, most addressed some but not all the victim considerations while a small minority had at least one service plan that did not address any victim considerations.

1.8 Considerations Specific to Indigenous Youth

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

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

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

1.9 Social History

Each service plan must have a social history that contains comprehensive information about the youth, including the youth's connections to their culture and cultural community. The intended outcome is that youth justice staff have access to all the information they need to provide continuous service and make informed decisions related to case planning and public safety.

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

In this audit, half of the files had service plans with social histories containing all the required elements. Almost all the remaining files were missing one, often more, of the required elements.

Of the files pertaining to Indigenous youth, most had service plans that had the cultural connectedness section completed. However, more than one third of the applicable records had at least one service plan that had social histories that lacked information about the youths' Indigenous heritages, connections to their communities, heritages or cultural practices, or which Indigenous community members or programs that could be available to support the youth. This raises the question about the extent to which youths' cultural connections and practices were considered in the development of the service plans and if they were able or supported to access culturally relevant services.

1.10 Non-enforcement of Breach or Violation of Court Order

When a youth fails to comply with conditions in an order and a youth probation officer decides not to send a report to Crown Counsel, the youth probation office is required to consult with a supervisor. A similar process applies when the youth violate conditions of supervision in the community or a conditional supervision order. The intended outcomes are that youth are held accountable in ways that take into consideration both the circumstances surrounding the breaches or violations and public safety.

The standard requires a youth probation officer to record in the youth's file the circumstances of the breach or violation, the content of the consultation with a supervisor, and the rationale for the decision not to initiate the enforcement process. The policy related to non-enforcement of breaches and violations applies to all order types, which could result in a high number of consultations per file, depending on the youth's behaviour, maturity level, peer group, mental health, court history, etc. Holding youth accountable in ways that take into consideration the

circumstances surrounding the breach or violation and public safety can be challenging. Documenting the decision and rationale for non-enforcement demonstrates that this challenge is being thoughtfully addressed.

Of the files pertaining to non-enforcement of breaches and violations of court orders, more than one third had all the required consultations with supervisors documented. Almost all the remaining files had no documentation that consultations with supervisors had occurred. When applying this measure, the practice analysts read all entries in the CORNET Client Logs, noting breaches and violations, and looked for corresponding consultations when no enforcement actions were taken.

1.11 Documentation in CORNET

Policy requires that a youth probation officer is to record and attach all relevant client information in CORNET. The intended outcomes are continuity of service, including day-to-day supervision and support for the youth, public accountability, and to support public safety.

The standard is that a youth probation officer records information in the CORNET Client Log within five working days of an event in a way that allows someone unfamiliar with the file to understand what occurred and attaches all relevant documents to the log. In addition, client logs are printed and placed in the physical file at least once a month.

The practice analyst found that less than a quarter of the files had the required documents attached in the CORNET Client Log. In addition, one third of the files had at least one occurrence of a record title within the CORNET Client Log that did not contain content, or there was content in a CORNET Client Log with no record title. When applying this measure, the practice analyst reviewed the physical files and all the CORNET Client Log entries and cross-referenced documents that were required to be attached in CORNET.

The practice analyst found that one third of the files (25/75) had all CORNET Client Log entries recorded within the required five-day timeframe. More than three quarters of the remaining files (41/50) had one or more occurrences when Client Logs were recorded in CORNET, but not within five working days and almost a third (15/50) were missing entries in the CORNET Client Logs.

2. ACTION PLAN

ACTION	PERSON RESPONSIBLE	INTENDED OUTCOMES	DATE TO BE COMPLETED
1. Training sessions to address documentation requirements	Director of Operations Mission	Consistent, thorough documentation demonstrating • FASD Screening and Referral completed • Completed SAVRY within 30 days of initial interview and/or transferred file and the highest rated risk factors are reflected in the Service Plans including information regarding moderate critical • Updated SAVRY every 6 months • Service Plan completed, reviewed by TL and/or YJ consultant • Service Plan reviewed with youth and parent/guardian and copy provided to youth and parent/guardian and ensure documented in client log • Victim Contact within 5 working days of order if it included protective conditions • Completed social history • CORNET has required documents attached to Client log in separate entries and information corresponds with Record title and logs are entered within 5 working days and placed on file once per month	March 2022
2. Tracking system to be developed and completed by Team Leader for file reviews	Director of Operations Mission	• 25% of file reviews will be achieved each month consistently • Policy and best practice will be enhanced	May 2022
3. Tracking system to be developed and implemented by Team Leader for overall team accountability	Director of Operations Mission	• Supervisor approval for extensions will be documented • Supervisor consults will be recorded in log • Attachments and documentation will be in CORNET	Jan 2022

4. TL to review the narrative portion of the service plan with respect to Indigenous Culture and the services available	Director of Operations Mission	• Social history reflects Indigenous heritage and/or youth's connection to their communities, heritages, and cultural practices and/or community members or programs that might be available to support the youth • This in turn will assist in enhancing the connections with all Indigenous partnerships	May 2022

APPENDIX

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

A. METHODOLOGY

This audit was based on a review of records in two samples of Correctional Service (CS) files obtained from the East Fraser SDA. The audit included reviews of electronic records and attachments in the CORNET computer system, as well as documents in the physical files. The data collection phase of this audit took place in January through April 2021.

The samples were selected using the following process:

1. Two lists of CS file numbers were obtained from the Youth Justice Project Consultant in the Specialized Intervention and Youth Justice Branch:
    - List one contained files that were open on April 18, 2020, nine months prior to the audit start date, and
    - List two contained files that were open on April 18, 2019, 12 months prior to the date specified in list one.
2. Files in list two that were also in list one was removed from list two.
3. Files that were labelled "CS number not found" (i.e., files with sealed orders) and files that contained only bail orders, extra judicial sanctions, adult only orders, custody only orders, orders that were less than six months in length, orders in which most of the supervision occurred in another SDA, and/or orders in which less than six months of supervision was provided by the East Fraser SDA were removed from both lists.
4. The most significant court order in each file on both lists was selected, and practice related to that court order, as well as all other orders that were active within the timeframe of that order, was reviewed using the CYJ audit tool and rating guide.

The CYJ audit tool is a SharePoint based form, designed by data specialists on the Monitoring Team, in the Child Welfare Branch, that contains 19 measures designed to assess compliance with key requirements in the CYJ Operations Manual. Each measure contains a scale with "achieved" and "not achieved" as rating options as well as ancillary questions designed to assist the practice analysts in collecting categorical and qualitative data that explain or provide context for the ratings.

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

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

The selected files were reviewed and assessed by practice analysts with youth justice experience and specialization, on the Provincial Audit Team, in the Quality Assurance Branch.

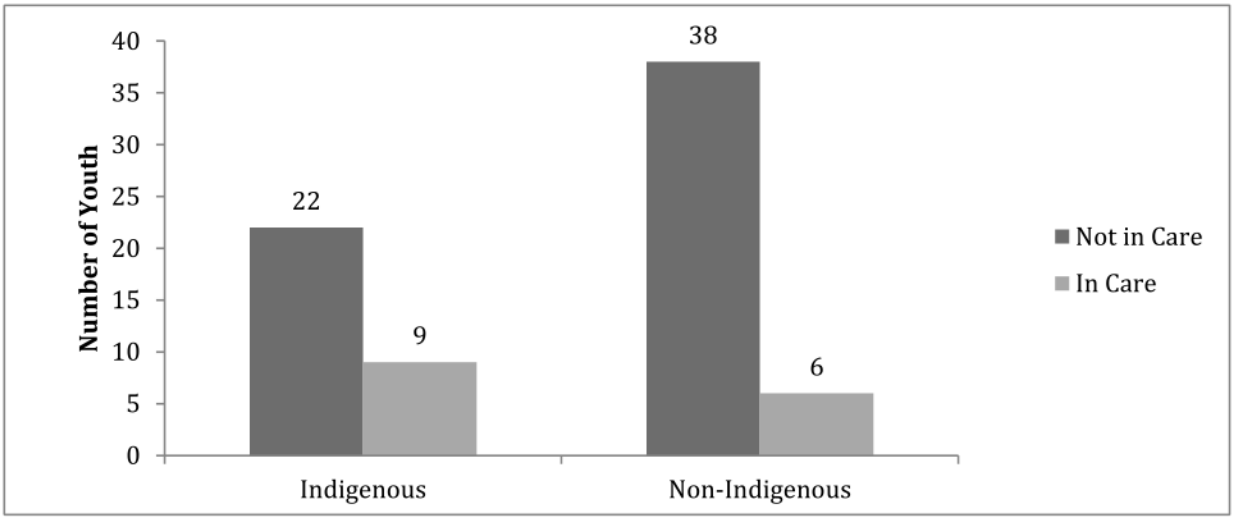
Quality assurance policy and procedures require that practice analysts identify for action any record that suggests a child or youth may need protection under section 13 of the *Child, Family and Community Service Act*. During the audit process, the practice analyst watched for situations in which the information in the record suggests that a child may have been left in need of protection. When identified, the record is brought to the attention of the responsible team leader (TL) and director of operations (DOO), as well as the executive director of service (EDS), for follow up, as deemed appropriate. This procedure is also used to identify for action any youth justice record that suggests there may be a current public safety concern, and when a record, such as a Youth Forensics Psychiatric Services report, is inappropriately attached to CORNET. During this audit, no file was identified for possible follow up.

B. DETAILED FINDINGS AND ANALYSIS

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

Combined, there were 75 files in the two samples selected for this audit. Figure 1 provides an overview of the youth whose files were included.

Figure 1: Demographic Characteristics of Youth



Not all the measures in the audit tool were applicable to records in all 75 files. The "Total Applicable" column in the tables contains the total number of files that had records to which the measure was applied.

The overall compliance rate for the East Fraser 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.

Table 1: Initial Interview with Youth

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 1: Initial interview with youth documented within five working days	75	58	77%	17	23%

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

The compliance rate for this measure was 77**%**. The measure was applied to all 75 files in the samples; 58 were rated achieved and 17 were rated not achieved. To receive a rating of achieved, the required initial interviews with the youth were documented in the CORNET Client Log within five working days of their occurrences.

Of the 17 files rated not achieved: 7 contained documentation of all the required initial interviews but at least one initial interview was not documented in the CORNET Client Log within five working days of its occurrence, and 11 did not contain documentation of one or more required initial interviews. The total adds to more than the number of files rated not achieved because 1 file had a combination of the above noted reasons.

The measure was accompanied by the question, "Which components of the interview process were not documented in CORNET?" This question did not impact the compliance rate for the measure but was designed to verify whether all required aspects of the initial interviews were documented in the Client Log. Of the 75 files, 11 described all the components of the interview process for each initial interview that was documented, 2 had no documentation of any initial interviews, and 62 did not describe one or more of the components of the interview process for one or more of the initial interviews that were documented. Specifically, 48 files did not confirm that the youth were informed about the MCFD complaints process, 41 did not confirm that the youth were informed that the victims would be notified and provided with copies of the relevant orders, 20 did not confirm that the court orders were reviewed with the youth, and 14 did not confirm that the dates, times and manners of the next contacts were communicated to the youth.

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

Table 2 provides the compliance rate for measure CYJ 2, which has to do with completing the FASD Screening/Referral Tool within 30 days of intake and forwarding the results to The Asante Centre. The note below the table provides the number of files to which the measure was not applicable and explains why.

Table 2: FASD Screening and Referral

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 2: FASD Screening/Referral Tool completed within 30 days of intake, and results forwarded to Asante Centre	58*	38	66%	20	34%

* This measure was not applicable to 17 files because the FASD Screening/Referral Tool had been previously completed.

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

The compliance rate for this measure was **66%**. The measure was applied to 58 of the 75 files in the samples; 38 were rated achieved and 20 were rated not achieved. To receive a rating of achieved, the FASD Screening/Referral Tool was completed within 30 days of an initial interview with a sentenced youth and forwarded to the Asante Centre.

Of the 20 files rated not achieved: 12 contained the required FASD Screening/Referral Tools, but they were not completed within 30 days of the initial interviews with the youth, and 8 did not contain the required FASD Screening/Referral Tools.

b.3 Structured Assessment of Violence Risk in Youth (SAVRY)

Table 3 provides compliance rates for measures CYJ 3 and CYJ 4, which have to do with completing and updating the SAVRY. The note below the table provides the number of files to which one of the measures was not applicable and explains why.

Table 3: Structured Assessment of Violence Risk in Youth (SAVRY)

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 3: SAVRY completed within 30 days of initial interview with youth, and when a transferred file is received	75	48	64%	27	36%
CYJ 4: SAVRY updated every six months	62*	21	34%	41	66%

*This measure was not applicable to 13 files because the length of the orders did not require updates or the periods of supervision extended beyond the timeframe covered by the audit

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

The compliance rate for this measure was **64%**. The measure was applied to all 75 files in the samples; 48 were rated achieved and 27 were rated not achieved. To receive a rating of achieved:

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

Of the 27 files rated not achieved: 25 had one or more SAVRYs that were not completed within 30 days of the initial interviews with the youth or within 30 days after transferred files were received, and 4 did not have one or more of the required SAVRYs. The total adds to more than the number of files rated not achieved because 2 files had a combination of the above noted reasons. Of the 25 files with SAVRYs that were completed after the 30-day timeframe, the extra time they took to complete was between one and 177 days, with the average being 46 days.

The measure was accompanied by the question, "How many comment boxes in the initial SAVRY were filled out by the youth probation officer?" This question did not impact the compliance rate for the measure but was designed to provide feedback on how frequently rationales are provided for the ratings in the SAVRYs. The practice analysts found the following results:

- 50 had more than half, but not all, of the comment boxes filled out,
- 12 had less than half of the comment boxes filled out,
- 11 had all the comment boxes filled out, and
- 2 had half of the boxes filled out.

CYJ 4: SAVRY updated every six months

The compliance rate for this measure was **34%**. The measure was applied to 62 of the 75 files in the samples; 21 were rated achieved and 41 were rated not achieved. To receive a rating of achieved:

- the SAVRY was updated within six months of the completion date of the previous SAVRY, or
- an extension to the timeframe to update the SAVRY was approved by a supervisor and their direction was documented.

Of the 41 files rated not achieved: 35 had SAVRY updates, but some or all the updates were not completed every six months, and 6 had one or more SAVRYs that were not updated. Of the SAVRY updates that took longer than six months to complete, the extra time they took to complete was between two and 133 days, with the average being 25 days.

b.4 Service Plan

Table 4 provides compliance rates for measures CYJ 5, CYJ 6, CYJ 7, and CYJ 8, which have to do with completing the service plan within 30 days of an initial interview with the youth, obtaining approval for the plan from a supervisor, reviewing the plan with the youth and parent/guardian, and updating the plan every six months. The note below the table provides the number of files to which one of the measures was not applicable and explains why.

Table 4: Service Plan

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 5: Service Plan completed within 30 days of initial interview with youth	75	37	49%	38	51%
CYJ 6: Service Plan approved by supervisor within five working days of receipt from youth probation officer	75	28	34%	41	66%
CYJ 7: Service Plan reviewed with youth and parent/guardian and copy provided to youth and parent/guardian	75	1	1%	74	99%
CYJ 8: Service Plan updated every six months or when transferred file received	58*	20	34%	38	66%

* This measure was not applicable to 17 files because the length of the orders did not require updates or the periods of supervision extended beyond the timeframe covered by the audit

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

The compliance rate for this measure was **49%**. The measure was applied to records in all 75 files in the samples; 37 were rated achieved and 38 were rated not achieved. To receive a rating of achieved, a service plan was completed within 30 days of an initial interview related to a new order or within 30 days of receiving a transferred file, and each service plan was developed after the SAVRY was completed.

Of the 38 files rated not achieved: 27 had one or more service plans that were not completed within 30 days of initial interviews or within 30 days after transferred files were received, 11 did not have one or more service plans completed for new orders or when transferred files were received, and 5 had one or more service plans that were completed prior to the completion of SAVRYs. The total adds to more than the number of files rated not achieved because 5 files had a combination of the above noted reasons. Of the service plans that were completed after the 30-day timeframe, the extra time they took to complete was between one and 176 days, with the average being 28 days.

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

The compliance rate for this measure was **37%**. The measure was applied to records in all 75 files in the samples; 28 were rated achieved and 47 were rated not achieved. To receive a rating of achieved, the service plan was approved by a supervisor within five working days of receipt from a youth probation officer.

Of the 47 files rated not achieved: 38 had one or more service plans approved by supervisors, but not within five working days, and 12 had one or more service plans but not approved by the supervisor. The total adds to more than the number of files rated not achieved because 3 files had a combination of the above noted reasons. Of the 38 files with service plans that were approved by supervisors, but not within five working days, the extra time they took to be approved was between one and 107 days, with the average being 19 days.

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

The compliance rate for this measure was **1%**. The measure was applied to records in all 75 files in the samples; 1 was rated achieved and 74 were rated not achieved. To receive a rating of achieved, the file contained documentation indicating:

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

Of the 74 records rated not achieved: 72 had one or more occurrences when a copy of the service plans was not provided to the youth, 70 had one or more occurrences when a copy of the service plans were not reviewed with the youth, and 70 had one or more occurrences when a copy of the service plans were not provided to the parent/guardian. The total adds to more than the number of files rated not achieved because 72 files had a combination of the above noted reasons.

The practice analyst found many examples of Integrated Case Management (ICM) and other meetings taking place, where the youth was in attendance and case planning was discussed; however, there was no indication that the service plans were reviewed during these meetings.

CYJ 8: Service plan updated every six months

The compliance rate for this measure was **34%**. The measure was applied to records in 58 of the 75 files in the samples; 20 were rated achieved and 38 were rated not achieved. To receive a rating of achieved, the file contained documentation indicating that the service plan had been updated within six months of a previously completed service plan and after the SAVRY was updated.

Of the 38 files rated not achieved: 25 had one or more service plans that were updated, but not within six months of a previously completed service plan, and 14 had one or more service plans that were not updated every six months. The total adds to more than the number of files rated not achieved because 1 file had a combination of the above noted reasons. Of the service plans that were updated but not within six months of a previously completed service plan, the extra time they took to complete was between one and 44 days, with the average being 13 days.

b.5 SAVRY Risk and Protective Factors

Table 5 provides compliance rates for measures CYJ 9 and CYJ 10, which have to do with addressing SAVRY critical and/or other risk factors and SAVRY protective factors in the service plan.

Table 5: SAVRY Risk and Protective Factors

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 9: Service Plan addressed SAVRY critical and/or other risk factors that contributed to offending behaviour focusing on the higher rated factors	75	36	48%	39	52%
CYJ 10: Service Plan addressed SAVRY protective factors	75	49	65%	26	35%

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

The compliance rate for this measure was **48%.** The measure was applied to all 75 files in the samples; 36 were rated achieved and 39 were rated not achieved. To receive a rating of achieved, the SAVRY was completed prior to the service plan and:

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

Of the 39 files rated not achieved: 18 had one or more service plans that did not address the highest rated risk factors, 16 had one or more service plans that did not address critical or other risk factors, 6 had one or more service plans that were completed before the SAVRY was completed, and 2 had one or more service plans that did not describe how the selected strategies would be implemented. The total adds to more than the number of files rated not achieved because 3 files had a combination of the above noted reasons.

CYJ 10: Service Plan addressed SAVRY protective factors

The compliance rate for this measure was **65%**. The measure was applied to records in all 75 files in the samples; 49 were rated achieved and 26 were rated not achieved. To receive a rating of achieved, each service plan:

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

Of the 26 files rated not achieved: 18 had one or more service plans that did not address protective factors identified in the SAVRYs, 6 had one or more service plans completed prior to the SAVRYs, 3 had one or more service plans that did not describe how the identified strategies would be implemented, and 1 had one or more service plans that did not identify the strategies that would be used. The total adds to more than the number of files rated not achieved because 2 files had a combination of the above noted reasons.

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

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

Table 6: Other Issues Related to Court Orders and Youth's Goals

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 11: Service Plan addressed other issues/items related to court order (reporting frequency, curfew, no contacts, referrals to programs, community work service, etc.)	75	50	67%	25	33%
CYJ 12: Service Plan addressed Youth's goals	75	65	87%	10	13%

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

The compliance rate for this measure was **67%**. The measure was applied to records in all 75 files in the samples; 50 were rated achieved and 25 were rated not achieved. To receive a rating of achieved each service plan:

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

Of the 25 files rated not achieved: 19 had one or more service plans that addressed some, but not all, of the other issues/items related to the court orders, 6 had one or more service plans that did not address any of the other issues/items related to the court orders, and 2 had one or more service plans that addressed other issues/items related to the court orders but did not identify strategies to be used. The total adds to more than the number of files rated not achieved because 3 files had a combination of the above noted reasons.

CYJ 12: Service plan addressed youth's goals

The compliance rate for this measure was **87%**. The measure was applied to all 75 files in the samples; 65 were rated achieved and 10 were rated not achieved. To receive a rating of achieved, each service plan:

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

Of the 10 files rated not achieved: 9 had one or more service plans that did not address any of the youths' goals, and 1 had at least one or more service plans that included the youth's goals but did not identify the strategies to be implemented.

b.7 Victim Contact and Victim Considerations

Table 7 provides compliance rates for measures CYJ 13 and CYJ 14, which have to do with contacting the victim within five working days of receipt of the court order and addressing victim considerations in the service plan. The notes below the table provide the number of files to which two of the measures were not applicable and explain why.

Table 7: Victim Contact and Victim Considerations

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 13: Victim contacted within five working days of receipt of court order, if order included protective conditions (i.e., no contact)	54*	27	50%	27	50%
CYJ 14: Service Plan addressed victim considerations	66**	51	77%	15	23%

*This measure was not applicable to 21 files because there were no protective conditions.
**This measure was not applicable to 9 files because there were no victim considerations that needed to be addressed.

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

The compliance rate for this measure was **50%**. The measure was applied to 54 of the 75 files in the samples; 27 were rated achieved and 27 were rated not achieved. To receive a rating of achieved, the victim was contacted within five working days of receipt of an order with protective conditions (i.e., no contact order).

Of the 27 files rated not achieved: 22 had one or more occurrences when the victims were contacted, but not within the required five working days, and 6 had one or more occurrences when the victims were not contacted and the reasons were not recorded in the CORNET Client Log. The total adds to more than the number of files rated not achieved because 1 file had a combination of the above noted reasons.

CYJ 14: Service plan addressed victim considerations

The compliance rate for this measure was **77%**. The measure was applied to 66 of the 75 files in the samples; 51 were rated achieved and 15 were rated not achieved. To receive a rating of achieved, each service plan:

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

Of the 15 files rated not achieved: 13 had one or more service plans that addressed some, but not all, of the victims' considerations, and 2 had one or more service plans that did not address the victims' considerations.

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

b.8 Considerations Specific to Indigenous Youth

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

Table 8: Considerations Specific to Indigenous Youth

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 15: Service Plan addressed considerations specific to Indigenous youth	31*	27	87%	4	13%

* This measure was not applicable to 44 files because the youth were not identified as Indigenous.

CYJ 15: Service Plan addressed considerations specific to Indigenous youth

The compliance rate for this measure was **87%**. The measure was applied to 31 of the 75 files in the samples; 27 were rated achieved and 4 were rated not achieved. To receive a rating of achieved, each of the required service plans:

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

Of the 4 files rated not achieved: 3 had one or more service plans where the "Cultural Connectedness" sections were not completed, and 1 had one or more service plans that did not describe how the identified strategies would be implemented.

b.9 Social History

Table 9 provides compliance rates for measure CYJ 16, which has to do with including a clearly identified social history, with all the required information, in the service plan.

Table 9: Social History

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 16: Service Plan includes a clearly identified social history with all required information	75	37	49%	38	51%

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

The compliance rate for this measure was **49%**. The measure was applied to records in all 75 files in the samples; 37 were rated achieved and 38 were rated not achieved. To receive a rating of achieved, each of the required service plans contained:

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

Of the 38 files rated not achieved: 37 had one or more service plans with partially completed social histories, and 1 had one or more service plans with no social histories.

The measure was accompanied by the question, "If the social history was partially completed, what information was not included?" This question was designed to provide feedback on the quality of documentation related to social histories. Of the 37 files that had one or more service plans with partially completed social histories, 29 were missing offences information, 20 were missing relevant victim information, 24 were missing information about the youths' previous contacts with the justice system, 12 were missing information about the youths' families and other caregivers, the youths' relationships with their caregivers, and/or the youths' behaviours at home and in their communities, and 8 were missing information about other professionals or agencies working with the youths. The total adds to more than the number of files that had one or more service plans with partially completed social histories because 33 files had combinations of the above noted reasons.

Of the 31 files pertaining to Indigenous youth, 12 had one or more social histories that lacked information about the youths' Indigenous heritages, and/or the youths' connection to their communities, heritages and cultural practices, and/or community members or programs that might be available to support the youth.

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

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

Table 10: Non-Enforcement of Breach or Violation of Court Order

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 17: Consultation with supervisor regarding non-enforcement of breach or violation occurred	46*	18	39%	28	61%

* This measure was not applicable to 29 files because there were no indications that supervisor consultations were required.

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

The compliance rate for this measure was **39%**. The measure was applied to 46 of the 75 files in the samples; 18 were rated achieved and 28 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 28 files rated not achieved: 26 had one or more occurrences when the required supervisory consultations were not documented, and 2 had one or more occurrences when either consultations occurred but the supervisors' approvals and/or directions were not noted, or consultations occurred and details of the consultations were not recorded.

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

b.11 Documentation in CORNET

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

Table 11: Documentation in CORNET

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 18: Required documents are attached to Client Log in CORNET and entries contain information that corresponds with Record title	75	8	11%	67	89%
CYJ 19: Client Logs recorded in CORNET, in separate entries and required manner, within five working days, and printed and placed on file once a month	75	25	33%	50	67%

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

The compliance rate for this measure was **11%**. The measure was applied to records in all 75 files in the samples, 8 were rated achieved and 67 were rated not achieved. To receive a rating of achieved, the CORNET Client Log had:

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

Of the 67 files rated not achieved: 60 had one or more occurrences when required documents were not attached to the CORNET Client Logs, 22 had one or more occurrences when log entries were titled, but the records' content fields were left blank or incomplete, and 5 had one or more occurrences when the log entries were complete, but the titles were left blank. The total adds to more than the number of files rated not achieved because 20 files had a combination of the above noted reasons.

CYJ 19: Client Logs recorded in CORNET within five working days

The compliance rate for this measure was **33%**. The measure was applied to records in all 75 files in the sample; 25 were rated achieved and 50 were rated not achieved. To receive a rating of achieved:

- the CORNET Client Log entries were recorded within five working days, and
- the CORNET Client Log entries were recorded separately.

Of the 50 files rated not achieved: 41 had one or more occurrences when Client Logs were recorded in CORNET, but not within five working days, 14 were missing entries in the CORNET Client Logs, and 1 had one or more occurrences when Client Logs were recorded in attachments in CORNET. The total adds to more than the number of files rated not achieved because 6 files had a combination of the above noted reasons.

The practice analysts noted whether CORNET Client Log entries were printed and placed in the physical files on a monthly basis and if the log entries were recorded in manners that made it easy for someone unfamiliar with the files to understand. These data sets did not impact the compliance rate for the measure but was designed to provide feedback on the quality of documentation related to CORNET Client Logs. Of the 75 files reviewed, 61 (81%) had up-to-date Client Log entries that were printed and placed in the physical files and 9 (12%) had Client Log entries that were clearly written so that someone unfamiliar with the files would understand. The practice analysts found that 49 (65%) files had Client Log entries that used acronyms and abbreviations when referring to community partners. Because the roles and mandates of agencies and community resources vary across communities and service delivery areas, it is important for youth probation officers to ensure that acronyms used to identify community partners and their roles are clearly explained in the log entries.

Ministry of Children and Family Development

North Vancouver Island Service Delivery Area

Community Youth Justice Practice Audit

Report Completed: May 2022

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch

Table of Contents

INTRODUCTION

This report contains information and findings related to the community youth justice (CYJ) practice audit that was conducted in the North Vancouver Island Service Delivery Area (SDA) in June to October 2021.

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

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

1. SUMMARY OF FINDINGS

This practice audit was based on a review of records in two samples of Correctional Service (CS) files obtained from the North Vancouver Island SDA. The audit included a review of electronic records and attachments in the CORNET client management computer system, as well as documents in the physical files. The samples contained a combined total of 55 files. The review focused on practice within a three-year timeframe that started on June 1, 2018 and ended on May 31, 2021. All documentation during the timeframe of supervision for the selected order, including concurrent orders, is assessed for compliance to the audit measures.

The following sub-sections contain the findings and observations of the practice analysts who conducted the audit within the context of the policy, standards and procedures that informed the audit design and measures.

1.1 Initial Interview with Youth

When a youth is the subject of a court order that requires the youth to report to a probation officer, MCFD youth justice policy requires that an initial interview is completed by the date stipulated in the order, or within five days of the issuance of the order if a date is not stipulated in the order itself. The intended outcomes of this policy are that youth understand their orders and the consequences of not complying with their orders. The initial interview process is repeated for each new order.

The standard for an initial interview is that a youth probation officer: confirms the identity of the youth; explains the conditions in the order and the consequences of not complying with those conditions; explains the right to apply to the court for a review of the conditions in the order and the provisions for records disclosure and non-disclosure; explains the ministry's complaints process; communicates the date, time and manner of the next contact the youth will have with a youth probation officer; and, if there's a victim, informs the youth that the victim will be contacted and informed about the conditions in the order. There are other more procedural and documentary requirements that are part of standard practice for completing an initial interview. For this measure, all Client Logs must be recorded in CORNET as soon as it is practical to do so, but within five working days.

The practice analyst found that more than half of the files in the samples had all the required initial interviews documented in the CORNET Client Log within five working days of their occurrences. Almost one in five of the files did not contain documentation of one or more required initial interviews. The remaining files had at least one initial interview that was not documented in the CORNET Client Log within five working days of their occurrences or had a combination of both noted reasons.

The audit also identified whether all the required components were covered by the youth probation officers during the initial interviews. In almost three quarters of the files, there were no indications that the ministry's complaints process was explained to the youth. In addition, the majority of the files contained orders with conditions requiring victim notifications and in about three quarters of those files there were no indications that the youth were told that the victims would be notified and provided with copies of the orders. Further, close to half of the files had no indications that the court orders and the relevant provisions were reviewed with the youth. Lastly, about one in five of the files had no indications that the dates, times and manners of the next contacts were communicated to the youth. There were two files that had the initial interviews documented and contained all the required components.

1.2 Fetal Alcohol Spectrum Disorder (FASD) Screening and Referral

Youth justice policy requires that a youth probation officer complete the FASD Screening and Referral Tool once for every youth who is sentenced and ordered to report to a youth probation officer and submit the results to The Asante Centre without identifying the youth. If the results indicate that the youth was screened in for FASD, the policy requires a youth probation officer to refer the youth, with consent, to The Asante Centre for a comprehensive assessment. The intended outcome is that youth who are diagnosed with FASD, and their families, will have access to potentially effective treatments and services while the youth are involved with the criminal justice system and afterwards.

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

Of the applicable files, the practice analyst found that almost one quarter contained completed and submitted FASD Screening and Referral Tools. More than half of the applicable files did not have the Screening/Referral Tools completed and close to one in five contained the required FASD Screening/Referral Tools, but they were not completed within 30 days of the initial interviews with the youth.

1.3 Structured Assessment of Violence Risk in Youth (SAVRY)

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

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

More than two thirds of the files had SAVRYs that were completed within the required timeframes and more than one quarter had SAVRYs that were completed more than 30 days after the initial interviews or more than 30 days after the transferred files were received. Of the SAVRYs that took longer than 30 days to complete, the extra time they took was between three to 265 days, with the average being 52 days.

A majority of the files in the samples required updated SAVRYs. In almost two thirds of the applicable files, all the required updates to the SAVRYs were completed, namely every six months. Most of the remaining applicable files had SAVRY updates, but one or more of the updates were not completed every six months. Of the SAVRY updates that took longer than six months to complete, the extra time they took was between four to 122 days, with the average being 28 days.

1.4 Service Plan

When a youth is sentenced and under community supervision, a youth probation officer is required to develop a service plan that identifies goals, objectives and strategies that are relevant to the youth's needs and reduce the risk of further offending. With few exceptions, a new service plan is required for each new court order and, therefore, there can be multiple service plans within a file. The intended outcome is effective management of the risks presented by youth in

ways that protect the public and bring about positive changes in the youths' offending behaviours.

The standard is that a youth probation officer completes a service plan within 30 days of an initial interview with the youth and within 30 days of a file transfer and updates the service plan every six months thereafter for as long as there is an active supervision order. The standard also requires that the service plan be approved by a supervisor within five working days of receipt from a youth probation officer and that a youth probation officer review the plan with the youth and provide copies of the plan to the youth and the youth's parent or guardian.

This audit found that less than half of the files had service plans that were completed within 30 days of the initial interviews with youth, or within 30 days of receiving transferred files, as required. More than a third had one or more service plans that were completed more than 30 days after the initial interviews or more than 30 days after receiving transferred files, and 5 were missing one or more service plans. Of the service plans that took longer than 30 days to complete, the extra time they took was between four and 286 days, with the average being 56 days.

A majority of the files required the service plans to be updated every six months. Almost half had all service plans updated every six months and almost one third of the remaining applicable files had all service plans updated, but one or more were not updated every six months. One in six had one or more service plans that were never updated. Of the service plans that took longer than 6 months to complete an update, the extra time they took was between 12 and 228 days, with the average being 64 days.

The audit found that about one in five of the files had service plans that were all approved by supervisors within the required five-day timeframe. More than three quarters of the remaining files had service plans that were approved by supervisors, but not within the required five-day timeframe. Of the approvals that took longer than five days to complete, the extra times they took was between one and 77 days, with the average being 15 days.

Three files had all the service plans reviewed with the youth and copies of the service plans were provided to the youth and their parents or guardians, as required. The practice analyst reviewed all CORNET Client Logs and the physical file to confirm whether this had occurred.

1.5 SAVRY Risk and Protective Factors

A service plan that targets SAVRY risk and protective factors related to the youth's offending behaviour is required to be developed by the youth probation officer. The intended outcomes are reduced recidivism and to support public safety.

The standard is that a youth probation officer uses the results of the SAVRY to identify risk factors that are most likely to contribute to the youth's offending behaviour and protective factors that are likely to support the youth in avoiding further offending.

The practice analyst found that more than two thirds had service plans that fully addressed one or more protective factors. The practice analyst also found that about one third of the files had service plans that consistently addressed the highest rated risk factors and risk factors designated critical by the youth probation officers.

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

Youth justice policy requires that all conditions in an order are addressed in the youth's service plan. These conditions could involve, among others, maintaining a curfew, abstaining from carrying a weapon, abstaining from consuming alcohol or drugs, completing community work service, and residing where directed. The intended outcomes are compliance with orders, reduced recidivism and to support public safety.

The standard is that a youth probation officer includes each condition in the service plan and identifies the strategies that will be used to monitor the youth's compliance with each condition.

Almost three quarters of the files had service plans that addressed all the conditions in the court orders. Almost one in five of the remaining files addressed some but not all, of the conditions in the court orders.

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

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

In more than three quarters of the files, all the service plans included the youths' goals along with strategies to support the youth in attaining their goals. Six did not identify the strategies to be implemented, and five files had one or more service plans that did not address any of the youths' goals.

1.7 Victim Contact and Victim Considerations

According to policy, a youth probation officer is required to provide the victim with information about court proceedings and the opportunity to participate and be heard throughout the youth's involvement with the justice system.

The intended outcomes are victim safety, youth accountability, and opportunities for youth to make amends for harm caused to victims.

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

A majority of the files had orders with protective conditions and in half of the applicable files the victims were notified within the required timeframe. In almost one quarter of the applicable files, the victims were notified, but not within the required timeframe and in a similar number of files the victims were not contacted, and the reasons were not recorded in the CORENT Client Log.

Of the applicable files with court orders containing victim considerations, such as apology letters, restorative justice processes or restitution, the majority had service plans that addressed these victim considerations.

1.8 Considerations Specific to Indigenous Youth

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

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

More than half of the files required considerations specific to Indigenous youth. In conducting this audit, the practice analyst found that the majority of the files pertaining to Indigenous youth had service plans in which the cultural connectedness section was completed however, 5 files had one or more service plans that did not address "Cultural Connectedness".

1.9 Social History

Each service plan must have a social history that contains comprehensive information about the youth, including the youth's connections to their culture and cultural community.

The intended outcome is that youth justice staff have access to all the information they need to provide continuous service and make informed decisions related to case planning and public safety.

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

In this audit, less than half of the files had service plans with social histories containing all the required elements. Most of the remaining files were missing one, often more, of the required elements.

Of the files pertaining to Indigenous youth, the majority had service plans that had the cultural connectedness section completed. However, two thirds of the files pertaining to Indigenous youth had one or more service plans that had social histories that lacked information about the youths' Indigenous heritages, connection to their communities, or cultural practices, or which Indigenous community members or programs that could be available to support the youth. This raises the question about the extent to which youths' cultural connections and practices were considered in the development of the service plans and if they were able or supported to access culturally relevant services.

1.10 Non-enforcement of Breach or Violation of Court Order

When a youth fails to comply with conditions in an order and a youth probation officer decides not to send a report to Crown Counsel, the youth probation office is required to consult with a supervisor. A similar process applies when the youth violate conditions of supervision in the community or a conditional supervision order. The intended outcomes are that youth are held accountable in ways that take into consideration both the circumstances surrounding the breaches or violations and public safety.

The standard requires a youth probation officer to record in the youth's file the circumstances of the breach or violation, the content of the consultation with a supervisor, and the rationale for the decision not to initiate the enforcement process. The policy related to non-enforcement of breaches and violations applies to all order types, which could result in a high number of consultations per file, depending on the youth's behaviour, maturity level, peer group, mental health, court history, etc. Holding youth accountable in ways that take into consideration the circumstances surrounding the breach or violation and public safety can be challenging.

Documenting the decision and rationale for non-enforcement demonstrates that this challenge is being thoughtfully addressed.

In almost two thirds of the files in which breaches or violations of orders were not enforced by youth probation officers, the practice analyst found that consultations with supervisors were not documented. When applying this measure, the practice analyst read all entries in the CORNET Client Logs, noting breaches and violations, and looked for corresponding consultations when no enforcement actions were taken.

1.11 Documentation in CORNET

Policy requires that a youth probation officer is to record and attach all relevant client information in CORNET. The intended outcomes are continuity of service, including day-to-day supervision and support for the youth, public accountability, and to support public safety.

The standard is that a youth probation officer records information in the CORNET Client Log within five working days of an event in a way that allows someone unfamiliar with the file to understand what occurred and attaches all relevant documents to the log. In addition, client logs are printed and placed in the physical file at least once a month.

The practice analyst found that a minority of the files had CORNET Client Log entries that were recorded within the required timeframe and required manner. More than two thirds of the remaining files had log entries that were recorded after the required timeframe and one quarter of the files had instances of log entries that took an extra 30 days to enter. This included numerous files that had entries on one date that referenced multiple records from previous dates. This may pose a problem when data is not entered on CORNET or available in the physical file if information when the supervising youth probation office is not available.

The practice analyst also found that a minority of the files had the required documents attached in the CORNET Client Logs. When applying this measure, the practice analyst reviewed the physical files and all the CORNET Client Log entries and cross-referenced documents that were required to be attached in CORNET.

2. ACTION PLAN

ACTION	PERSON RESPONSIBLE	INTENDED OUTCOMES	DATE TO BE COMPLETED
1. Director of Operation (DOO), YJ Team Leader (YJTL) and Youth Justice Consultant (YJC) will have QA YJ Practice Analyst(s) who completed the File Audit meet with YJTL, YJC and Youth Probation Officers (YPO's) to review and discuss audit results, including Action Plan. Confirmation of completion will be sent, via email, to the manager of audit.	Director of Operations	YJ team NI SDA has a chance to review the audit results and provincial expectations. To ensure clarity on expectations with particular attention to documentation requirements for initial interviews, complaints process, timelines for victim notification, and FASD screening.	May 26, 2022
2. All Youth Probation Officers in the SDA and YJ Team Leader will have SAVRY and Service Plan refresher training provided by the Youth Justice Consultant. Confirmation of completion will be sent, via email, to the manager of audit.	Director of Operations	Staff will be refreshed on the YJ policy requirements regarding the SAVRY and Service Plan. Specific areas will be reviewed. Ensure relevant material is considered for the SAVRY and contained in the Service Plan and, the identified high critical and/or other risk factors are addressed and protective factors" are included. Ensure time frames for completion of SAVRY and Service Plans are reviewed. Ensure requirements for reviewing and providing a copy of the Service Plan to the legal guardian and youth and the requirements for the Social History included in Service Plans are reviewed.	June 30, 2022
3. YJTL and YJC will review policy and expectations for consultation with supervisor regarding non enforcement of breach or violation of court orders.	Director of Operations	Decisions on non-enforcement of non-compliance will consistently involve Team Leader consultation and decisions/outcomes will be explained and documented into CORNET and/or the Service Plan.	June 30, 2022

APPENDIX

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

A. METHODOLOGY

This audit was based on a review of records in two samples of Correctional Service (CS) files obtained from the North Vancouver Island SDA. The audit included reviews of electronic records and attachments in the CORNET computer system, as well as documents in the physical files. The data collection phase of this audit took place in June through October 2021.

The samples were selected using the following process:

1. Two lists of CS file numbers were obtained from the Youth Justice Project Consultant in the Specialized Intervention and Youth Justice Branch:
    - List one contained files that were open on September 1, 2020 nine months prior to the audit start date, and
    - List two contained files that were open on September 1, 2019 12 months prior to the date specified in list one.
2. Files in list two that were also in list one were removed from list two.
3. Files that were labelled "CS number not found" (i.e., files with sealed orders) and files that contained only bail orders, extra judicial sanctions, adult only orders, custody only orders, orders that were less than six months in length, orders in which the majority of supervision occurred in another SDA, and/or orders in which less than six months of supervision was provided by the Vancouver/Richmond SDA were removed from both lists.
4. The most significant court order in each file on both lists was selected, and practice related to that court order, as well as all other orders that were active within the timeframe of that order, was reviewed using the CYJ audit tool and rating guide.

The CYJ audit tool is a SharePoint based form, designed by data specialists on the Monitoring Team, in the Child Welfare Branch, that contains 19 measures designed to assess compliance with key requirements in the CYJ Operations Manual. Each measure contains a scale with "achieved" and "not achieved" as rating options as well as ancillary questions designed to assist the practice analysts in collecting categorical and qualitative data that explain or provide context for the ratings.

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

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

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

Quality assurance policy and procedures require that practice analysts identify for action any record that suggests a child or youth may need protection under section 13 of the *Child, Family and Community Service Act*. During the audit process, the practice analyst watched for situations in which the information in the record suggests that a child may have been left in need of protection. When identified, the record is brought to the attention of the responsible team leader (TL) and director of operations (DOO), as well as the executive director of service (EDS), for follow up, as deemed appropriate. This procedure is also used to identify for action any youth justice record that suggests there may be a current public safety concern, and when a record, such as a Youth Forensics Psychiatric Services report, is inappropriately attached to CORNET. During the course of this audit, no file was identified for possible follow up.

B. DETAILED FINDINGS AND ANALYSIS

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

Combined, there were 55 files in the two samples selected for this audit. Figure 1 provides an overview of the youth whose files were included in the samples.

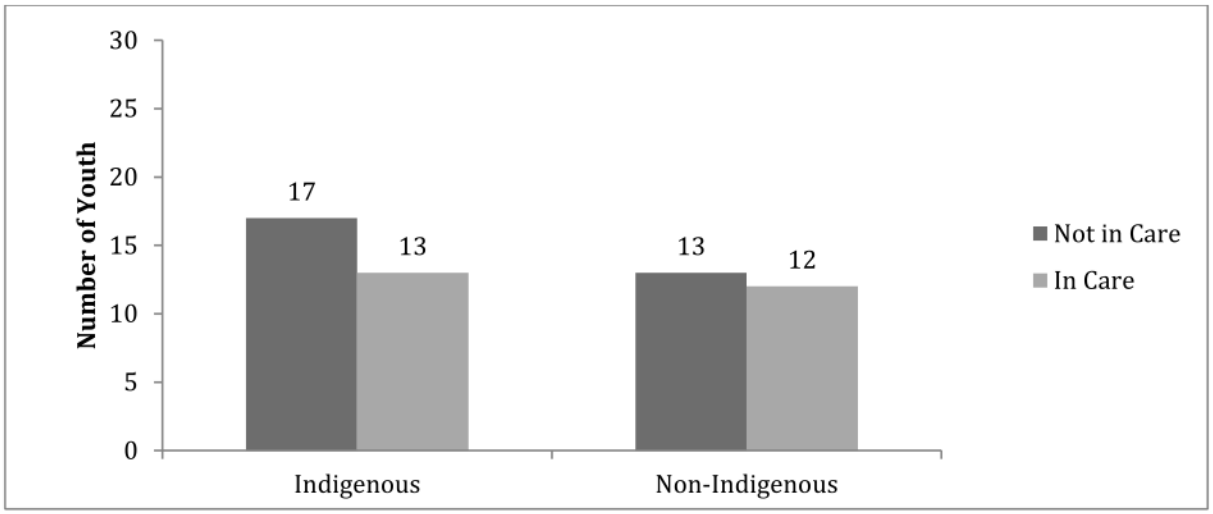


Figure 1: Demographic Characteristics of Youth

Not all the measures in the audit tool were applicable to records in all 55 files. The "Total Applicable" column in the tables contains the total number of files that had records to which the measure was applied.

The overall compliance rate for the North Vancouver Island SDA was 48**%**.

b.1 Initial Interview with Youth

Table 1 provides the compliance rate for measure CYJ 1, which has to do with documenting the initial interview with the youth.

Table 1: Initial Interview with Youth

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 1: Initial interview with youth documented within five working days	55	32	58%	23	42%

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

The compliance rate for this measure was **58%**. The measure was applied to all 55 files in the samples; 32 were rated achieved and 23 were rated not achieved. To receive a rating of achieved, the initial interview with the youth had to have been completed and documented in the CORNET Client Log within five working days of their occurrences. Those files that took longer than 5 working days to document ranged from 2 to 17 additional days with the average being 8 days.

Of the 23 files rated not achieved, 12 contained documentation of all the required initial interviews but at least one initial interview was not documented in the CORNET Client Log within five working days of its occurrence, 10 did not contain documentation of one or more required initial interviews and 1 had a combination of the above noted reasons.

The measure was accompanied by the question, "Which components of the interview process were not documented in CORNET?" This question did not impact the compliance rate for the measure but was designed to verify whether all required aspects of the initial interviews were documented in the Client Log. Of the 55 files, 48 did not describe one or more of the components of the interview process for one or more of the initial interviews that were documented and 5 did not have any initial interviews documented. Of the 48 files that did not describe one or more of the components of the interview process for one or more of the initial interviews: 40 did not confirm that the youth were informed about the MCFD complaints process; 33 did not confirm that the youth were informed that the victims would be notified and provided with copies of the relevant orders; 24 did not confirm that the court orders were reviewed with the youth, 10 did not confirm that the dates, times and manners of the next contacts were communicated to the youth and 1 did not have a current photo of Youth placed on the CORENT and in the physical file. 2 files had the initial interview with the youth completed and documented in the CORNET Client Log within five working days of their occurrences and had all elements covered. The total adds to more than 48 because 37 files had combinations of the above noted reasons.

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

Table 2 provides the compliance rate for measure CYJ 2, which has to do with completing the FASD Screening/Referral Tool within 30 days of intake and forwarding the results to The Asante Centre. The note below the table provides the number of files to which the measure was not applicable and explains why.

Table 2: FASD Screening and Referral

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 2: FASD Screening/Referral Tool completed within 30 days of intake, and results forwarded to Asante Centre	38*	9	24%	29	76%

* This measure was not applicable to 17 files because the FASD Screening/Referral Tool had been previously completed.

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

The compliance rate for this measure was **24%**. The measure was applied to of the 38 of the 55 files in the samples; 9 were rated achieved and 29 were rated not achieved. To receive a rating of achieved, the FASD Screening/Referral Tool was completed within 30 days of an initial interview with a sentenced youth and forwarded to the Asante Centre.

Of the 29 files rated not achieved, 22 did not contain the required FASD Screening/Referral Tools, and 7 contained the required FASD Screening/Referral Tools, but they were not completed within 30 days of the initial interviews with the youth. The files that took longer than 30 days of an initial interview to complete and forward to the Asante Center ranged from 3 to 524 additional days with the average being 75 days.

b.3 Structured Assessment of Violence Risk in Youth (SAVRY)

Table 3 provides compliance rates for measures CYJ 3 and CYJ 4, which have to do with completing and updating the SAVRY. The note below the table provides the number of files to which one of the measures was not applicable and explains why.

Table 3: Structured Assessment of Violence Risk in Youth (SAVRY)

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 3: SAVRY completed within 30 days of initial interview with youth, and when a transferred file is received	55	38	69%	17	31%
CYJ 4: SAVRY updated every six months	49*	30	61%	19	39%

*This measure was not applicable to 6 files because the length of the orders did not require updates, or the periods of supervision extended beyond the timeframe covered by the audit

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

The compliance rate for this measure was **69%**. The measure was applied to all 55 files in the samples; 38 were rated achieved and 17 were rated not achieved. To receive a rating of achieved:

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

Of the 17 files rated not achieved, 15 had one or more SAVRYs that were not completed within 30 days of the initial interviews with the youth or within 30 days after transferred files were received, 1 file did not have one or more of the required SAVRY's, and 1 had a combination of the above noted reasons. Of the files with SAVRYs that were completed after the 30-day timeframe, the extra time they took to complete was between three and 265 days, with the average being 52 days.

The measure was accompanied by the question, "How many comment boxes in the initial SAVRY were filled out by the youth probation officer?" This question did not impact the compliance rate for the measure but was designed to provide feedback on how frequently rationales are provided for the ratings in the SAVRYs. The practice analysts found the following results:

- 35 had more than half, but not all, of the comment boxes filled out,
- 19 had less than half of the comment boxes filled out,
- 4 had all the comment boxes filled out
- 1 had half of the boxes filled out, and
- 1 had no comment boxes filled out

CYJ 4: SAVRY updated every six months

The compliance rate for this measure was **61%**. The measure was applied to 49 of the 55 files in the samples; 30 were rated achieved and 19 were rated not achieved. To receive a rating of achieved:

- the SAVRY was updated within six months of the completion date of the previous SAVRY; or
- an extension to the timeframe to update the SAVRY was approved by a supervisor and their direction was documented.

Of the 19 files rated not achieved, 16 had SAVRY updates, but some or all the updates were not completed every six months, and 3 had one or more SAVRYs that were not updated. Of the SAVRY updates that took longer than six months to complete, the extra time they took was between four and 122 days, with the average being 28 days.

b.4 Service Plan

Table 4 provides compliance rates for measures CYJ 5, CYJ 6, CYJ 7, and CYJ 8, which have to do with completing the service plan within 30 days of an initial interview with the youth, obtaining approval for the plan from a supervisor, reviewing the plan with the youth and parent/guardian, and updating the plan every six months. The note below the table provides the number of files to which one of the measures was not applicable and explains why.

Table 4: Service Plan

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 5: Service Plan completed within 30 days of initial interview with youth	55	25	45%	30	55%
CYJ 6: Service Plan approved by supervisor within five working days of receipt from youth probation officer	55	12	22%	43	78%
CYJ 7: Service Plan reviewed with youth and parent/guardian and copy provided to youth and parent/guardian	55	3	5%	52	95%
CYJ 8: Service Plan updated every six months or when transferred file received	44*	21	48%	23	52%

* This measure was not applicable to 11 files because the length of the orders did not require updates, or the periods of supervision extended beyond the timeframe covered by the audit

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

The compliance rate for this measure was **45%**. The measure was applied to records in all 55 files in the samples; 25 were rated achieved and 30 were rated not achieved. To receive a rating of achieved, a service plan was completed within 30 days of an initial interview related to a new order, or within 30 days of receiving a transferred file, and after the SAVRY was completed.

Of the 30 files rated not achieved, 20 had one or more service plans that were not completed within 30 days of initial interviews or within 30 days after transferred files were received, 5 did not have one or more service plans completed for new orders or when transferred files were received, 1 had one or more service plans with no service plan at all, and 4 had a combination of the above reasons including 2 that had service plans completed prior to the SAVRY being completed. Of the service plans that were completed after the 30-day timeframe, the extra time they took was between four and 286 days, with the average being 56 days.

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

The compliance rate for this measure was **22%**. The measure was applied to records in all 55 files in the samples; 12 were rated achieved and 43 were rated not achieved. To receive a rating of achieved, the service plan was approved by a supervisor within five working days of receipt from the youth probation officer.

Of the 43 files rated not achieved, 42 had one or more service plans approved by supervisors, but not within five working days, and 1 had no service plan at all. Of the files with service plans that were approved by supervisors, but not within five working days, the extra time they took to be approved was between one and 77 days, with the average being 15 days.

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

The compliance rate for this measure was **5%**. The measure was applied to records in all 55 files in the samples; 3 were rated achieved and 52 were rated not achieved. To receive a rating of achieved, the file contained documentation indicating:

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

Of the 52 records rated not achieved, 43 had one or more occurrences when the service plan was not reviewed with the youth, and one or more occurrences when the service plan was not provided to the youth, and one or more occurrences when the service plan was not provided to the parent/guardian, 8 files had one or more occurrences when the service plan was provided to the parent/guardian, but was not reviewed with the youth or a copy provided to the youth, and one file had no service plan at all.

The practice analysts found many examples of Integrated Case Management (ICM) and other meetings taking place, where the youth were in attendance and case planning was discussed; however, there were no indications that the service plans were reviewed during these meetings.

CYJ 8: Service plan updated every six months

The compliance rate for this measure was **48%**. The measure was applied to 44 of the 55 files in the samples; 21 were rated achieved and 23 were rated not achieved. To receive a rating of achieved, the file had to contain documentation indicating that the service plan had been updated within six months of a previously completed service plan and after the SAVRY was updated.

Of the 23 files rated not achieved, 11 had one or more service plans that were updated, but not within six months of a previously completed service plan, 7 had one or more service plans that were not updated every six months, 3 had a combination of the above noted reasons, 1 had one or more required service plans not completed and 1 had no service plan at all. Of the service plan updates that took longer than six months to complete, the extra time they took was between twelve and 228 days, with the average being 64 days.

b.5 SAVRY Risk and Protective Factors

Table 5 provides compliance rates for measures CYJ 9 and CYJ 10, which have to do with addressing SAVRY critical and/or other risk factors and SAVRY protective factors in the service plan.

Table 5: SAVRY Risk and Protective Factors

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 9: Service Plan addressed SAVRY critical and/or other risk factors that contributed to offending behaviour focusing on the higher rated factors	55	19	35%	36	65%
CYJ 10: Service Plan addressed SAVRY protective factors	55	38	69%	17	31%

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

The compliance rate for this measure was **35%**. The measure was applied to all 55 files in the samples; 19 were rated achieved and 36 were rated not achieved. To receive a rating of achieved, the SAVRY was completed prior to the service plan and:

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

Of the 36 files rated not achieved, 13 had one or more service plans that did not address the highest rated risk factors, 11 had one or more service plans that did not address critical or other risk factors, 4 had one or more service plans that did not describe how the selected strategies would be implemented, 1 had no service plan at all and 7 files had a combination of the above noted reasons including 1 that had a service plan completed before the SAVRY was completed.

CYJ 10: Service Plan addressed SAVRY protective factors

The compliance rate for this measure was **69%**. The measure was applied to records in all 55 files in the samples; 38 were rated achieved and 17 were rated not achieved. To receive a rating of achieved, the SAVRY was completed prior to the service plan and:

- the service addressed at least one SAVRY protective factor, and
- the service plan identified strategies to be used, and
- the service plan described how the strategies would be implemented.

Of the 17 files rated not achieved, 9 had one or more service plans that did not address protective factors identified in the SAVRYs, 4 had one or more service plans that did not describe how the identified strategies would be implemented, 2 had one or more service plans that did not identify strategies that will be used, 1 file had no service plan at all, and 1 had a combination of the above noted reasons including a service plan that was completed before SAVRY completed.

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

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

Table 6: Other Issues Related to Court Orders and Youth's Goals

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 11: Service Plan addressed other issues/items related to court order (reporting frequency, curfew, no contacts, referrals to programs, community work service, etc.)	55	39	71%	16	29%
CYJ 12: Service Plan addressed Youth's goals	55	43	78%	12	22%

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

The compliance rate for this measure was **71%**. The measure was applied to records in all 55 files in the samples; 39 were rated achieved and 16 were rated not achieved. To receive a rating of achieved each service plan:

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

Of the 16 files rated not achieved, 10 had one or more service plans that addressed some, but not all, of the other issues/items related to the court orders, 3 had one or more service plans that addressed other issues but did not identify strategies, 2 had one or more service plans that did not address any of the other issues/items related to the court orders, and 1 had no service plan at all.

CYJ 12: Service plan addressed youth's goals

The compliance rate for this measure was **78%**. The measure was applied to all 55 files in the samples; 43 were rated achieved and 12 were rated not achieved. To receive a rating of achieved, each service plan:

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

Of the 12 files rated not achieved, 6 had at least one or more service plans that included the youth's goals but did not identify the strategies to be implemented, 5 had one or more service plans that did not address any of the youths' goals, and 1 had no service plan at all.

b.7 Victim Contact and Victim Considerations

Table 7 provides compliance rates for measures CYJ 13 and CYJ 14, which have to do with contacting the victim within five working days of receipt of the court order and addressing victim considerations in the service plan. The notes below the table provide the number of files to which two of the measures were not applicable and explain why.

Table 7: Victim Contact and Victim Considerations

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 13: Victim contacted within five working days of receipt of court order, if order included protective conditions (i.e., no contact)	45*	23	51%	22	49%
CYJ 14: Service Plan addressed victim considerations	49**	48	98%	1	2%

*This measure was not applicable to 10 files because there were no protective conditions.
**This measure was not applicable to 6 files because there were no victim considerations that needed to be addressed.

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

The compliance rate for this measure was **51%**. The measure was applied to 45 of the 55 files in the samples; 23 were rated achieved and 22 were rated not achieved. To receive a rating of achieved, the victim was contacted within five working days of receipt of an order with protective conditions (i.e., no contact order).

Of the 22 files rated not achieved, 11 had one or more occurrences when the victims were contacted, but not within the required five working days; 10 had one or more occurrences when the victims were not contacted and the reasons were not recorded in the CORNET Client Log, and 1 had a combination of the above noted reasons.

CYJ 14: Service plan addressed victim considerations

The compliance rate for this measure was **98%**. The measure was applied to 49 of the 55 files in the samples; 48 were rated achieved and 1 was rated not achieved. To receive a rating of achieved, each service plan:

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

The 1 file rated not achieved, had one or more service plans that addressed victim considerations but did not identify strategies to be used.

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

b.8 Considerations Specific to Indigenous Youth

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

Table 8: Considerations Specific to Indigenous Youth

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 15: Service Plan addressed considerations specific to Indigenous youth	30*	25	83%	5	17%

* This measure was not applicable to 25 files because the youth were not identified as Indigenous.

CYJ 15: Service Plan addressed considerations specific to Indigenous youth

The compliance rate for this measure was **83%**. The measure was applied to 30 of the 55 files in the samples; 25 were rated achieved and 5 were rated not achieved. To receive a rating of achieved, each of the required service plans:

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

Of the 5 files rated not achieved, all had one or more service plans that did not address "Cultural Connectedness".

b.9 Social History

Table 9 provides compliance rates for measure CYJ 16, which has to do with including a clearly identified social history, with all the required information, in the service plan.

Table 9: Social History

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 16: Service Plan includes a clearly identified social history with all required information	55	25	45%	30	55%

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

The compliance rate for this measure was **45%.** The measure was applied to records in all 55 files in the samples; 25 were rated achieved and 30 were rated not achieved. To receive a rating of achieved, each of the required service plans contained:

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

Of the 30 files rated not achieved, 28 had one or more service plans with partially completed social histories, 1 had at least one or more service plans that did not include a social history, and 1 had no service plan at all.

The measure was accompanied by the question, "If the social history was partially completed, what information was not included?" This question was designed to provide feedback on the quality of documentation related to social histories. Of the 28 files that had one or more service plans with partially completed social histories, 18 were missing information about the youths' families and other caregivers, the youths' relationships with their caregivers, and/or the youths' behaviours in their homes and/or in their communities, 18 were missing relevant victim information, 15 were missing offences information, and 15 were missing information about the youths' previous contacts with the justice system. The total adds to more than the number of

files that had one or more service plans with partially completed social histories because 27 files had combinations of the above noted reasons.

Of the 30 files pertaining to Indigenous youth, 20 had one or more social histories that lacked information about the youths' Indigenous heritages, and/or the youths' connection to their communities, heritages, and cultural practices, and/or community members or programs that might be available to support the youth.

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

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

Table 10: Non-Enforcement of Breach or Violation of Court Order

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 17: Consultation with supervisor regarding non-enforcement of breach or violation occurred	46*	16	35%	30	65%

* This measure was not applicable to 9 files because there were no indications that supervisor consultations were required.

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

The compliance rate for this measure was **35%**. The measure was applied to 46 of the 55 files in the samples; 16 were rated achieved and 30 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 30 files rated not achieved, 27 had one or more occurrences were there was no documented indication a consultation occurred 2 had one or more occurrences when consultations occurred but the supervisors' approvals and/or directions were not noted, and 1 had a combination of the above noted reasons.

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

b.11 Documentation in CORNET

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

Table 11: Documentation in CORNET

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 18: Required documents are attached to Client Log in CORNET and entries contain information that corresponds with Record title	55	9	16%	46	84%
CYJ 19: Client Logs recorded in CORNET, in separate entries and required manner, within five working days, and printed and placed on file once a month	55	8	15%	47	85%

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

The compliance rate for this measure was **16%**. The measure was applied to records in all 55 files in the samples, 9 were rated achieved and 46 were rated not achieved. To receive a rating of achieved, the CORNET Client Log had:

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

Of the 46 files rated not achieved, 9 had one or more occurrences when CORNET Client Log entries were titled, but the records' content fields were left blank or incomplete, 2 had one or more occurrences when required documents were not attached to the CORNET Client Logs, and 35 had a combination of the above noted reasons including 3 that had one or more occurrences when the log entries were complete, but the titles were left blank.

CYJ 19: Client Logs recorded in CORNET within five working days

The compliance rate for this measure was **15%**. The measure was applied to records in all 55 files in the sample; 8 were rated achieved and 47 were rated not achieved. To receive a rating of achieved:

- the CORNET Client Log entries were recorded within five working days, and
- the CORNET Client Log entries were recorded separately.

Of the 47 files rated not achieved, 33 had one or more occurrences when Client Logs were recorded in CORNET, but not within five working days, 4 were missing entries in the CORNET Client Logs, and 6 files had a combination of the above noted reasons, 4 that had a combination of client logs recorded in attachment in CORNET and Client Logs were recorded in CORNET, but not within five working days. Of the files that had entries that were not recorded within 5 working days, 14 of those files had entries that were recorded between 30 days and 60 days later.

The practice analysts noted whether CORNET Client Log entries were printed and placed in the physical files on a monthly basis and if the log entries were recorded in manners that made it easy for someone unfamiliar with the files to understand. These data sets did not impact the compliance rate for the measure but was designed to provide feedback on the quality of documentation related to CORNET Client Logs. Of the 55 files reviewed, 49 had up-to-date Client Log entries that were printed and placed in the physical files and none had Client Log entries that were clearly written so that someone unfamiliar with the files would understand. The practice analyst found that 3 of the files were particularly difficult to follow due to a large volume of information that covered several months documented in the client log within a few days. The practice analyst found that 40 files had Client Log entries that used acronyms and abbreviations when referring to community partners. Because the roles and mandates of agencies and community resources vary across communities and service delivery areas, it is important for youth probation officers to ensure that acronyms used to identify community partners and their roles are clearly explained in the log entries.

Ministry of Children and Family Development

South Vancouver Island Service Delivery Area

Community Youth Justice Practice Audit

Report Completed: May 2022

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch

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INTRODUCTION

This report contains information and findings related to the community youth justice (CYJ) practice audit that was conducted in the South Vancouver Island Service Delivery Area (SDA) in June – December 2021.

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

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

1. SUMMARY OF FINDINGS

This practice audit was based on a review of records in two samples of Correctional Service (CS) files obtained from the South Vancouver Island SDA. The audit included a review of electronic records and attachments in the CORNET client management computer system, as well as documents in the physical files. The samples contained a combined total of 86 files. The review focused on practice within a three-year timeframe that started on June 1, 2018 and ended on May 31, 2021. All documentation during the timeframe of supervision for the selected order, including concurrent orders, is assessed for compliance to the audit measures.

The following sub-sections contain the findings and observations of the practice analysts who conducted the audit within the context of the policy, standards and procedures that informed the audit design and measures.

1.1 Initial Interview with Youth

When a youth is the subject of a court order that requires the youth to report to a probation officer, MCFD youth justice policy requires that an initial interview is completed by the date stipulated in the order, or within five days of the issuance of the order if a date is not stipulated in the order itself. The intended outcomes of this policy are that youth understand their orders and the consequences of not complying with their orders. The initial interview process is repeated for each new order.

The standard for an initial interview is that a youth probation officer: confirms the identity of the youth; explains the conditions in the order and the consequences of not complying with those conditions; explains the right to apply to the court for a review of the conditions in the order and the provisions for records disclosure and non-disclosure; explains the ministry's complaints process; communicates the date, time and manner of the next contact the youth will have with a youth probation officer; and, if there's a victim, informs the youth that the victim will be contacted and informed about the conditions in the order. There are other more procedural and documentary requirements that are part of standard practice for completing an initial interview. For this measure, all Client Logs must be recorded in CORNET as soon as it is practical to do so, but within five working days.

The practice analyst found that two thirds of the files in the samples had all the required initial interviews documented in the CORNET Client Log within five working days of their occurrences. Almost one quarter of the files had no initial interview documented.

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

1.2 Fetal Alcohol Spectrum Disorder (FASD) Screening and Referral

Youth justice policy requires that a youth probation officer complete the FASD Screening and Referral Tool once for every youth who is sentenced and ordered to report to a youth probation officer and submit the results to The Asante Centre without identifying the youth. If the results indicate that the youth was screened in for FASD, the policy requires a youth probation officer to refer the youth, with consent, to The Asante Centre for a comprehensive assessment. The intended outcome is that youth who are diagnosed with FASD, and their families, will have access to potentially effective treatments and services while the youth are involved with the criminal justice system and afterwards.

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

Of the applicable files, the practice analyst found that less than one half of the files contained completed and submitted FASD Screening and Referral Tool. The same number of files did not

contain a completed Screening/Referral tools and the rest were either completed after the 30 day time requirement or had no confirmation of being sent to The Asante Centre.

1.3 Structured Assessment of Violence Risk in Youth (SAVRY)

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

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

More than one half of the files had SAVRYs that were completed within the required timeframes. More than one third of the files had SAVRYs that were completed more than 30 days after the initial interviews or more than 30 days after the transferred files were received. Of the SAVRYs that took longer than 30 days to complete, the extra time they took to complete was between two to 361 days, with the average being 89 days.

Most of the files in the samples required updated SAVRYs. In almost one quarter of the applicable files, all the required updates to the SAVRYs were completed, namely every six months. Almost half had SAVRY updates, but one or more of the updates were not completed every six months, and one quarter did not have any required updates. Of the SAVRY updates that took longer than six months to complete, the extra time they took to complete was between three to 193 days, with the average being 45 days.

1.4 Service Plan

When a youth is sentenced and under community supervision, a youth probation officer is required to develop a service plan that identifies goals, objectives and strategies that are relevant to the youth's needs and reduce the risk of further offending. With few exceptions, a new service plan is required for each new court order and, therefore, there can be multiple service plans within a file. The intended outcome is effective management of the risks presented by youth in ways that protect the public and bring about positive changes in the youths' offending behaviours.

The standard is that a youth probation officer completes a service plan within 30 days of an initial interview with the youth and within 30 days of a file transfer and updates the service plan every six months thereafter for as long as there is an active supervision order. The standard also requires that the service plan be approved by a supervisor within five working days of receipt

from a youth probation officer and that a youth probation officer review the plan with the youth and provide copies of the plan to the youth and the youth's parent or guardian.

This audit found that one third of the files had service plans that were completed within 30 days of the initial interviews with youth and, if required, within 30 days of receiving transferred files. Of the remaining files, one quarter had one or more service plans that were completed more than 30 days after the initial interviews or more than 30 days after receiving transferred files, almost one quarter had no service plan at all during the timeframe reviewed, and less than one quarter of the files were missing one or more required service plans. Of the service plans that took longer than 30 days to complete, the extra time they took to complete was between two and 240 days, with the average being 59 days.

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

The audit found that more than half of the files had service plans that were all approved by supervisors within the required five-day timeframe. Almost one quarter had no service plan during the timeframe reviewed, and one fifth had service plans that were approved by supervisors, but not within the required five-day timeframe. Of the approvals that took longer than five days to complete, the extra time they took to complete was between three and 62 days, with the average being 17 days.

In addition, only one file confirmed that all the service plans were reviewed with the youth and copies of the service plans were provided to the youth and their parent(s) or guardian(s), as required. The practice analyst reviewed all Client Log entries in the files to confirm whether this had occurred.

1.5 SAVRY Risk and Protective Factors

A service plan that targets SAVRY risk and protective factors related to the youth's offending behaviour is required to be developed by the youth probation officer. The intended outcomes are reduced recidivism and to support public safety.

The standard is that a youth probation officer uses the results of the SAVRY to identify risk factors that are most likely to contribute to the youth's offending behaviour and protective factors that are likely to support the youth in avoiding further offending.

The practice analyst found that slightly more than one third of the files had service plans that consistently addressed the highest rated risk factors and risk factors designated critical by the youth probation officers. More than one third had at least one service plan that did not address the highest rated risk factors and risk factors designated critical by the youth probation officers and one quarter did not contain a service plan during the timeframe reviewed.

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

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

Youth justice policy requires that all conditions in an order are addressed in the youth's service plan. These conditions could involve, among others, maintaining a curfew, abstaining from carrying a weapon, abstaining from consuming alcohol or drugs, completing community work service, and residing where directed. The intended outcomes are compliance with orders, reduced recidivism and to support public safety.

The standard is that a youth probation officer includes each condition in the service plan and identifies the strategies that will be used to monitor the youth's compliance with each condition.

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

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

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

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

1.7 Victim Contact and Victim Considerations

According to policy, a youth probation officer is required to provide the victim with information about court proceedings and the opportunity to participate and be heard throughout the youth's

involvement with the justice system. The intended outcomes are victim safety, youth accountability, and opportunities for youth to make amends for harm caused to victims.

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

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

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

1.8 Considerations Specific to Indigenous Youth

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

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

In conducting this audit, the practice analyst found that most of the files pertaining to Indigenous youth had service plans in which the cultural connectedness section was completed.

1.9 Social History

Each service plan must have a social history that contains comprehensive information about the youth, including the youth's connections to their culture and cultural community. The intended outcome is that youth justice staff have access to all the information they need to provide continuous service and make informed decisions related to case planning and public safety.

The standard is that a youth probation officer completes a social history with detailed information about the youth and the youth's family, behaviour, relationships, education,

employment, peers, leisure activities, substance use, mental health, medical history, current offences, victim considerations, and any previous contact with the justice system, etc. If the youth is Indigenous, the social history must include information about the youth's connection to their culture and identify Indigenous community members or programs that might be available to support the youth.

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

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

1.10 Non-enforcement of Breach or Violation of Court Order

When a youth fails to comply with conditions in an order and a youth probation officer decides not to send a report to Crown Counsel, the youth probation office is required to consult with a supervisor. A similar process applies when the youth violates conditions of supervision in the community or a conditional supervision order. The intended outcomes are that youth are held accountable in ways that take into consideration both the circumstances surrounding the breaches or violations and public safety.

The standard requires a youth probation officer to record in the youth's file the circumstances of the breach or violation, the content of the consultation with a supervisor, and the rationale for the decision not to initiate the enforcement process. The policy related to non-enforcement of breaches and violations applies to all order types, which could result in a high number of consultations per file, depending on the youth's behaviour, maturity level, peer group, mental health, court history, etc. Holding youth accountable in ways that take into consideration the circumstances surrounding the breach or violation and public safety can be challenging. Documenting the decision and rationale for non-enforcement demonstrates that this challenge is being thoughtfully addressed.

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

1.11 Documentation in CORNET

Policy requires that a youth probation officer is to record and attach all relevant client information in CORNET. The intended outcomes are continuity of service, including day-to-day supervision and support for the youth, public accountability, and to support public safety.

The standard is that a youth probation officer records information in the CORNET Client Log within five working days of an event in a way that allows someone unfamiliar with the file to understand what occurred and attaches all relevant documents to the log. In addition, client logs are printed and placed in the physical file at least once a month.

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

The practice analyst found that a small minority of the files had the required documents attached in the CORNET Client Log. In addition, more than half of the files had at least one occurrence of a record title within the CORNET Client Log that did not contain content. When applying this measure, the practice analysts reviewed the physical files and all the CORNET Client Log entries and cross-referenced documents that were required to be attached in CORNET.

2. ACTION PLAN

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

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

APPENDIX

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

A. METHODOLOGY

This audit was based on a review of records in two samples of Correctional Service (CS) files obtained from the South Vancouver Island SDA. The audit included reviews of electronic records and attachments in the CORNET computer system, as well as documents in the physical files. The data collection phase of this audit took place in June through December 2021.

The samples were selected using the following process:

1. Two lists of CS file numbers were obtained from the Youth Justice Project Consultant in the Specialized Intervention and Youth Justice Branch:
    - List one contained files that were open on September 1, 2020, nine months prior to the audit start date, and
    - List two contained files that were open on September 1, 2019, 12 months prior to the date specified in list one.
2. Files in list two that were also in list one were removed from list two.
3. Files that were labelled "CS number not found" (i.e., files with sealed orders) and files that contained only bail orders, extra judicial sanctions, adult only orders, custody only orders, orders that were less than six months in length, orders in which the majority of supervision occurred in another SDA, and/or orders in which less than six months of supervision was provided by the South Vancouver Island SDA were removed from both lists.
4. The most significant court order in each file on both lists was selected, and practice related to that court order, as well as all other orders that were active within the timeframe of that order, was reviewed using the CYJ audit tool and rating guide.

The CYJ audit tool is a SharePoint based form, designed by data specialists on the Monitoring Team, in the Child Welfare Branch, that contains 19 measures designed to assess compliance with key requirements in the CYJ Operations Manual. Each measure contains a scale with "achieved" and "not achieved" as rating options as well as ancillary questions designed to assist the practice analysts in collecting categorical and qualitative data that explain or provide context for the ratings.

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

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

The selected files were reviewed and assessed by practice analysts with youth justice experience and specialization, on the Provincial Audit Team, in the Quality Assurance Branch.

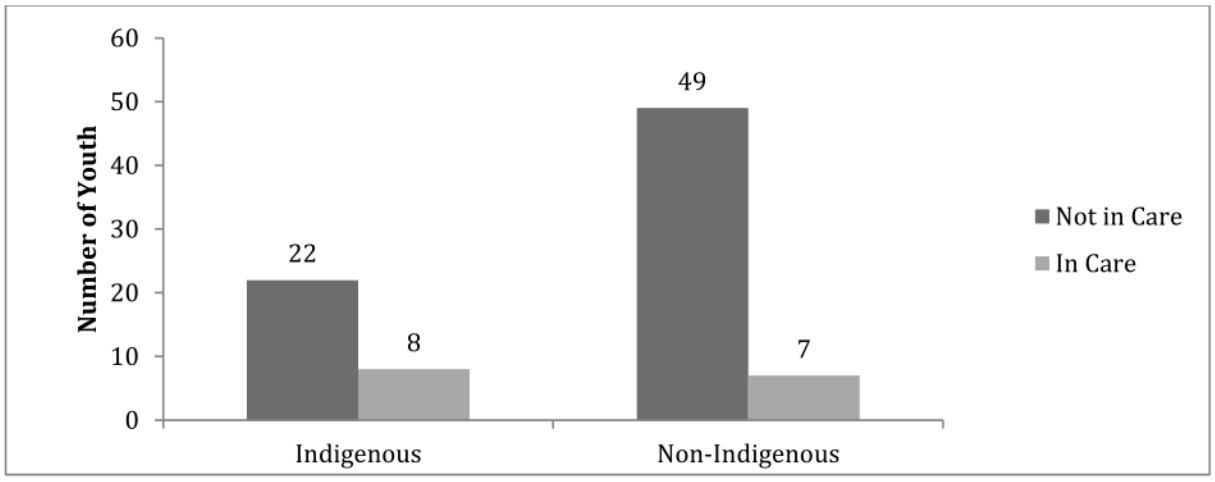
Quality assurance policy and procedures require that practice analysts identify for action any record that suggests a child or youth may need protection under section 13 of the *Child, Family and Community Service Act*. During the audit process, the practice analyst watched for situations in which the information in the record suggests that a child may have been left in need of protection. When identified, the record is brought to the attention of the responsible team leader (TL) and director of operations (DOO), as well as the executive director of service (EDS), for follow up, as deemed appropriate. This procedure is also used to identify for action any youth justice record that suggests there may be a current public safety concern, and when a record, such as a Youth Forensics Psychiatric Services report, is inappropriately attached to CORNET. During the course of this audit, no file was identified for possible follow up.

B. DETAILED FINDINGS AND ANALYSIS

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

Combined, there were 86 files in the two samples selected for this audit. Figure 1 provides an overview of the youth whose files were included in the samples.

Figure 1: Demographic Characteristics of Youth



Not all the measures in the audit tool were applicable to records in all 86 files. The "Total Applicable" column in the tables contains the total number of files that had records to which the measure was applied.

The overall compliance rate for the South Vancouver Island SDA was **40%**.

b.1 Initial Interview with Youth

Table 1 provides the compliance rate for measure CYJ 1, which has to do with documenting the initial interview with the youth.

Table 1: Initial Interview with Youth

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 1: Initial interview with youth documented within five working days	86	57	66%	29	34%

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

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

Of the 29 files rated not achieved, 9 contained documentation of all the required initial interviews but at least one initial interview was not documented in the CORNET Client Log within five working days of its occurrence; 16 did not contain documentation of one or more required initial interviews; and 4 had a combination of the above noted reasons.

The measure was accompanied by the question, "Which components of the interview process were not documented in CORNET?" This question did not impact the compliance rate for the measure but was designed to verify whether all required aspects of the initial interviews were documented in the Client Log. Of the 86 files, 2 described all the components of the interview process for each initial interview that was documented, 4 had no documentation of any initial interviews, 1 had a combination of an initial interview that was not documented and an initial interview in which all the required aspects were documented, and 79 did not describe one or more of the components of the interview process for one or more of the initial interviews that were documented. Specifically, 67 files did not confirm that the youth were informed about the MCFD complaints process; 56 did not confirm that the youth were informed that the victims would be notified and provided with copies of the relevant orders; 12 did not confirm that the dates, times and manners of the next contacts were communicated to the youth; and 6 did not confirm that the court orders were reviewed with the youth.

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

Table 2 provides the compliance rate for measure CYJ 2, which has to do with completing the FASD Screening/Referral Tool within 30 days of intake and forwarding the results to The Asante Centre. The note below the table provides the number of files to which the measure was not applicable and explains why.

Table 2: FASD Screening and Referral

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 2: FASD Screening/Referral Tool completed within 30 days of intake, and results forwarded to Asante Centre	57*	25	44%	32	56%

* This measure was not applicable to 29 files because the FASD Screening/Referral Tool had been previously completed.

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

The compliance rate for this measure was **44%**. The measure was applied to 57 of the 86 files in the samples; 25 were rated achieved and 32 were rated not achieved. To receive a rating of achieved, the FASD Screening/Referral Tool was completed within 30 days of an initial interview with a sentenced youth and forwarded to the Asante Centre.

Of the 32 files rated not achieved, 25 did not contain the required FASD Screening/Referral Tool; 6 contained the required FASD Screening/Referral Tools, but they were not completed within 30 days of the initial interviews with the youth; and 1 contained the required FASD Screening/Referral Tools, but no documentation it was forwarded to the Asante Centre.

b.3 Structured Assessment of Violence Risk in Youth (SAVRY)

Table 3 provides compliance rates for measures CYJ 3 and CYJ 4, which have to do with completing and updating the SAVRY. The note below the table provides the number of files to which one of the measures was not applicable and explains why.

Table 3: Structured Assessment of Violence Risk in Youth (SAVRY)

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 3: SAVRY completed within 30 days of initial interview with youth, and when a transferred file is received	86	49	57%	37	43%
CYJ 4: SAVRY updated every six months	68*	16	24%	52	76%

*This measure was not applicable to 18 files because the length of the orders did not require updates or the periods of supervision extended beyond the timeframe covered by the audit

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

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

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

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

The measure was accompanied by the question, “How many comment boxes in the initial SAVRY were filled out by the youth probation officer?” This question did not impact the compliance rate for the measure but was designed to provide feedback on how frequently rationales are provided for the ratings in the SAVRYs. The practice analysts found the following results:

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

CYJ 4: SAVRY updated every six months

The compliance rate for this measure was **24%**. The measure was applied to 68 of the 86 files in the samples; 16 were rated achieved and 52 were rated not achieved. To receive a rating of achieved:

- the SAVRY was updated within six months of the completion date of the previous SAVRY; or
- an extension to the timeframe to update the SAVRY was approved by a supervisor and their direction was documented.

Of the 52 files rated not achieved: 30 had SAVRY updates, but some or all the updates were not completed every six months, 17 had one or more SAVRYs that were not updated, 4 had no SAVRYs that were completed, and 1 had a combination of the above-noted reasons. Of the SAVRY updates that took longer than six months to complete, the extra time they took to complete was between three and 193 days, with the average being 45 days.

b.4 Service Plan

Table 4 provides compliance rates for measures CYJ 5, CYJ 6, CYJ 7, and CYJ 8, which have to do with completing the service plan within 30 days of an initial interview with the youth, obtaining approval for the plan from a supervisor, reviewing the plan with the youth and parent/guardian, and updating the plan every six months. The note below the table provides the number of files to which one of the measures was not applicable and explains why.

Table 4: Service Plan

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 5: Service Plan completed within 30 days of initial interview with youth	86	29	34%	57	66%
CYJ 6: Service Plan approved by supervisor within five working days of receipt from youth probation officer	86	46	53%	40	47%
CYJ 7: Service Plan reviewed with youth and parent/guardian and copy provided to youth and parent/guardian	86	1	1%	85	99%
CYJ 8: Service Plan updated every six months or when transferred file received	73*	6	8%	67	92%

* This measure was not applicable to 13 files because the length of the orders did not require updates or the periods of supervision extended beyond the timeframe covered by the audit

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

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

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

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

The compliance rate for this measure was **53%**. The measure was applied to records in all 86 files in the samples; 46 were rated achieved and 40 were rated not achieved. To receive a rating of achieved, the service plan was approved by a supervisor within five working days of receipt from a youth probation officer.

Of the 40 files rated not achieved, 19 did not contain any service plans during the timeframe reviewed, 17 had one or more service plans approved by supervisors, but not within five working days, and 4 had one or more service plans but not approved by the supervisor. Of the 17 files with service plans that were approved by supervisors, but not within five working days, the extra time they took to be approved was between three and 62 days, with the average being 17 days.

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

The compliance rate for this measure was **1%**. The measure was applied to records in all 86 files in the samples; 1 was rated achieved and 85 were rated not achieved. To receive a rating of achieved, the file contained documentation indicating:

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

Of the 85 records rated not achieved, 66 had combinations of missing the above requirements; and 19 did not contain any service plans during the timeframe reviewed.

The practice analysts found many examples of Integrated Case Management (ICM) and other meetings taking place, where the youth was in attendance and case planning was discussed; however, there was no indication that the service plans were reviewed during these meetings.

CYJ 8: Service plan updated every six months

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

Of the 67 files rated not achieved, 36 had one or more service plans that were not updated every six months; 14 had one or more service plans that were updated, but not within six months of a previously completed service plan; and 17 did not contain any service plans during the timeframe reviewed. Of the service plans that were updated after the 6-month timeframe, the extra time they took to complete was between three and 245 days, with the average being 91 days.

b.5 SAVRY Risk and Protective Factors

Table 5 provides compliance rates for measures CYJ 9 and CYJ 10, which have to do with addressing SAVRY critical and/or other risk factors and SAVRY protective factors in the service plan.

Table 5: SAVRY Risk and Protective Factors

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 9: Service Plan addressed SAVRY critical and/or other risk factors that contributed to offending behaviour focusing on the higher rated factors	86	30	35%	56	65%
CYJ 10: Service Plan addressed SAVRY protective factors	86	53	62%	33	38%

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

The compliance rate for this measure was **35%**. The measure was applied to all 86 files in the samples; 30 were rated achieved and 56 were rated not achieved. To receive a rating of achieved, the SAVRY was completed prior to the service plan and:

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

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

CYJ 10: Service Plan addressed SAVRY protective factors

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

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

Of the 33 files rated not achieved, 19 did not contain any service plans during the timeframe reviewed; 6 had one or more service plans that did not address protective factors identified in the SAVRYs; 6 had one or more service plans completed prior to the SAVRYs; and 2 had a combination of the above noted reasons.

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

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

Table 6: Other Issues Related to Court Orders and Youth's Goals

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 11: Service Plan addressed other issues/items related to court order (reporting frequency, curfew, no contacts, referrals to programs, community work service, etc.)	86	49	57%	37	43%
CYJ 12: Service Plan addressed Youth's goals	86	58	67%	28	33%

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

The compliance rate for this measure was **57%**. The measure was applied to records in all 86 files in the samples; 49 were rated achieved and 37 were rated not achieved. To receive a rating of achieved each service plan:

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

Of the 37 files rated not achieved, 19 did not contain any service plans during the timeframe reviewed; 17 had one or more service plans that addressed some, but not all, of the other issues/items related to the court orders; and 1 had one or more service plans that did not address any of the other issues/items related to the court orders.

CYJ 12: Service plan addressed youth's goals

The compliance rate for this measure was **67%**. The measure was applied to all 86 files in the samples; 58 were rated achieved and 28 were rated not achieved. To receive a rating of achieved, each service plan:

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

Of the 28 files rated not achieved, 19 did not contain any service plans during the timeframe reviewed; and 9 had at least one or more service plans that included the youth's goals but did not identify the strategies to be implemented.

b.7 Victim Contact and Victim Considerations

Table 7 provides compliance rates for measures CYJ 13 and CYJ 14, which have to do with contacting the victim within five working days of receipt of the court order and addressing victim considerations in the service plan. The notes below the table provide the number of files to which two of the measures were not applicable and explain why.

Table 7: Victim Contact and Victim Considerations

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 13: Victim contacted within five working days of receipt of court order, if order included protective conditions (i.e., no contact)	58*	29	50%	29	50%
CYJ 14: Service Plan addressed victim considerations	68**	47	69%	21	31%

*This measure was not applicable to 28 files because there were no protective conditions.
**This measure was not applicable to 16 files because there were no victim considerations that needed to be addressed.

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

The compliance rate for this measure was **50%**. The measure was applied to 58 of the 86 files in the samples; 29 were rated achieved and 29 were rated not achieved. To receive a rating of achieved, the victim was contacted within five working days of receipt of an order with protective conditions (i.e., no contact order).

Of the 29 files rated not achieved, 13 had one or more occurrences when the victims were not contacted and the reasons were not recorded in the CORNET Client Log; 12 had one or more occurrences when the victims were contacted, but not within the required five working days; and 4 had a combination of these occurrences.

CYJ 14: Service plan addressed victim considerations

The compliance rate for this measure was **69%**. The measure was applied to 68 of the 86 files in the samples; 47 were rated achieved and 21 were rated not achieved. To receive a rating of achieved, each service plan:

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

Of the 21 files rated not achieved, 14 did not contain any service plans during the timeframe reviewed; 5 had one or more service plans that addressed some, but not all, of the victims' considerations; 1 had one or more service plans that addressed victim considerations but did not identify strategies to be used; and 1 had one or more service plans that did not address the victims' considerations.

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

b.8 Considerations Specific to Indigenous Youth

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

Table 8: Considerations Specific to Indigenous Youth

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 15: Service Plan addressed considerations specific to Indigenous youth	30*	27	90%	3	10%

* This measure was not applicable to 133 files because the youth were not identified as Indigenous.

CYJ 15: Service Plan addressed considerations specific to Indigenous youth

The compliance rate for this measure was **90%**. The measure was applied to 30 of the 86 files in the samples; 27 were rated achieved and 3 were rated not achieved. To receive a rating of achieved, each of the required service plans:

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

Of the 3 files rated not achieved, 2 did not contain any service plans during the timeframe reviewed; and 1 had one or more service plans where the "Cultural Connectedness" sections were not completed.

b.9 Social History

Table 9 provides compliance rates for measure CYJ 16, which has to do with including a clearly identified social history, with all the required information, in the service plan.

Table 9: Social History

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 16: Service Plan includes a clearly identified social history with all required information	86	20	23%	66	77%

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

The compliance rate for this measure was **23%**. The measure was applied to records in all 86 files in the samples; 20 were rated achieved and 66 were rated not achieved. To receive a rating of achieved, each of the required service plans contained:

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

Of the 66 files rated not achieved, 38 had one or more service plans with partially completed social histories, 19 did not contain any service plans, 8 had one or more service plans with no social histories, and 2 had combinations of the above noted reasons.

The measure was accompanied by the question, "If the social history was partially completed, what information was not included?" This question was designed to provide feedback on the quality of documentation related to social histories. Of the 38 files that had one or more service

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

Of the 30 files pertaining to Indigenous youth, 11 had one or more social histories that lacked information about the youths' Indigenous heritages, and/or the youths' connection to their communities, heritages and cultural practices, and/or community members or programs that might be available to support the youth.

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

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

Table 10: Non-Enforcement of Breach or Violation of Court Order

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 17: Consultation with supervisor regarding non-enforcement of breach or violation occurred	54*	8	15%	46	85%

* This measure was not applicable to 32 files because there were no indications that supervisor consultations were required.

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

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

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

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

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

b.11 Documentation in CORNET

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

Table 11: Documentation in CORNET

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 18: Required documents are attached to Client Log in CORNET and entries contain information that corresponds with Record title	86	6	7%	80	93%
CYJ 19: Client Logs recorded in CORNET, in separate entries and required manner, within five working days, and printed and placed on file once a month	86	26	30%	60	70%

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

The compliance rate for this measure was **7%**. The measure was applied to records in all 86 files in the samples, 6 were rated achieved and 80 were rated not achieved. To receive a rating of achieved, the CORNET Client Log had:

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

Of the 80 files rated not achieved, 36 had one or more occurrences when required documents were not attached to the CORNET Client Logs; 3 had one or more occurrences when log entries were titled, but the records' content fields were left blank or incomplete; and 41 had combinations of the above noted reasons, including 7 that had one or more occurrences when the log entries were complete, but the titles were left blank.

CYJ 19: Client Logs recorded in CORNET within five working days

The compliance rate for this measure was **30%**. The measure was applied to records in all 86 files in the sample; 26 were rated achieved and 60 were rated not achieved. To receive a rating of achieved:

- the CORNET Client Log entries were recorded within five working days, and
- the CORNET Client Log entries were recorded separately.

Of the 60 files rated not achieved, 45 had one or more occurrences when Client Logs were recorded in CORNET, but not within five working days, 4 were missing entries in the CORNET Client Logs, 1 had one or more occurrences when Client Logs were recorded in attachments in CORNET, and 10 had combinations of the above noted reasons.

The practice analysts noted whether CORNET Client Log entries were printed and placed in the physical files on a monthly basis and if the log entries were recorded in manners that made it easy for someone unfamiliar with the files to understand. These data sets did not impact the compliance rate for the measure but was designed to provide feedback on the quality of documentation related to CORNET Client Logs. Of the 86 files reviewed, 82 (95%) had up-to-date Client Log entries that were printed and placed in the physical files and 10 (12%) had Client Log entries that were clearly written so that someone unfamiliar with the files would understand. The practice analysts found that 48 (56%) files had Client Log entries that used acronyms and abbreviations when referring to community partners. Because the roles and mandates of agencies and community resources vary across communities and service delivery areas, it is important for youth probation officers to ensure that acronyms used to identify community partners and their roles are clearly explained in the log entries.

Ministry of Children and Family Development

Vancouver Aboriginal Child and Family Services Society

CASE PRACTICE AUDIT REPORT

Report Completed: December 2021

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
Field Work Completed June 2021

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1. PURPOSE

The purpose of the audit is to improve and support child and youth service, resource, and child safety/family service practice. Through the review of samples of records, the audit provides a measure of the quality of documentation during the audit timeframes (see below for dates), confirms good practice, and identifies areas where practice requires strengthening. Practice is confirmed through documentation in the physical and electronic records and from information gathered in interviews with the delegated staff. This is the fifth audit for Vancouver Aboriginal Child and Family Services (VACFSS). The last audits were completed in March 2015 for child safety/family service and child service/temporary care practice and February 2016 for child service/guardianship and resource practice.

The specific purposes of the audit are to:

- further the development of practice
- assess achievement of key components of the Child Protection Response Model set out in Chapter 3 of the Child Safety and Family Support Policies, Adoption Policies (2001), Adoption Policies and Procedures (2019), and the Aboriginal Operational and Practice Standards and Indicators (AOPSI) as it relates to resource and guardianship
- determine the current level of practice across a sample of records
- identify barriers to providing an adequate level of service
- assist in identifying training needs
- provide information for use in updating and/or amending practice standards or policy

2. METHODOLOGY

There were three quality assurance practice analysts from MCFD's Office of the Provincial Director of Child Welfare who conducted the practice audit. The MCFD Share Point site was used to collect the data for the child and youth service, resource, and child safety/family service practice, to generate program compliance tables (see Findings and Analysis section) and a compliance report for each record audited. Interviews with the delegated staff were conducted by phone after the data collection was completed.

The population and sample sizes for all the record types used in the audit were extracted from the Integrated Case Management (ICM) database. The sample sizes provide a confidence level of 90% with a +/- 10% margin of error. However, some of the standards used for the audit are only applicable to a reduced number of the records that were selected and so the results obtained for these standards have a decreased confidence level and an increased margin of error. The following are the sample sizes for the eight record types:

Record Types	Population Sizes	Sample Sizes
Open and closed child service cases (temporary care)	199	51
Open and closed child service cases (guardianship)	336	57
Open and closed resource cases	189	51
Open family service cases	189	51
Closed family service cases	26	19
Closed Service requests	136	46
Closed Memos	136	46
Closed Incidents	373	58

The above samples were randomly drawn from populations with the following parameters:

1. Open and closed child service (temporary care): CS records open in ICM on February 29, 2020 and managed by the agency for at least six months (continuously) with the following legal categories: VCA, SNA, removal, interim order, TCO and CS records closed in ICM between September 1, 2017 and February 29, 2020 and managed by the agency for at least six months(continuously) with the following legal categories: VCA, SNA, removal, interim order and TCO.
2. Open and closed child service (guardianship): CS records open in ICM on February 29, 2020 and managed by the agency for at least six months (continuously) with the legal category CCO, and CS records closed in ICM between September 1, 2017 and February 29, 2020 and managed by the agency for at least six months (continuously) with the legal category CCO.
3. Open and closed resource: RE records relating to foster homes that had children or youth in their care for at least three months between March 1, 2017 and February 29, 2020. Children or youth in care had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level 1 Care, Level 2 Care, Level 3 Care, and First Nations Foster Home.
4. Open family service cases: FS records open in ICM on February 29, 2020 and managed by the agency for at least six months (continuously) with a service basis listed as protection.
5. Closed family service cases: FS records closed in ICM between September 1, 2019 and February 29, 2020 and managed by the agency for at least six months (continuously) with a service basis listed as protection.

6. Closed service requests: Service requests that were closed in ICM between December 1, 2018 and November 30, 2019 where the type was request service – CFS, request service – CAPP, request for family support, or youth services.
7. Closed memos: Memos that were closed in ICM between December 1, 2018 and November 30, 2019, where the type was screening and with the resolution of "No Further Action". Exclude Memos that were created in error.
8. Closed incidents: Incidents that were created after November 4, 2014, and were closed in ICM between December 1, 2018 and November 30, 2019, where the type was family development response or investigation.

The audit also determined whether Provincial Centralized Screening (PCS); Delegated Aboriginal Agency (DAA); or Service Delivery Area (SDA) completed the requirements at FS 1: Gathering Full and Detailed Information, FS 2: Conducting an Initial Record Review (IRR) and FS 3: Completing the Screening Assessment.

3. AGENCY OVERVIEW

a. Delegation

VACFSS operates under C6 delegation. This level of delegation enables the agency to provide the following services:

- Child Protection
- Out of Care Options
- Alternatives to Care/Transfer of Custody
- Temporary Custody of Children
- Guardianship of Children and Youth in Continuing Custody
- Support Services to Families including respite services to families
- Voluntary Care Agreements
- Special Needs Agreements
- Establishing Residential Resources
- Respite Services
- Extended Family Program
- Independent Living Agreements/Aging into Community Agreements

VACFSS assumed C6 child protection delegation in April 2008. The agency currently operates under a delegation confirmation modification agreement from January 1, 2021 – March 31, 2022.

VACFSS also provides the following programs and events to urban Indigenous children and families. These VACFSS programs incorporate cultural practice through Ceremony, Elder involvement, and Indigenous ways of knowing:

- Youth Advisory Council (YAC)
- Honouring Our Sacred Bundles Ceremony
- Homecoming Ceremonies
- Touching the Lands of Our Relations
- Honouring the Journey of Our Youth
- Caregiver Cultural Camp
- Elder Guidance
- Sage Picking
- Gathering the CIRCLE (Children's Indigenous Rights, Culture, Languages and Education)
- Culturally Relevant Urban Wellness (CRUW)
- UBC Farm Program (CRUW)
- Life Skills and Leadership Program (CRUW)
- Youth Mentor Committee Program (CRUW)
- Cultural Camp for Agency Staff
- Drum Making and Cultural Series Program
- Cultural Support and Training to Caregivers (Citagen and Osiem Program)

b. Demographics

VACFSS provides services to urban Indigenous families of greater Vancouver except for Métis, Musqueam and Nisga'a families. The agency has 3 locations in Vancouver with the intake/child safety, family service teams and collaborative practice teams in one location, the guardianship, and resources programs in a second location, and the chief executive officer, the family preservation and reunification program and additional infrastructure staff located in the head office.

c. Professional Staff Complement and Training

In the 2019/2020 fiscal year, VACFSS had a total of 133 delegated employees including 115 delegated regular employees. The guardianship program consists of a guardianship manager, 15 social workers, three team leaders, guardianship consultant, lifelong connections worker, social work assistant, child, and youth engagement coordinator, two administrative assistants and a half time administrative supervisor. In 2020, the program added a part-time Indigenous wellness counsellor to support youth working through trauma and arising issues of grief. The child protection program consists of a child protection operations manager, 32 social workers, six team leaders, child protection consultant, four social work assistants, three collaborative practice

facilitators, a family support Elder, six administrative assistants, two administrative supervisors, clerk and an accounting clerk. The resource program consists of a resource manager, 12 social workers, three team leaders, cultural coordinator, accountant, two administrative assistants and a half time administrative supervisor. The recruitment team also has casual workers who complete SAFE home study's.

Of team leaders/supervisors, 52% and 50% of managers were of Indigenous ancestry. (2021 VACFSS annual report).

The chief executive officer and the director of programs are delegated at the C1 level. The director of practice development, the child protection/operations manager and the child protection social workers are delegated at the C6 level. The resource and guardianship social workers are delegated at the C3 and C4 levels. All the delegated staff interviewed completed their delegation training through Indigenous Perspectives Society or the Justice Institute of British Columbia.

Training and professional development opportunities are continuously being offered and provided by the agency. Additionally, the agency has an annual budget for each social worker to use towards external professional development.

d. Supervision and Consultation

The chief executive officer reports to the Board of Directors and the following positions report to the chief executive officer:

- director of programs
- director of practice development
- director of finance and IT
- director of human resources and communications
- executive assistant
- executive assistant
- managerial consultant position

The following positions report to the director of programs:

- manager of family preservation and reunification services
- guardianship manager
- child protection operations manager
- resources manager
- cultural coordinator

The following positions report to the director of practice development:

- quality assurance advisor
- manager of Family Preservation and Reunification Program
- communications and public relations advisor

The director of practice development (DOPD) is a new position to the agency. Some of this position's responsibilities are: development and implementation of Restorative Aboriginal Child Welfare Practice (RACWP) in all delegated programs; complex case and practice consultation to the Program managers consistent with provincial policy and practice guidelines as well as VACFSS practice policy within a RACWP framework of VACFSS service delivery; and identifies training needs and develops implements and coordinates training for staff where required.

In 2019/2020, VACFSS revised several restorative programs polices such as Keeping our Children Safe and Raising our Children Together, which guides the Child Protection and Collaborative Practice programs. This program policy begins with "Gathering the circle"; it involves inviting those who care about the child to sit down together to talk and assist in developing safety planning and to support children, youth, and families. In addition, VACFSS revised the Guardianship permanency planning policy, Raising our Children Together, and the Restorative Supervision Model. (2020 VACFSS annual report).

Delegated staff report having satisfactory, accessible, and supportive supervision and consultation opportunities. The child protection teams have daily check-in meetings, weekly team meetings, scheduled one to one clinical supervision every four to six weeks as well an open-door policy for consultation as needed. The family service teams currently do not meet jointly to share their practice knowledge and this is an area of interest to the staff interviewed. Program update meetings and program events include all family service teams. The resource teams meet jointly weekly, have separate weekly team meetings, scheduled one to one clinical supervision bi-weekly and an open-door policy for consultation as needed. The guardianship teams meet separately weekly, a monthly joint team meeting and an open-door policy for consultation as needed.

The program team leaders meet with their managers weekly or as needed. Managers also meet monthly, and as needed, with the director of programs for one-to-one supervision. All social workers, support services workers and non-delegated and administrative staff report to their team leaders. The team leaders and program managers meet every three weeks as part of the Integrating Our Practice (IOP) model. The IOP is a training forum for the VACFSS leadership team and includes all team leaders/supervisors and the program managers. The purpose of these meetings is to enhance the relationships among the program areas to promote a more cohesive and integrated approach. It should also be noted, the program managers are available for consultation to the PCS and After Hours Response Team.

4. STRENGTHS OF THE AGENCY

Through the review of documentation and staff interviews, the practice analysts identified the following strengths at the agency:

- VACFSS' investment in child and youth engagement began 10 years ago with the implementation of the Youth Advisory Committee (YAC) comprised of youth in and from care, ages 15 to 24. YAC members inform VACFSS practice and policy by sharing their experiences with staff, caregivers, and the Board of Directors. They host events for other youth in care and have expanded their work outside of VACFSS to include associations that focus on children's rights both nationally and internationally.
- The implementation of the Culturally Relevant Urban Wellness (CRUW) Program began eight years ago and recruits youth ages 13 to 15. The program focuses on land stewardship where youth seed, harvest, prepare and learn about medicinal plants; supported by local Elders and Knowledge Keepers. It includes a diverse group of youth to promote reconciliation, anti-racism, and positive identity development while engaged in collaborative learning.
- Emphasis is placed on maintaining contacts between the children/youth in care and their family members. Family visits, placements with relatives and in community homes are the methods used to support and preserve these relationships.
- Focus on cultural training and support for staff.
- Inclusive Foster Care practice encourages close working relationships between the child's social worker, resource worker, foster caregiver and the child's biological family and community around the goals and needs of each child's plan of care.
- Indigenous foster caregiver recruitment is a priority for VACFSS. The recruitment resource social workers have engaged the Vancouver community including urban Indigenous community at numerous significant events during 2019/2020 including: West Coast Night and Prairie Night – Vancouver Friendship Centre, Hoobiyee, Talking Stick Festival, National Indigenous Peoples Day at Trout Lake, First Nations Language Conference, Wet'suwet'en Wednesdays, Heiltsuk Recruitment event at VACFSS, Squamish Youth and Veterans Day Pow-Wows, Italian Day, Recovery Day New Westminster and the PRIDE Celebration.
- VACFSS has built strong partnerships in the community with a number of community agencies in Vancouver, including Fir Square, Vancouver Coastal Health, Safe Babies and Foundations Program, Developmental Disabilities Association, Community Living Society of BC, Hollyburn and Milieu, Oak Tree Clinic, Luma and Native Housing, Rain City Housing, and Vancouver Aboriginal Transformational Justice Services Society, and community engagement continues to be a focus of the agency, SOS Children's Village. VACFSS

resources program also used various virtual platforms for recruitment initiatives, including Facebook and social media, for recruitment.

- VACFSS Resources Program also used various virtual platforms for recruitment initiatives, including Facebook and social media, for recruitment.
- Family centred, strengths based, culturally restorative child welfare policy and practice.
- Management has been supportive and flexible with staff throughout the COVID pandemic.
- The guardianship program has high staff retention, the staff interviewed reported they work well together and are well supported by each other and management
- Child Protection Program provides least intrusive measures, including respite care, out-of-care options program, agreements, and alternatives to care, and other temporary and/or permanency options, whereby continually decreasing the total number of children in the director's care.

5. CHALLENGES OF THE AGENCY

Through the review of documentation and staff interviews, the MCFD practice analysts identified the following challenges at the agency:

- Residential School and Colonization continue to present a number of challenges including intergenerational impact of trauma for families as well as for staff.
- Barriers regarding delegation training that impacts job readiness for social workers.
- Opioid crisis has resulted in an increase in fatalities with the families the agency is working with has led to increased stress due to significant and cumulative grief and loss for families and agency staff. The DTES reports the highest overdose events in Canada and presents many challenges. This also leads to workload increase in what is already considered as managing complex and high-risk cases, as defined by the Provincial Directive.
- High caseloads, particularly in the resource and child protection programs
- High staff turn-over, particularly in the child protection program
- Lack of mentorship for new child protection social workers as a result of the loss of the CP mentor position
- Elders' positions are recently vacant on the Collaborative Practice team and this has left a significant gap in a much used and needed resource for the child protection program. Therefore, during this time of transition in hiring Elders, the CP Program has reached out to Community Elders for this support

- Staff interviewed reported that at times, it is hard to manage their workload and the training offered

6. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all the measures in the audit tools. The tables present findings for measures that correspond with specific components of the policies within the Aboriginal Operational and Practice Standards and Indicators (AOPSI) and the Child Safety and Family Support Policies, Chapter 3. Each table is followed by an analysis of the findings for each of the measures presented in the table. Please note that some records received ratings of not achieved for more than one reason.

a) Child Service

a.1 Child Service: Children/Youth in Continuing Care

The overall compliance rate for the AOPSI Guardianship Practice Standards for open and closed children/youth in Continuing Care was 64%. The audit reflects the work done by the staff in the guardianship program over a three-year period (see Methodology section for details). There was a combined total of 57 records in the sample for this audit. However, not all 23 measures in the audit tool were applicable to all 57 records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	57	57	0	100%
Standard 2 Development of a Comprehensive Plan of Care	0			
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	56*	20	36	36%
Standard 4 Supervisory Approval Required for Guardianship Services	57	47	10	82%
Standard 5 Rights of Children in Care	57	16	41	28%
Standard 6 Deciding Where to Place the Child	57	56	1	98%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	57	57	0	100%
Standard 8 Social Worker's Relationship & contact with a Child in Care	57	3	54	5%

Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	57	1	56	2%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	57	57	0	100%
Standard 11 Planning a Move for a Child in Care (VS 20)	19*	17	2	89%
Standard 12 Reportable Circumstances	17*	8	9	47%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	3*	3	0	100%
Standard 14 Case Documentation	57	3	54	5%
Standard 15 Transferring Continuing Care Files	24*	9	15	38%
Standard 16 Closing Continuing Care Files	10*	8	2	80%
Standard 17 Rescinding a Continuing Custody Order	1*	1	0	100%
Standard 19 Interviewing the Child about the Care Experience	22*	12	10	55%
Standard 20 Preparation for Independence	18*	18	0	100%
Standard 21 Responsibilities of the Public Guardian and Trustee	57	55	2	96%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	10*	7	3	70%
Standard 23 Quality of Care Review	1*	1	0	100%
Standard 24 Guardianship Agency Protocols	57	57	0	100%

Standard 3: 1 record did not involve an annual care plan completed within the audit timeframe
Standard 11: 38 records did not involve children/youth moving from their care homes
Standard 12: 40 records did not involve reportable circumstances
Standard 13: 54 records did not involve children missing, lost or run away
Standard 15: 33 records did not involve file transfers
Standard 16: 47 records did not involve file closures
Standard 17: 56 records did not involve rescinding continuing custody orders
Standard 19: 35 records did not involve changing placements
Standard 20: 39 records did not involve youth planning for independence
Standard 22: 47 records did not involve investigations of abuse or neglect in family care homes
Standard 23: 56 records did not involve quality of care reviews

St. 1: Preserving the identity of the Child or Youth in Care: The compliance rate for this measure was **100**%. The measure was applied to all 57 records in the samples; all records were rated achieved. To receive a rating of achieved:

- efforts were made to identify and involve the child/youth's Indigenous community
- efforts were made to register the child when entitled to a Band or Aboriginal community or with Nisga'a Lisims Government

- a cultural plan was completed if the child/youth was not placed within their extended family or community
- the child/youth was involved in culturally appropriate resources
- if the child/youth was harmed by racism, the social worker developed a response
- if the child/youth was a victim of a racial crime, the police were notified.

St. 2 Development of a Comprehensive Plan of Care: There were no applicable records for this measure. To receive a rating of achieved, the record, if it was opened during the three-year audit timeframe, contained:

- an initial care plan completed within 30 days of admission
- an annual care plan completed within six months of admission.

St. 3 Monitoring and Reviewing the Child or Youth's Comprehensive Plan of Care: The compliance rate for this measure was **36**%. The measure was applied to 56 of the 57 records in the samples; 20 were rated achieved, 36 were rated not achieved and one was not applicable. To receive a rating of achieved:

- care plans were completed annually throughout the audit timeframe
- efforts were made to develop the care plan(s) with youth over the age of 12
- efforts were made to develop the care plan(s) with the family
- efforts were made to develop the care plan(s) with the service providers
- efforts were made to develop the care plan(s) with the caregiver(s)
- efforts were made to develop the care plan(s) with the Indigenous community.

Of the 36 records rated not achieved, two did not contain any care plans throughout the audit timeframe and 34 contained care plans but they were not completed annually throughout the audit timeframe. Of the 36 records rated not achieved, three were open and required annual care plans in 2019.

It should be noted that, of the two records that did not contain any care plans throughout the audit timeframe, one was an inter-provincial placement located in Manitoba.

St. 4 Supervisory Approval Required for Guardianship Services: The compliance rate for this measure was **82**%. The measure was applied to all 57 records in the samples; 47 were rated achieved and 10 were rated not achieved. To receive a rating of achieved, the following key decisions and documents were approved by a supervisor:

- care plan
- placement change
- placement in a non-Indigenous home

- restricted access to significant others
- return to the parent(s) prior to CCO rescindment
- transfer of guardianship
- plan for independence
- case transfer
- case closure.

Of the 10 records rated not achieved, all had one or more care plans that were not signed by supervisors.

St. 5 Rights of Children and Youth in Care: The compliance rate for this measure was **28**%. The measure was applied to all 57 records in the samples; 16 were rated achieved and 41 were rated not achieved. To receive a rating of achieved:

- the rights of children in care, including the advocacy process, was reviewed annually with the child/youth or with a significant person if there were capacity concerns or the child was of a young age throughout the audit timeframe
- in instances when the child's rights were not respected, the social worker took appropriate steps to resolve the issue.

Of the 41 records rated not achieved, three did not contain documentation confirming that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe and 38 contained documentation confirming that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe, but these reviews were not conducted annually. Of these 41 records, four were open and required the annual reviews of rights in 2019.

It should be noted that, of the three records that did not contain documentation confirming that the rights of children in care, including the advocacy process, throughout the audit timeframe, one was an inter-provincial placement located in Manitoba.

St. 6 Deciding Where to Place the Child or Youth: The compliance rate for this measure was **98**%. The measure was applied to all 57 records in the samples; 56 were rated achieved and one was rated not achieved. To receive a rating of achieved, efforts were made to place the child in an out of home living arrangement that was in accordance with section 71 of the Child, Family and Community Services Act.

Of the one record rated not achieved, the involved child/youth was placed in an out of home living arrangement that was not in accordance with section 71 of the Child, Family and Community Services Act. Specifically, the child/youth was not placed with extended family

members or within their community and there were no documentation confirming that efforts to resolve this issue.

St. 7 Meeting the Child or Youth's Needs for Stability and Continuity of Relationships: The compliance rate for this measure was **100**%. The measure was applied to all 57 records in the samples; all were rated achieved. To receive a rating of achieved, a plan was in place to support and maintain contacts between the child/youth in care and their siblings, parents, extended families, and significant others.

St. 8 Social Worker's Relationship and Contact with the Child or Youth: The compliance rate for this measure was **5**%. The measure was applied to all 57 records in the samples; three were rated achieved and 54 were rated not achieved. To receive a rating of achieved, the social worker conducted a private visit with the child/youth:

- every 30 days
- at time of placement
- within seven days after placement
- when there was a change in circumstance
- when there was a change in social worker.

Of the 54 records rated not achieved, 21 documented private visits but not every 30 days throughout the audit timeframe, and 33 documented private visits but not every 30 days and some or all were not conducted in private (often with sibling groups).

For the 54 records rated not achieved because private visits were not documented every 30 days throughout the audit timeframe, the analysts found 46% of the 30-day periods had one or more documented private visits. That is, nearly half of the 30-day periods had one or more documented private visits. Among these 54 records, the lowest visitation rate was 8 % (three 30-day time periods contained documented private visits within 36 months and the highest visitation rate was 86 % (31 30-day time periods contained documented private visits within 36 months).

It should be noted that, of the 54 records rated not achieved, two were inter-provincial placements located in Manitoba with a visitation rate of 19% (seven 30-day time periods contained documented private visits within 36 months) and two were inter-provincial placements located in Alberta with a visitation rate of 1% (three 30-day time periods contained documented private visits within the 36 months).

St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards: The compliance rate for this measure was **2**%. The measure was applied to all 57 records in the samples; one was rated achieved and 56 were rated not achieved. To receive a rating of achieved:

- information about the child/youth was provided to the caregiver(s) at time of placement
- information about the child/youth was provided to the caregiver(s) as it became available
- information about the child/youth was provided to the caregiver(s) within seven days of an emergency placement
- discipline standards were reviewed with the caregiver(s) at the time of placement
- discipline standards were reviewed annually with the caregiver(s).

Of the 56 records rated not achieved, 48 did not contain documentation confirming that the discipline standards were reviewed with the caregivers at any time throughout the audit timeframe and eight contained documentation confirming that the discipline standards were reviewed with caregivers within the audit timeframe, but these reviews were not documented annually. Of the 56 records rated not achieved, 47 were open and required documentation confirming that the disciplinary standards were reviewed with the caregivers in 2019.

It should be noted that, of the 48 records rated not achieved, two were inter-provincial placements located in Manitoba and two were inter-provincial placements located in Alberta.

St. 10 Providing Initial and Ongoing Medical and Dental Care: The compliance rate for this measure was **100**%. The measure was applied to all 57 records in the samples; all were rated achieved. To receive a rating of achieved:

- a medical exam was conducted upon entering care
- dental, vision and hearing exams were conducted as recommended
- medical follow up was conducted as recommended
- in instances when the youth had chosen not to attend recommended appointments, the social worker made efforts to resolve the issue.

St. 11 Planning a Move for a Child or Youth in Care: The compliance rate for this measure was **89**%. The measure was applied to 19 of the 57 records in the samples; 17 were rated achieved and two were rated not achieved. To receive a rating of achieved, the record, if it involved a placement move, confirmed that:

- the child/youth was provided with an explanation prior to the move
- the social worker arranged at least one pre-placement visit
- if the child/youth requested the move, the social worker reviewed the request with the caregiver, resource worker and the child to resolve the issue.

Of the two records rated not achieved, one did not contain documentation confirming that orientations and pre-placement visits were arranged prior to the moves and no efforts were documented and one did not contain documentation confirming that an explanation was

provided to the child/youth prior to a move nor that an orientation nor pre-placement visits were arranged prior to the move and no efforts were documented.

It should be noted that, of the two records rated not achieved, one was an inter-provincial placement located in Manitoba and one was an inter-provincial placement located in Alberta.

St. 12 Reportable Circumstances: The compliance rate for this measure was **47**%. The measure was applied to 17 of the 57 records in the samples; eight were rated achieved and nine were rated not achieved. To receive a rating of achieved, a report about a reportable circumstance was submitted to the director within 24 hours from the time the information about the incident became known to the social worker.

Of the nine records rated not achieved, three contained documentation describing reportable circumstances but submitted reports were not found in the records, five contained reportable circumstance reports but they were not submitted within 24 hours (the range of time it took to submit was between five and 24 days, with the average being 13 days) and one contained documentation describing a reportable circumstance but a submitted report was not found in the record and it contained a reportable circumstance report but it was not submitted within 24 hours (the time it took was 11 days).

Of the four records that described reportable circumstances but submitted reports were not found in the records, three were open in February 2020. These records were brought to the attention of the agency for possible follow up.

St. 13 When a Child or Youth is Missing, Lost or Runaway: The compliance rate for this measure was **100**%. The measure was applied to three of the 57 records in the samples; all were rated achieved. To receive a rating of achieved, the record, if it involved a missing, lost, or runaway child/youth who may have been at high risk of harm, confirmed that:

- the police were notified
- the family was notified
- once found, the social worker made efforts to develop a safety plan to resolve the issue.

St. 14 Case Documentation: The compliance rate for this measure was **5**%. The measure was applied to all 57 records in the samples; three were rated achieved and 54 were rated not achieved. To receive a rating of achieved, the record contained:

- an opening recording
- review recordings or care plan reviews every six months throughout the audit timeframe
- a review recording or care plan review when there was a change in circumstance.

Of the 54 records rated not achieved, all did not contain review recordings nor care plan reviews.

It should be noted that, of the 54 records rated not achieved, two were inter-provincial placements located in Manitoba and two were inter-provincial placements located in Alberta.

St. 15 Transferring Continuing Care Files: The compliance rate for this measure was **38**%. The measure was applied to 24 of the 57 records in the samples; nine were rated achieved and 15 were rated not achieved. To receive a rating of achieved, the record, if it involved a case transfer, confirmed that:

- a transfer recording was completed
- the social worker met with the child/youth prior to the transfer or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the caregiver(s) prior to the transfer
- efforts were made to meet with the service providers prior to the transfer
- the social worker met with the child/youth within five days after the transfer or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the child/youth's family within five days after the transfer.

Of the 15 records rated not achieved, all did not contain transfer recordings.

St. 16 Closing Continuing Care Files: The compliance rate for this measure was **80**%. The measure was applied to 10 of the 57 records in the samples; eight were rated achieved and two were rated not achieved. To receive a rating of achieved, the record, if it involved a case closure, confirmed that:

- a closing recording was completed
- the social worker met with the child/youth prior to the closure or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the caregiver(s) prior to the closure
- service providers were notified of the closure
- the Indigenous community members were notified, if appropriate
- support services for the child/youth were put in place, if applicable.

Of the two records rated not achieved, one did not contain a closing and one did not document the social worker's efforts to meet the youth nor the caregiver prior to the closure.

St. 17 Rescinding a CCO and Returning the Child or Youth to the Family Home: The compliance rate for this measure was **100**%. The measure was applied to one of the 57 records in the

samples; one was rated achieved. To receive a rating of achieved, the record, if it involved a rescindment of a continuing custody order, confirmed that:

- the risk of return was assessed by delegated worker
- a safety plan, if applicable, was put in place prior to placing the child/youth in the family home
- the safety plan, if applicable, was developed with required parties
- the safety plan, if applicable, addressed the identified risks
- the safety plan, if applicable, was reviewed every six months until the rescindment.

St. 19 Interviewing the Child or Youth about the Care Experience: The compliance rate for this measure was **55**%. The measure was applied to 22 of the 57 records in the samples; 12 were rated achieved and 10 were rated not achieved. To receive a rating of achieved, the record, if it involved a move from a placement, confirmed the child/youth was interviewed about their care experience.

Of the 10 records rated not achieved, all did not contain documentation confirming that interviews were conducted with the children and youth after placement changes.

It should be noted that, of the 10 records rated not achieved, two were inter-provincial placements located in Manitoba and one was an inter-provincial placement located in Alberta.

St. 20 Preparation for Independence: The compliance rate for this measure was **100**%. The measure was applied to 18 of the 57 records in the samples; all were rated achieved. To receive a rating of achieved, the record, if it involved a youth about to leave care and enter an independent living situation, confirmed that:

- efforts were made to assess the youth's independent living skills
- efforts were made to develop a plan for independence.

St. 21 Responsibilities of the Public Guardian and Trustee (PGT): The compliance rate for this measure was **96**%. The measure was applied to all the 57 records in the samples; 55 were rated achieved and two were rated not achieved. To receive a rating of achieved:

- the PGT was provided a copy of the continuing custody order
- the PGT was notified of events affecting the child/youth's financial or legal interests.

Of the two records rated not achieved, all did not contain documentation confirming that the PGT was notified when the continuing custody orders were granted.

St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **70**%. The measure was applied to 10 of the 57 records in the samples; seven

were rated achieved and three were rated not achieved. To receive a rating of achieved, the record, if it involved a report of abuse and/or neglect of a child/youth in a family care home, confirmed that:

- a protocol investigation response was conducted
- efforts were made to support the child/youth.

Of the three records rated not achieved, all did not contain the summary reports related to the completed protocol investigations.

It should be noted that, of the three records rated not achieved, two were inter-provincial placements located in Manitoba.

St. 23 Quality of Care Review: The compliance rate for this measure was **100**%. The measure was applied to one of the 57 records in the samples; one was rated achieved. To receive a rating of achieved, the record, if it involved a concern about the quality of care received by a child/youth in a family care home, confirmed that a quality of care response was conducted.

St. 24 Guardianship Agency Protocols: The compliance rate for this measure was **100**%. The measure was applied to all 57 records in the samples; all were rated achieved. To receive a rating of achieved, all protocols related to the delivery of child services that the agency has established with local and regional agencies have been followed.

a.2 Child Service: Children/Youth in Temporary Care

The overall compliance rate for the AOPSI Guardianship Practice Standards for open and closed Children/Youth in the temporary care of the agency was **60%.** The audit reflects the work done by the staff in the child safety program over a three-year period (see Methodology section for details). There was a combined total of 51 records in the two samples for this audit. However, not all 23 measures in the audit tool were applicable to all 51 records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	51	51	0	100%
Standard 2 Development of a Comprehensive Plan of Care	39*	6	33	15%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	35*	19	16	54%
Standard 4 Supervisory Approval Required for Guardianship Services	51	41	10	80%

Standard 5 Rights of Children in Care	51	28	23	55%
Standard 6 Deciding Where to Place the Child	51	45	6	88%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	51	51	0	100%
Standard 8 Social Worker's Relationship & contact with a Child in Care	51	0	51	0%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	51	5	46	10%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	51	41	10	80%
Standard 11 Planning a Move for a Child in Care (VS 20)	17*	11	6	65%
Standard 12 Reportable Circumstances	3*	1	2	33%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	0*	0	0	
Standard 14 Case Documentation	51	21	0	41%
Standard 15 Transferring Continuing Care Files	0*	0	0	
Standard 16 Closing Continuing Care Files	0*	0	0	
Standard 17 Rescinding a Continuing Custody Order	0*	0	0	
Standard 19 Interviewing the Child about the Care Experience	17*	1	16	6%
Standard 20 Preparation for Independence	1*	1	0	100%
Standard 21 Responsibilities of the Public Guardian and Trustee	0*	0	0	
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	1*	0	1	0%
Standard 23 Quality of Care Review	0*	0	0	
Standard 24 Guardianship Agency Protocols	51	51	0	100%

Standard 2: 12 records did not involve initial care plans completed within the audit timeframe
Standard 3: 16 records did not involve an annual care plan completed within the audit timeframe
Standard 11: 34 records did not involve children/youth moving from their care homes
Standard 12: 48 records did not involve reportable circumstances
Standard 13: 51 records did not involve children missing, lost or run away
Standard 15: 51 records did not involve file transfers
Standard 16: 51 records did not involve file closures
Standard 17: 51 records did not involve rescinding continuing custody orders
Standard 19: 34 records did not involve changing placements
Standard 20: 50 records did not involve youth planning for independence
Standard 21: 51 records did not involve notifying the Public Guardian and Trustee
Standard 22: 50 records did not involve investigations of abuse or neglect in family care homes
Standard 23: 51 records did not involve quality of care reviews

St. 1: Preserving the identity of the Child or Youth in Care: The compliance rate for this measure was **100**%. The measure was applied to all 51 records in the samples; all records were rated achieved. To receive a rating of achieved:

- efforts were made to identify and involve the child/youth's Indigenous community
- efforts were made to register the child when entitled to a Band or Aboriginal community or with Nisga'a Lisims Government
- a cultural plan was completed if the child/youth was not placed within their extended family or community
- the child/youth was involved in culturally appropriate resources
- if the child/youth was harmed by racism, the social worker developed a response
- if the child/youth was a victim of a racial crime, the police were notified.

St. 2 Development of a Comprehensive Plan of Care: The compliance rate for this measure was **15%**. The measure was applied to 39 of the 51 records in the samples; six were rated achieved and 33 were rated not achieved. To receive a rating of achieved, the record, if it was opened during the three-year audit timeframe, contained:

- an initial care plan completed within 30 days of admission
- an annual care plan completed within six months of admission.

Of the 33 records rated not achieved, 21 did not contain initial care plans completed within 30 days of the admissions and 23 did not contain annual care plans within six months of the admissions. The total adds to more than the number of not achieved records because 11 records were rated not achieved for more than one of the above noted reasons.

St. 3 Monitoring and Reviewing the Child or Youth's Plan of Care: The compliance rate for this measure was **54**%. The measure was applied to 35 of the 51 records in the samples; 19 were rated achieved and 16 were rated not achieved. To receive a rating of achieved:

- care plans were completed annually throughout the audit timeframe
- efforts were made to develop the care plan(s) with youth over the age of 12
- efforts were made to develop the care plan(s) with the family
- efforts were made to develop the care plan(s) with the service providers
- efforts were made to develop the care plan(s) with the caregiver(s)
- efforts were made to develop the care plan(s) with the Indigenous community.

Of the 16 records rated not achieved, three did not contain any care plans throughout the audit timeframe and 13 contained care plans but they were not completed annually throughout the

audit timeframe. Of the 16 records rated not achieved, three were open and required annual care plans in 2019.

St. 4 Supervisory Approval Required for Guardianship Services: The compliance rate for this measure was **80**%. The measure was applied to all 51 records in the samples; 41 were rated achieved and ten were rated not achieved. To receive a rating of achieved, the following key decisions and documents were approved by a supervisor:

- care plan
- placement change
- placement in a non-Indigenous home
- restricted access to significant others
- return to the parent(s) prior to CCO rescindment
- transfer of guardianship
- plan for independence
- case transfer
- case closure.

Of the ten records rated not achieved, all had one or more care plans that were not signed by supervisors.

St. 5 Rights of Children and Youth in Care: The compliance rate for this measure was **55**%. The measure was applied to all 51 records in the samples; 28 were rated achieved and 23 were rated not achieved. To receive a rating of achieved:

- the rights of children in care, including the advocacy process, was reviewed annually with the child/youth or with a significant person if there were capacity concerns or the child was of a young age throughout the audit timeframe
- in instances when the child's rights were not respected, the social worker took appropriate steps to resolve the issue.

Of the 23 records rated not achieved, eight did not contain documentation confirming that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe and 15 contained documentation confirming that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe, but these reviews were not conducted annually. Of these 23 records, eight were open and required the annual reviews of rights in 2019.

St. 6 Deciding Where to Place the Child or Youth: The compliance rate for this measure was **88**%. The measure was applied to all 51 records in the samples; 45 were rated achieved and six were rated not achieved. To receive a rating of achieved, efforts were made to place the child in an

out of home living arrangement that was in accordance with section 71 of the Child, Family and Community Services Act.

Of the six records rated not achieved, the involved children/youth were placed in out of home living arrangements that were not in accordance with section 71 of the Child, Family and Community Services Act. Specifically, the children/youth were not placed with extended family members or within their communities and there was no documentation confirming that efforts were made to resolve this issue.

St. 7 Meeting the Child or Youth's Needs for Stability and Continuity of Relationships: The compliance rate for this measure was **100**%. The measure was applied to all 51 records in the samples; all records were rated achieved. To receive a rating of achieved, a plan was in place to support and maintain contacts between the child/youth in care and their siblings, parents, extended families, and significant others.

St. 8 Social Worker's Relationship and Contact with the Child or Youth: The compliance rate for this measure was **0**%. The measure was applied to all 51 records in the samples; all records were rated not achieved. To receive a rating of achieved, the social worker conducted a private visit with the child/youth:

- every 30 days
- at time of placement
- within seven days after placement
- when there was a change in circumstance
- when there was a change in social worker.

Of the 51 records rated not achieved, two did not document any visits throughout the audit timeframe, 46 documented private visits but not every 30 days throughout the audit timeframe, 32 documented visits that were not conducted in private (often with sibling groups), five did not document private visits at the times of placements and 16 did not document private visits within seven days of placements. The total adds to more than the number of records rated not achieved because 37 records were rated not achieved for more than one of the above noted reasons.

For the 49 records rated not achieved because private visits were not documented every 30 days throughout the audit timeframe, the analysts found that 24% of the 30-day periods had one or more documented private visits. That is, nearly one quarter of the 30-day periods had one or more documented private visits. Among these 49 records, the lowest visitation rate was 0 % (no documented private visits within 36 months) and the highest visitation rate was 75 % (six 30-day time periods contained documented private visits within eight months).

St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards: The compliance rate for this measure was **10**%. The measure was applied to all 51 records in the samples; five were rated achieved and 46 were rated not achieved. To receive a rating of achieved:

- information about the child/youth was provided to the caregiver(s) at time of placement
- information about the child/youth was provided to the caregiver(s) as it became available
- information about the child/youth was provided to the caregiver(s) within seven days of an emergency placement
- discipline standards were reviewed with the caregiver(s) at the time of placement
- discipline standards were reviewed annually with the caregiver(s).

Of the 46 records rated not achieved, 26 did not contain documentation confirming that the discipline standards were reviewed with the caregivers at any time throughout the audit timeframe, 22 did not contain documentation confirming that the discipline standards were reviewed with the caregivers at the times of placements, one contained documentation confirming that the discipline standards were reviewed with the caregivers, but these reviews were not documented annually throughout the audit timeframe, 13 did not contain documentation confirming that information about the children/youth was provided to the caregivers at the times of placements and one did not contain documentation confirming that information about the child/youth was provided to the caregivers within seven days of the emergency placement. The total adds to more than the number of records rated not achieved because 16 records were rated not achieved for more than one of the above noted reasons.

Of the 46 records rated not achieved, 15 were open and required documentation confirming that the disciplinary standards were reviewed with the caregivers in 2019.

St. 10 Providing Initial and Ongoing Medical and Dental Care: The compliance rate for this measure was **80**%. The measure was applied to all 51 records in the samples; 41 were rated achieved and ten were rated not achieved. To receive a rating of achieved:

- a medical exam was conducted upon entering care
- dental, vision and hearing exams were conducted as recommended
- medical follow up was conducted as recommended
- in instances when the youth had chosen not to attend recommended appointments, the social worker made efforts to resolve the issue.

Of the ten records rated not achieved, all did not contain documentation that medical exams were completed upon admissions to care.

St. 11 Planning a Move for a Child or Youth in Care: The compliance rate for this measure was **65**%. The measure was applied to 17 of the 37 records in the samples; 11 were rated achieved and six were rated not achieved. To receive a rating of achieved, the record, if it involved a placement move, confirmed that:

- the child/youth was provided with an explanation prior to the move
- the social worker arranged at least one pre-placement visit
- if the child/youth requested the move, the social worker reviewed the request with the caregiver, resource worker and the child to resolve the issue.

Of the six records rated not achieved, five did not contain documentation confirming that explanations were provided to the children/youth prior to moves nor that orientations nor pre-placement visits were arranged prior to the moves and no efforts were documented and six did not contain documentation confirming that orientations nor pre-placement visits were arranged prior to the moves and no efforts were documented. The total adds to more than the number of not achieved records because five were rated not achieved for more than one of the above noted reasons.

St. 12 Reportable Circumstances: The compliance rate for this measure was **33**%. The measure was applied to three of the 51 records in the samples; one was rated achieved and two were rated not achieved. To receive a rating of achieved, a report about a reportable circumstance was submitted to the director within 24 hours from the time the information about the incident became known to the social worker.

Of the two records rated not achieved, both contained reportable circumstance reports, but they were not submitted within 24 hours (the time it took to submit was three days and 38 days).

St. 13 When a Child or Youth is Missing, Lost or Runaway: There were no applicable records for this measure. To receive a rating of achieved, the record, if it involved a missing, lost, or runaway child/youth who may have been at high risk of harm, confirmed that:

- the police were notified
- the family was notified
- once found, the social worker made efforts to develop a safety plan to resolve the issue.

St. 14 Case Documentation: The compliance rate for this measure was **41**%. The measure was applied to all 51 records in the samples; 21 were rated achieved and 30 were rated not achieved. To receive a rating of achieved, the record contained:

- an opening recording
- review recordings or care plan reviews every six months throughout the audit timeframe
- a review recording or care plan review when there was a change in circumstance.

Of the 30 records rated not achieved, 14 did not contain opening recordings, 17 did not contain review recordings or care plan reviews, and four contained review recordings or care plan reviews but they were not completed every six months throughout the audit timeframe. The total adds to more than the number of records rated not achieved because five records were rated not achieved for more than one of the above noted reasons.

St. 15 Transferring Continuing Care Files: There were no applicable records for this measure. To receive a rating of achieved, the record, if it involved a case transfer, confirmed that:

- a transfer recording was completed
- the social worker met with the child/youth prior to the transfer or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the caregiver(s) prior to the transfer
- efforts were made to meet with the service providers prior to the transfer
- the social worker met with the child/youth within five days after the transfer or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the child/youth's family within five days after the transfer.

St. 16 Closing Continuing Care Files: There were no applicable records for this measure. To receive a rating of achieved the record, if it involved a case closure, confirmed that:

- a closing recording was completed
- the social worker met with the child/youth prior to the closure or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the caregiver(s) prior to the closure
- service providers were notified of the closure
- the Indigenous community members were notified, if appropriate
- support services for the child/youth were put in place, if applicable.

St. 17 Rescinding a CCO and Returning the Child or Youth to the Family Home: There were no applicable records for this measure. To receive a rating of achieved, the record, if it involved a rescindment of a continuing custody order, confirmed that:

- the risk of return was assessed by delegated worker
- a safety plan, if applicable, was put in place prior to placing the child/youth in the family home
- the safety plan, if applicable, was developed with required parties
- the safety plan, if applicable, addressed the identified risks
- the safety plan, if applicable, was reviewed every six months until the rescindment.

St. 19 Interviewing the Child or Youth about the Care Experience: The compliance rate for this measure was **6**%. The measure was applied to 17 of the 51 records in the samples; 1 was rated achieved and 16 were rated not achieved. To receive a rating of achieved, the record, if it involved a move from a placement, confirmed the child/youth was interviewed about their care experience.

Of the 16 records rated not achieved, all did not contain documentation confirming that interviews were conducted with the children and youth after placement changes.

St. 20 Preparation for Independence: The compliance rate for this measure was **100**%. The measure was applied to one of the 51 records in the samples; it was rated achieved. To receive a rating of achieved, the record, if it involved a youth about to leave care and enter an independent living situation, confirmed that:

- efforts were made to assess the youth's independent living skills
- efforts were made to develop a plan for independence.

St. 21 Responsibilities of the Public Guardian and Trustee (PGT): There were no applicable records for this measure. To receive a rating of achieved:

- the PGT was provided a copy of the continuing custody order
- the PGT was notified of events affecting the child/youth's financial or legal interests.

St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **0**%. The measure was applied to one of the 51 records in the samples; it was rated not achieved. To receive a rating of achieved, the record, if it involved a report of abuse and/or neglect of a child/youth in a family care home, confirmed that:

- a protocol investigation response was conducted
- efforts were made to support the child/youth.

Of the one record rated not achieved, it did not contain the summary report related to the completed protocol investigation.

St. 23 Quality of Care Review: There were no applicable record for this measure. To receive a rating of achieved, the record, if it involved a concern about the quality of care received by a child/youth in a family care home, confirmed that a quality of care response was conducted.

St. 24 Guardianship Agency Protocols: The compliance rate for this measure was **100**%. The measure was applied to all 51 records in the samples; all records were rated achieved. To receive a rating of achieved, all protocols related to the delivery of child services that the agency has established with local and regional agencies have been followed.

b) Resources

The overall compliance rate for the AOPSI Resource Practice Standards was **85%.** The audit reflects the work done by the staff in the agency's resource program over a three-year period (see Methodology section for details). There was a total of 51 records in the one sample selected for this audit. However, not all nine measures in the audit tool were applicable to all 51 records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 28 Supervisory Approval Required for Family Care Home Services	51	51	0	100%
Standard 29 Family Care Homes – Application and Orientation	51	45	6	88%
Standard 30 Home Study	11*	11	0	100%
Standard 31 Training of Caregivers	51	51	0	100%
Standard 32 Signed Agreement with Caregivers	51	51	0	100%
Standard 33 Monitoring and Reviewing the Family Care Home	51	18	33	35%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	5*	5	0	100%
Standard 35 Quality of Care Review	2*	2	0	100%
Standard 36 Closure of the Family Care Home	16*	12	4	75%

Standard 30: 40 records did not involve home studies during the audit timeframe
Standard 34: 46 records did not involve investigations of alleged abuse or neglect in family care homes
Standard 35: 49 records did not involve quality of care reviews
Standard 36: 35 records were not closed

St. 28 Supervisory Approval for Family Care Home Services: The compliance rate for this measure was **100**%. The measure was applied to all 51 records in the sample; all records were rated achieved. To receive a rating of achieved, the record confirmed that the social worker consulted a supervisor at the following key decision points:

- a criminal record was identified for a family home applicant or any adult person residing in the home
- approving a family home application and home study
- signing a Family Home Care Agreement
- approving an annual review
- determining the level of a family care home
- placing a child/youth in a family care home prior to completing a home study

- receiving a report about abuse or neglect of a child/youth in a family care home
- receiving a concern about the quality of care received by a child/youth living in a family care home.

St. 29 Family Care Homes – Application and Orientation: The compliance rate for this measure was **88**%. The measure was applied to all 51 records in the sample; 45 were rated achieved and six were rated not achieved. To receive a rating of achieved, the record confirmed the completion of the following:

- application form
- prior contact check(s) on the family home applicant(s) and any adult person residing in the home
- criminal record check(s)
- Consent for Release of Information form(s)
- medical exam(s)
- three reference checks
- an orientation to the applicant(s).

Of the six records rated not achieved, two did not document prior contact checks, two did not contain one or both required criminal record checks (both were open), two did not contain documentation confirming that the caregivers were provided with orientations, one did not contain documentation of a completed medical exam form, and two did not document some or all of the required reference checks. The total adds to more than the number of records rated not achieved because two records had combinations of the above noted reasons. Of the two open records without all the required criminal record checks, one was renewed in 2021, post audit timeframe.

St. 30 Home Study: The compliance rate for this measure was **100**%. The measure was applied to 11 of the 51 records in the sample; all records were rated achieved. To receive a rating of achieved:

- the social worker met the applicant in the family care home
- a physical check of the home was conducted to ensure the home meets the safety requirements
- a home study, including an assessment of safety, was completed in its entirety.

St. 31 Training of Caregivers: The compliance rate for this measure was **100**%. The measure was applied to all 51 records in the sample; all records were rated achieved. To receive a rating of achieved, the training needs of the caregiver was assessed or identified, and training opportunities were offered to, or taken by, the caregiver.

St. 32 Signed Agreement with Caregiver: The compliance rate for this measure was **100**%. The measure was applied to all 51 records in the sample; all records were rated achieved. To receive a rating of achieved, there were consecutive Family Care Home Agreements throughout the audit timeframe, and they were signed by all the participants.

St. 33 Monitoring and Reviewing the Family Care Home: The compliance rate for this measure was **35**%. The measure was applied to all 51 records in the sample; 18 were rated achieved and 33 were rated not achieved. To receive a rating of achieved:

- annual reviews of the family care home were completed throughout the audit timeframe
- the annual review reports were signed by the caregiver(s)
- the social worker visited the family care home at least every 90 days throughout the audit timeframe.

Of the 33 records rated not achieved, 29 documented home visits but they were not completed every 90 days as required, 16 contained annual reviews but they were not completed for each year in the three-year audit timeframe and documented home visits but they were not completed every 90 days as required, one did not contain any annual reviews completed in the three-year audit timeframe, two did not document any home visits, and one annual review was not signed by the caregiver The total adds to more than the number of records rated not achieved because 15 records had combinations of the above noted reasons. Of the 17 records that did not contain all the required annual reviews, 14 were open. Of these 14 open records, three required current (2019) annual reviews.

St. 34: Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **100**%. The measure was applied to five of the 51 records in the sample; all records were rated achieved. To receive a rating of achieved, the record, if it involved to a report of abuse and/or neglect of a child/youth in a family care home, confirmed that:

- a protocol investigation response was conducted
- efforts were made to support the caregiver.

St. 35: Quality of Care Review: The compliance rate for this measure was **100**%. The measure was applied to two of the 51 records in the sample; all records were rated achieved. To receive a rating of achieved, the record, if it involved to a concern about the quality of care received by a child/youth in a family care home, confirmed that:

- a response was conducted
- efforts were made to support the caregiver.

St. 36: Closure of the Family Care Home: The compliance rate for this measure was **75**%. The measure was applied to 16 of the 51 records in the sample; 12 were rated achieved and four were rated not achieved. To receive a rating of achieved, the record, if it involved a case closure, contained a written notice to the caregiver indicating the intent of the agency to close the family care home.

Of the four records rated as not achieved, all did not contain written notices to the caregivers.

c) Family Service

The overall compliance rate for the Child Protection Response Model set out in Chapter 3 of the Child Safety and Family Support Policies was **68%.** The audit reflects the work done by the staff in the agency's intake and family service programs over various time periods (see Methodology section for details). There was a total of 150 records in the closed memo, closed service request, and closed incident samples (**70%** compliance) and 70 records in the open and closed FS case samples (**63%** compliance) selected for this audit.

Records Identified for Action
Quality assurance policy and procedures require practice analysts to identify for action any record that suggests a child may need protection under section 13 of the Child, Family and Community Service Act. During this audit, no records were identified for action.

c.1 Report and Screening Assessment

FS 1 to FS 4 relate to obtaining and assessing a child protection report. The records included the selected samples of 46 closed service requests, 46 closed memos and 58 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 1: Gathering Full and Detailed Information	150	147	3	98%
FS 2: Conducting an Initial Record Review (IRR)	150	43	107	29%
FS 3: Assessing the Report about a Child or Youth's Need for Protection (Completing the Screening Assessment)	150	110	40	73%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	150	150	0	100%

FS 1: Gathering Full and Detailed Information: The compliance rate for this critical measure was **98**%. The measure was applied to all 150 records in the samples; 147 were rated achieved and three were rated not achieved. To receive a rating of achieved, the information gathered from the caller was full, detailed, and sufficient to determine an appropriate pathway.

Of the three records rated not achieved, all lacked detailed and sufficient information from the callers to determine the appropriate pathways.

The audit also identified where the report was created: Provincial Centralized Screening (PCS); Delegated Aboriginal Agency (DAA); or Service Delivery Area (SDA). Of the 150 records, 74 were created by PCS, 74 were created by the DAA and 2 were created by an SDA. Of the three records rated not achieved, two were created at the DAA.

FS 2: Conducting an Initial Record Review (IRR): The compliance rate for this critical measure was **29**%. The measure was applied to all 150 records in the samples; 43 were rated achieved and 107 were rated not achieved. To receive a rating of achieved:

- the IRR was conducted from electronic databases within 24 hours of receiving the report
- the IRR identified previous issues or concerns and the number of past service requests, incidents or reports
- if the family had recently moved to BC, or there was reason to believe there may have been prior child protection involvement in one or more jurisdictions, the appropriate child protection authorities were contacted, and information was requested and recorded.

Of the 107 records rated not achieved, 15 did not have IRRs documented (nine created at the DAA), 21 IRRs were not documented within 24 hours (18 created at the DAA), 13 IRRs contained insufficient information about previous issues or concerns (11 created at the DAA), and 82 IRRs did not indicate that BP was checked (50 created at the DAA), Of the 21 IRRs that were not documented within 24 hours, the range of time it took to complete the IRRs was between three and 245 days, with the average time being 43 days. The total adds to more than the number of records rated not achieved because 23 records were rated not achieved for more than one of the above noted reasons

The audit also identified where the IRR was created: Provincial Centralized Screening (PCS); Delegated Aboriginal Agency (DAA); or Service Delivery Area (SDA). Of the 43 records rated achieved, 27 were created by PCS and 16 were created by the DAA.

FS 3: Completing the Screening Assessment: The compliance rate for this critical measure was **73**%. The measure was applied to all 150 records in the samples; 110 were rated achieved and 40 were rated not achieved. To receive a rating of achieved, a Screening Assessment was completed immediately if the child/youth appeared to be in a life-threatening or dangerous situation or within 24 hours in all other situations.

Of the 40 records rated not achieved, all Screening Assessments were not completed within the required 24-hour timeframe (38 created at the DAA). Of the 40 Screening Assessments that were

not completed within the 24-hour timeframe, the range of time it took to complete was between two and 504 days, with the average time being 64 days.

The audit also identified where the Screening Assessment was created: Provincial Centralized Screening (PCS); Delegated Aboriginal Agency (DAA); or Service Delivery Area (SDA). Of the 110 records rated achieved, 45 were created by PCS and 65 were created by the DAA.

FS 4: **Determining Whether the Report Requires a Protection or Non-Protection Response**: The compliance rate for this critical measure was **100**%. The measure was applied to all 150 records in the samples; all were rated achieved. To receive a rating of achieved, the decision to provide a protection or non-protection response was appropriate and consistent with the information gathered.

c.2 Response Priority, Detailed Records Review and Safety Assessment

FS 5 to FS 9 relate to assigning a response priority, conducting a detailed record review (DRR) and completing the safety assessment process and Safety Assessment form. The records included the selected sample of 58 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 5: Assigning an Appropriate Response Priority	58	58	0	100%
FS 6: Conducting a Detailed Record Review (DRR)	58	22	36	22%
FS 7: Assessing the Safety of the Child or Youth	58	52	6	90%
FS 8: Documenting the Safety Assessment	58	18	40	31%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	58	51	7	88%

FS 5: **Determining the Response Priority**: The compliance rate for this critical measure was **100**%. The measure was applied to all 58 records, all were rated achieved. To receive a rating of achieved, the response priority was appropriate and if there was an override it was approved by the supervisor.

The audit also assessed whether the families were contacted within the timeframes of the assigned response priorities. Of the 58 records, 37 documented face-to-face contact with the families within the assigned response priorities and 21 did not. Of the 21 records that did not document face-to-face contact with the families within the assigned response priorities, 19 were assigned the response priority of within five days and two were assigned the response priority of immediate or within 24 hours. Of the 19 records assigned the response priority of within five

days, three did not document any contact with the families and the range of time it took to establish face-to-face contact the remaining 16 families was between six and 378 days with the average time being 56 days. Of the two records assigned the response priority of immediate or within 24 hours, the times it took to establish face-to-face contact with the families was two and 29 days.

FS 6: **Conducting a Detailed Record Review (DRR)**: The compliance rate for this critical measure was **22**%. The measure was applied to all 58 records; 22 were rated achieved and 36 were rated not achieved. To receive a rating of achieved, the DDR:

- was conducted in electronic databases and physical files
- contained any information that was missing in the IRR
- described how previous issues or concerns had been addressed, the responsiveness of the family in addressing the issues and concerns and the effectiveness of the last intervention
- was not required because there were no previous MCFD/DAA histories
- was not required because the supervisor approved ending the protection response before the DRR was conducted and the rationale was documented and appropriate.

Of the 36 records rated of not achieved, 15 did not have DRRs documented and 21 DRRs did not contain the information missing in the IRRs.

FS 7: **Assessing the Safety of the Child or Youth**: The compliance rate for this critical measure was **90**%. The measure was applied to all 58 records; 52 were rated achieved and six were rated not achieved. To receive a rating of achieved:

- the safety assessment process was completed during the first significant contact with the child/youth's family
- if concerns about the child/youth's immediate safety were identified and the child/youth was not removed under the CFCSA, a Safety Plan was developed, and the Safety Plan was signed by the parents and approved by the supervisor
- the supervisor approved ending the protection response before the safety assessment process was completed and the rationale was documented and appropriate.

Of the six records rated not achieved, five did not confirm that safety assessment processes were completed during the first significant contacts with the families and two did not confirm that Safety Plans were developed where safety concerns were identified. The total adds to more than the number of records rated not achieved because one record had combinations of the above noted reasons.

FS 8: **Documenting the Safety Assessment**: The compliance rate for this critical measure was **31**%. The measure was applied to all 58 records; 18 were rated achieved and 40 were rated not achieved. To receive a rating of achieved, the Safety Assessment form was documented within 24 hours after the completion of the safety assessment process or the supervisor approved ending the protection response before the Safety Assessment was documented and the rationale was documented and appropriate.

Of the 40 records rated not achieved, seven did not contain Safety Assessment forms and 33 Safety Assessment forms were not completed within 24 hours of completing the safety assessment processes. Of the 33 Safety Assessment forms that were not completed within 24 hours of the safety assessment processes, the range of time it took to complete the forms was between one and 650 days, with the average time being 172 days.

FS 9: **Making a Safety Decision Consistent with the Safety Assessment**: The compliance rate for this critical measure was **88**%. The measure was applied to all 58 records; 51 were rated achieved and seven were rated not achieved. To receive a rating of achieved, the safety decision was consistent with the information documented in the Safety Assessment form or the supervisor approved ending the protection response before the Safety Assessment form was documented and the rationale was documented and appropriate.

Of the seven records rated not achieved, all did not contain Safety Assessment forms.

c.3 Steps of the FDR Assessment or Investigation

FS 10 to FS 13 relate to meeting with or interviewing the parents and other adults in the family home, meeting with every child or youth who lives in the family home, visiting the family home and working with collateral contacts. The records included the selected sample of 58 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	58	47	11	81%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	58	44	14	76%
FS 12: Visiting the Family Home	58	46	12	79%
FS 13: Working with Collateral Contacts	58	10	48	17%

FS 10: **Meeting or Interviewing the Parents and Other Adults in the Family Home**: The compliance rate for this critical measure was **81**%. The measure was applied to all 58 records; 47 were rated achieved and 11 were rated not achieved. To receive a rating of achieved, the social worker met with or interviewed the parent(s) and other adults in the home (if applicable) and gathered sufficient information about the family to assess the safety and vulnerability of all children/youth living or being cared for in the family home or the supervisor approved ending the protection response before the social worker met with or interviewed the parents and other adults in the home and the rationale was documented and appropriate.

Of the 11 records rated not achieved, three did not confirm that the social workers had met with or interviewed the parents, six confirmed that only one of two parents was met with or interviewed, and two did not confirm that the social workers had met with or interviewed the other adults in the homes.

FS 11: **Meeting with Every Child or Youth Who Lives in the Family Home**: The compliance rate for this critical measure was **76**%. The measure was applied to all 58 records; 44 were rated achieved and 14 were rated not achieved. To receive a rating of achieved, the social worker had a private, face-to-face conversation with every child/youth living in the family home according to their developmental level, or the supervisor granted an exception and the rationale was documented or the supervisor approved ending the protection response before the social worker had a private, face-to-face conversation with every child/youth living in the family home and the rationale was documented and appropriate.

Of the 14 records rated not achieved, six did not confirm that the social workers had conversations of any kind with any children/youth living in the homes, four confirmed that the social workers interviewed some, but not all, of the children living in the homes, two confirmed that the social workers interviewed the children living in the family homes but these interviews were not private and two confirmed that the social workers interviewed some, but not all, of the children living in the home but these interviews were not private.

FS 12: **Visiting the Family Home**: The compliance rate for this critical measure was **79**%. The measure was applied to all 58 records; 46 were rated achieved and 12 were rated not achieved. To receive a rating of achieved, the social worker visited the family home before completing the FDR assessment or the investigation or the supervisor granted an exception and the rationale was documented, or the supervisor approved ending the protection response before the social worker visited the family home and the rationale was documented and appropriate.

Of the 12 records rated not achieved, all did not confirm that the social workers visited the family homes.

FS 13: **Working with Collaterals**: The compliance rate for this critical measure was **17**%. The measure was applied to all 58 records; 10 were rated achieved and 48 were rated not achieved. To receive a rating of achieved, the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth before completing the FDR assessment or the investigation or the supervisor approved ending the protection response before the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth and the rationale was documented and appropriate.

Of the 48 records that received ratings of not achieved, 13 did not have any collaterals documented, 35 had collaterals documented but failed to complete necessary collaterals with designated representatives of the First Nations, Treaty First Nations or Metis community.

The audit also assessed whether the social workers, if the records were incidents with FDR protection responses, contacted the parents prior to initiating the FDR responses and whether the social workers had discussions about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals. Of the 58 records, 47 required FDR responses. Of these 47 FDR responses, 19 documented that the social workers contacted the parents prior to contacting collaterals and 28 did not. Furthermore, of these 47 FDR responses, four documented discussions with the parents about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals.

c.4 Assessing the Risk of Future Harm and Determining the Need for Protection Services:

FS 14 to FS 16 relate to assessing the risk of future harm, determining the need for protection services and the timeframe for completing the FDR assessment or investigation. The records included the selected sample of 58 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS14: Assessing the Risk of Future Harm	58	46	12	79%
FS 15: Determining the Need for Protection Services	58	57	1	98%
FS 16: Timeframe for Completing the FDR Assessment or Investigation	58	4	54	7%

FS 14: **Assessing the Risk of Future Harm**: The compliance rate for this critical measure was **79**%. The measure was applied to all 58 records; 46 were rated achieved and 12 were rated not achieved. To receive a rating of achieved, the Vulnerability Assessment was completed in its entirety and approved by the supervisor or the supervisor approved ending the protection

response before the Vulnerability Assessment was completed in its entirety and the rationale was documented and appropriate.

Of the 12 records rated not achieved, three did not contain Vulnerability Assessments, six Vulnerability Assessments were incomplete, and three Vulnerability Assessments were not approved by supervisors.

The audit also assessed the length of time it took to complete the Vulnerability Assessments. Of the 46 records rated achieved, the range of time it took to complete the Vulnerability Assessments was between 13 days and 685 days, with the average time being 201 days.

FS 15: **Determining the Need for Protection Services**: The compliance rate for this critical measure was **98**%. The measure was applied to all 58 records; 57 were rated achieved and one was rated as not achieved. To receive a rating of achieved, the decision regarding the need for FDR protection services or ongoing protection services was consistent with the information obtained during the FDR assessment or the investigation or the supervisor approved ending the protection response before the decision was made regarding the need for FDR protection services or ongoing protection services and the rationale was documented and appropriate.

Of the one record rated not achieved, the decisions to not provide ongoing protection services were inconsistent with the information obtained during the FDR assessment or investigation.

FS 16: **Timeframe for Completing the FDR Assessment or Investigation:** The compliance rate for this critical measure was **7**%. The measure was applied to all 58 records; four were rated achieved and 54 were rated not achieved. To receive a rating of achieved, the FDR assessment or investigation was completed within 30 days of receiving the report or the FDR assessment or investigation was completed in accordance with the extended timeframe that had been approved by the supervisor.

Of the 54 records rated not achieved, all were not completed within 30 days. Of the 54 FDR assessments or investigations that were not completed within 30 days, the range of time it took to complete was between 34 and 879 days, with the average time being 262 days.

c.5 Strength and Needs Assessment and Family Plan

FS 17 to FS 21 relate to the completion of the Family and Child Strengths and Needs Assessment and the Family Plan. The records included the selected samples of 51 open FS cases and 19 closed FS cases.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 17: Completing a Family and Child Strengths and Needs Assessment	70	52	18	74%
FS 18: Supervisor Approval of the Strengths and Needs Assessment	70	50	20	71%
FS 19: Developing the Family Plan with the Family	70	40	30	57%
FS 20: Timeframe for Completing the Family Plan	70	29	41	41%
FS 21: Supervisor Approval of the Family Plan	70	36	34	51%

FS 17: **Completing a Family and Child Strengths and Needs Assessment:** The compliance rate for this critical measure was **74%.** The measure was applied to all 70 records in the samples; 52 were rated achieved and 18 were rated not achieved. To receive a rating of achieved, the Family and Child Strength and Needs Assessment was completed in its entirety.

Of the 18 records rated not achieved, 17 did not contain Family and Child Strengths and Needs Assessments and one contained an incomplete Family and Child Strengths and Needs Assessment.

The audit also assessed whether the Child and Family Strengths and Needs Assessment was completed within the most recent six-month practice cycle. Of the 52 records rated achieved, 41 Family and Child Strengths and Needs Assessments were completed within the most recent six-month practice cycle and 11 were not (these 11 were completed within the 12-month timeframe of the audit).

FS 18: **Supervisor Approval of the Strengths and Needs Assessment**: The compliance rate for this critical measure was **71%**. The measure was applied to all 70 records in the samples; 50 were rated achieved and 20 were rated not achieved. To receive a rating of achieved, the Family and Child Strength and Needs Assessment was approved by the supervisor.

Of the 20 records rated not achieved, 17 did not contain Family and Child Strengths and Needs Assessments and three Family and Child Strengths and Needs Assessments were not approved by supervisors.

FS 19: **Developing the Family Plan with the Family:** The compliance rate for this critical measure was **57%**. The measure was applied to all 70 records in the samples; 40 were rated achieved and 30 were rated not achieved. To receive a rating of achieved, the Family Plan form or its equivalent was developed in collaboration with the family. An equivalent to the Family Plan form can be the plan developed during a facilitated meeting, such as at a Family Case Planning Conference,

Traditional Family Planning Meeting, or Family Group Conference. The equivalent plan must have the following key components:

- the priority needs to be addressed
- the goals described in clear and simple terms regarding what the family would like to change in their lives in relation to the identified need
- indicators that described in clear and simple terms what will appear different when the need is met (from the viewpoint of the family or from the viewpoint of others)
- strategies to reach goals, where the person responsible for implementing the strategy is also noted
- a review date, when progress towards the goal will be reviewed and a determination made on whether the goal has been met.

Of the 30 records rated not achieved, 29 did not contain Family Plans or equivalents and one Family Plan or equivalent was not developed in collaboration with the family.

The audit also assessed whether the Family Plans or equivalents were completed after the Family and Child Strengths and Needs Assessments. Of the 40 records that received ratings of achieved, 24 contained Family Plans or equivalents that were completed after the Family and Child Strengths and Needs Assessments and 16 Family Plans or equivalents were completed without first completing the Family and Child Strengths and Needs Assessments.

The audit also assessed the type of Family Plan that was completed. Of the 41 records with completed Family Plans, 32 contained Family Plan templates and nine contained equivalents.

FS 20: **Timeframe for Completing the Family Plan:** The compliance rate for this critical measure was **41%**. The measure was applied to all 70 records in the samples; 29 were rated achieved and 41 were rated not achieved. To receive a rating of achieved, a Family Plan or its equivalent was created within 30 days of initiating ongoing protection services and revised within the most recent six-month practice cycle.

Of the 41 records rated not achieved, 29 did not contain Family Plans or equivalents and 12 did not contain Family Plans or equivalents within the most recent six-month practice cycle but they did contain Family Plans or equivalents created within the 12-month timeframe of the audit.

FS 21: **Supervisors Approval of the Family Plan:** The compliance rate for this critical measure was **51%**. The measure was applied to all 70 records in the samples; 36 were rated achieved and 34 were rated not achieved. To receive a rating of achieved, the Family Plan or its equivalent was approved by the supervisor.

Of the 34 records rated not achieved, 29 did not contain Family Plans or equivalents and five Family Plans or equivalents were not approved by supervisors.

c.6 Reassessment

FS 22 relates to the completion of the Vulnerability Reassessment or Reunification Assessment. The records included the selected samples of 51 open FS cases and nineteen closed FS case.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 22: Completing a Vulnerability Reassessment or a Reunification Assessment	70	50	20	71%

FS 22: Completing a Vulnerability Reassessment OR a Reunification Assessment: The compliance rate for this critical measure was **71%**. The measure was applied to all 70 records in the samples; 50 were rated achieved and 20 were rated not achieved. To receive a rating of achieved, a Vulnerability Reassessment or Reunification Assessment was completed within the most recent six-month practice cycle and a Reunification Assessment completed within three months of the child's return or a court proceeding regarding custody and the assessment(s) was approved by the supervisor.

Of the 20 records rated not achieved, 14 did not contain Vulnerability Reassessments, five did not contain Reunification Assessments, two contained Vulnerability Reassessments or Reunification Assessments within the 12-month audit timeframe but they were not revised within the most recent six-month practice cycle, and four did not contain Reunification Assessments completed within three months of the children's return or court proceedings regarding custody. The total adds to more than the number of records rated not achieved because four records were rated not achieved for more than one of the above noted reasons.

c.7 Decision to End Protection Services

FS 23 relates to making the decision to end ongoing protection services. The records included the selected sample of 19 closed FS cases.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 23: Making the Decision to End Ongoing Protection Services	19	18	1	95%

FS 23: Making the Decision to End Ongoing Protection Services: The compliance rate for this critical measure was **95%**. The measure was applied to all 19 records in the sample; one was rated not achieved. To receive a rating of achieved:

- the decision to conclude ongoing protection services was made in consultation with a supervisor
- there were no unaddressed reports of abuse or neglect
- there were no indications of current or imminent safety concerns
- the family demonstrated improvements as identified in the Family Plan
- a recent Vulnerability Reassessment or Reunification Assessment confirmed that factors identified as contributing to high vulnerability no longer existed or have been sufficiently addressed
- the family demonstrated the ability to access and use formal and informal resources and the family had the ability to parent without MCFD support.

Of the one record rated not achieved, ongoing protection services ended without completing a Vulnerability Re-assessment or a Reunification Assessment within the most recent six-month practice cycle.

7. ACTIONS COMPLETED TO DATE

Prior to the development of the action plan, the following actions were implemented by the agency:

1. The resources program implemented the 90-day visit tracking form to be used by all RW's to reflect increased compliance to the 90-day home visits and documentation of these visits.
2. The guardianship program developed documents to inform children and youth in care of their Sec. 70 rights and to inform caregivers of appropriate discipline standards. An overview was provided to staff about completing Reportable Circumstances reports which included supporting procedural documentation information.

8. ACTION PLAN

On November 23, 2021 the following Action Plan was developed in collaboration between Vancouver Aboriginal Child and Family Services and MCFD Office of the Provincial Director of Child Welfare Quality Assurance & Aboriginal Services.

Actions	Persons Responsible	Date to be Completed
Child Safety **Child Service:** **1. <u>Standard 2 Development of a Comprehensive Plans of Care:</u>** • SW and TL training regarding care plan time frame completion and systems to monitor care plan completion. • Confirmation that SW and TL training regarding care plan completion will be provided, via email, to the manager of Quality Assurance.	Director of Programs	February 28, 2022
Family Service: **2. <u>FS 16: Timeframe for Completing the FDR Assessment or Investigation:</u>** • SW and TL training on FDR Assessment or Investigation timeframe completion requirements. • Confirmation that this training has been completed will be sent, via email, to the manager of Quality Assurance.	Director of Programs	February 28, 2022
Guardianship/Child Service: **3. <u>Standard 8 Social Worker's Relationship & contact with a Child in Care:</u>** • SWs will document visits with a child or youth in care as private in ICM. • Guardianship manager will ensure that all team leaders will review the requirement of in person private visits with social workers during supervision. They will also review the importance of documenting and noting the visit as private or with others in ICM. • Confirmation that the Guardianship Manager has completed this review with the Team Leaders will be sent, via email, to the manager of Quality Assurance.	Director of Programs	February 28, 2022
4. <u>Standard 15 Transferring Continuing Care Files:</u> • SWs will complete transfer recordings when transferring a CS case internally in guardianship. The new social worker to meet with the child or youth in care within 5 days of the transfer.	Director of Programs	February 28, 2022

• Training in reference to the Good recording guide will be reviewed in the Guardianship program with all social workers. This will be provided by the Guardianship consultant. • Confirmation that this training has been completed will be sent, via email, to the manager of Quality Assurance		
5. **<u>Standard 19 Interviewing the Child about the Care Experience:</u>** • The SWs will document in ICM case notes about a child or youth's placement experience after any move. • The Guardianship Consultant will review with all Guardianship social workers the requirement to interview all children or youth about their care experience. • Confirmation will be sent, via email, to the manager of Quality Assurance	Director of Programs	February 28, 2022

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: May 30, 2022 **DATE OF PREVIOUS NOTE:** November 30, 2021
CLIFF#: **PREVIOUS CLIFF #:** 265794

PREPARED FOR: Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: Progress update on action plan for recommendations in the Ombudsperson report "*Alone: The Prolonged and Repeated Isolation of Youth in Custody*"

BACKGROUND:

- In June 2021, the Office of the Ombudsperson released "Alone" which reported on the use of separate confinement in Youth Custody Services. The report contains 26 recommendations including amendments to legislation, regulations, policy on separate confinement, conducting independent reviews of ministry practice, and creation of an independent review body.
- In response to the report, the Minister stated: *"we will endeavour to implement every recommendation in your report and, if there are any that we cannot implement through the means you have described, we will achieve the goal and intent of that recommendation."*
- The Office of the Ombudsperson's monitoring process includes a six-month progress update on the recommendations as outlined in the action plan to ensure the Ministry is responding to the commitments in the report. The first six-month progress update for "Alone" occurred on December 15, 2021.
- On December 15, 2021, the Ministry provided an update to the Office of the Ombudsperson, which confirmed the Action Plan and provided evidence of policy changes to date.

DISCUSSION:

- The Ministry has committed to providing a one year update to the Ombudsperson's Office to review progress. The next update due is June 15, 2022.
- All target dates have been met thus far, some in advance of commitments, with the exception of 3 where the federal *Youth Criminal Justice Act* (YCJA) limits the ability to complete notifications as identified with the RCY and PGT and therefore action items were revised.
- Key points for the June 15 update:
    - Policy amendments and practice directives have been made to enhance services to youth who are separately confined or temporarily housed alone.
    - A body scanner has been implemented at Burnaby Youth Custody Services; to date there have been no youth separately confined due to suspicion of contraband.

- An Inspection Framework has been developed. The inspection process commenced with the first inspection completed at Burnaby Youth Custody Services on March 22, 2022. A schedule of regular inspections has been established with the next inspection scheduled for Prince George Youth Custody Services on June 13, 2022.
- Public facing data on Separate Confinement has been established on the BC Government Data Catalogue.
- A review of the Individual Observation Unit has been conducted and recommendations are in the process of being actioned.
- s.13
- s.13; s.16
- Recommendations 23 , 24, 25 cannot be implemented as stated after further review was completed. Under the YCJA, information can only be disclosed to the RCY and PGT upon request.

NEXT STEPS:

- We anticipate that the Office of the Ombudsperson will formally assess the Ministry's progress on the first anniversary of the report's release (June 2022). This assessment may be released publicly in the form of a monitoring report synthesizing data collected from the Ministry.

ATTACHMENTS:

A. Action Plan

Contact Assistant Deputy Minister:	**Alternate Contact for content:**	**Prepared by:**	**Staff Consulted:**
Teresa Dobmeier *ADM* s.17	*Dillon Halter* *ED, SIYJ* *250-208-6255*	*Brianne Nowicki* *SIYJ* *250-417-7523*	*Sarah Watson A/Director* *Rose Anne Van Mierlo, A/ ED*

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: May 20, 2022
CLIFF#: 270183

DATE OF PREVIOUS NOTE (if applicable): [Date]
PREVIOUS CLIFF # (if applicable): [CLIFF #]

PREPARED FOR: Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: Update on the Gender-based Violence Action Plan Working Group (GBVWG)

BACKGROUND:

The Parliamentary Secretary for Gender Equity and the Minister of Public Safety and Solicitor General share a joint mandate commitment to develop an action plan to end gender-based violence.

This multi-year, public-facing, cross-sector GBV action plan, s.13 s.13 will serve as a roadmap to guide cross-government actions, resourcing, and delivery of government's goals toward ending gender-based violence. Given that addressing GBV is a shared responsibility across government, action plan development is supported by both an ADM steering committee and a cross-ministry working group.

The work of this committee to date has included:

1. Reviewing and endorsing a GBV priorities paper used in sector engagement on GBV.

2. Completing a scan of current GBV initiatives happening across government (MCFD completed with input from Youth Justice, PDCW, Practice and Quality Assurance teams).

3. In Spring of 2022, engaging with partners and stakeholders involved in gender-based violence work. The intent of the engagement process was to create a "What We Heard Report" (Attachment A), to serve as a basis for provincial action plan on gender-based violence. Strategic Policy, Research and Engagement (SPRE) staff regularly attend and contribute to the GBVWG and were able to attend three of the five round tables.

4. Updating the Scan of Initiatives with additional actions gathered through foundational reports, research, previous GBV-related engagements, and conversations the project team has had with Parliamentary Secretary Grace Lore (PS Lore).

DISCUSSION:

A What We Heard Report has been independently prepared by the SFU's Morris J. Wosk Centre for Dialogue. MCFD, along with other partner ministries from the GBVWG, have been asked to provide "light touch" edits, if any, to the Report.

The Report will be shared with government to facilitate the planning and design of an action plan on GBV. The Report will also be shared with all participants who attended the roundtables.

MCFD has reviewed the Draft Report and no edits are recommended. The Draft Report is based on conversations and assertions at the Roundtables and does not appear to contain any factual errors.

Additionally, MCFD has been asked to comment on the feasibility of new actions in the GBV initiatives scan that have been identified through additional research, engagements and conversations with PS Lore. For MCFD this includes three "new" actions (**in bold**) and one program addition to the existing program tab. PS Lore may be approaching her colleagues on some of the proposed actions she has identified.

- Current Programs Identified:
    - **Sexual Abuse Intervention Program (added)**
    - Youth Justice and Youth Forensics programming to support self-identification of gender and training on GBV for staff (provided by Youth Justice in initial scan).

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NEXT STEPS:
Advise no edits by MCFD on the Draft Report and send comments on the proposed actions.

ATTACHMENTS:
Attachment A: What We Heard Report: B.C. Action Plan on Gender-Based Violence

Contact	**Alternate Contact**	**Prepared by:**
Assistant Deputy Minister:	**for content:**	
Carolyn Kamper	*Sarah Gosman*	*Leah Davidson*
Strategic Integration, Policy and Legislation Division	*A/ED, Policy, Legislation and Litigation Branch*	*Strategic Policy, Research and Engagement Team*
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Summary Report

Autism in Canada:

Considerations for future public policy development

Weaving together evidence and lived experience

May 2022

Canadian Academy of Health Sciences

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MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: March 19th, 2022
CLIFF#: 270399

PREPARED FOR: The Honourable Mitzi Dean, Minister of Children and Family Development

ISSUE: "Autism in Canada: Consideration for future public policy development" – Analysis and comparison with new CYSN Service Framework

BACKGROUND:

The 412-page report entitled "Autism in Canada: Considerations for future public policy development" was prepared for the Government of Canada in response to a request from the Public Health Agency of Canada (PHAC). It was undertaken with the approval of the Board of the Canadian Academy of Health Sciences (CAHS) and released on May 10th, 2022. The report is the result of a $1.46M federal investment into a broad and inclusive engagement process with families, stakeholders and Autistic Canadians[1] to ensure a forthcoming National Autism Strategy is responsive to the needs of the autism community.

The report outlines structural and systemic gaps facing Autistic people and their families, across all stages of their lives, through its focus on five main themes:

> **Intersectionality & Diversity:** Autism intersects with other identities such as race, ethnicity, cultural, socioeconomic status, gender, and sexuality, creating unique barriers for diverse individuals. Partnerships with equity-seeking groups (such as Indigenous and racialized people) are critical to building culturally relevant approaches that reflect distinct experiences of these groups.
>
> **Social Inclusion:** Autistic people do not always feel safe or meaningfully included in their communities. Such experiences can have harmful outcomes on health, safety, and quality of life. These harms may be addressed through fostering autism-inclusive and accessible spaces including public transportation, recreational facilities and programs that can enable community participation of Autistic individuals.
>
> **Diagnosis, Supports and Services:** There are delays and disparities in access to diagnostic and support services, particularly for Autistic people living in rural and remote areas, equity-seeking groups, and Autistic adults. These system gaps could be supported through capacity building of more professionals to diagnose autism, transparency on diagnostic wait times, expansion of tele and e-health, and enhanced navigation services.

[1] This briefing note mirrors identity-first language (i.e., "Autistic adult") found in the report, versus person-first language ("adult with autism"). The report also capitalizes Autistic when referring to a person but uses lowercase when used as an adjective.

Economic Inclusion: Barriers to financial stability must be removed though measures such as managing autism-related costs, maintaining meaningful employment through post-secondary education pathways, inclusive employment opportunities, and Autism-inclusive housing solutions.

Data collection and sharing, research, and collaboration: Funding and promoting measures that incorporate the day-to-day needs of Autistic people across their lifespan will help improve health and wellbeing outcomes.

DISCUSSION:

The five themes explored in the report are represented in the new CYSN Service Framework (CYSN SF) in the following ways:

Intersectionality & Diversity: An intersectional understanding of identity has informed the CYSN SF which seeks to address the diverse needs of its recipients through person-centred planning, culturally safe, and trauma informed practices. Under the new SF, services will be prioritized through Indigenous service providers for Indigenous children, youth and families.

Social Inclusion: Social inclusion of children, youth and families in the context of their communities is highlighted within the CYSN SF as a goal of family connections centres (FCCs):

- FCCs must provide services in accordance with practice principles, including "supporting and promoting social inclusion and belonging".
- "Optimizing social inclusion" falls under child/youth related outcomes, measurable through support planning.

Diagnosis, Supports and Services: To ensure consistent delivery of services under the CYSN SF, FCCs and their satellites will be located across the province employing consistent criteria to determine support needs and provide services regardless of location. Additionally, the following parallels can be drawn:

- Early intervention services will be needs-based in their intensity and duration.
- Families will be empowered to be involved in service delivery, promoting the health and wellbeing of the entire family.
- Youth transition policies and practices will promote better outcomes for adults.
- Access to school-aged supports and services will be equitable.

Economic Inclusion: The new CYSN SF works to remove barriers to financial stability through the provision of supports and services, including those available at FCCs and additional supports available through Disability Services (e.g, respite and medical benefits) if a child/youth is determined to be eligible.

Data collection and sharing, research, and collaboration: FCCs are intended to be a 'first touch-point' for families, providing evidence-informed services and information

through a transdisciplinary model. Functional assessments conducted at FCCs will be used to inform a child or youth's services within the centre and to determine potential eligibility for Disability Services.

Divergence from the CYSN Service Framework

There are several points of difference between the CYSN SF and the report, resulting from a difference in each documents' scope. Differences include:

- **Age and support need:** While the CYSN SF addresses the provision of supports and services to children and youth under the age of 19 with any support need, the report provides assessment of the needs specific to Autistic people across their lifespan.
- **Inter-sectoral approach:** The report details a need for an inter-sectoral approach to addressing the challenges faced by Autistic people and their families. While the new CYSN SF is reliant on inter-ministerial collaboration, the report proposes measures outside of this work, including:
    - Job training programs for adults
    - Post-secondary education pathways
    - Autism-inclusive housing solutions for adults
    - Increased funding for autism research and diagnostic assessment
    - A commitment to social inclusion resulting from a broader cultural shift. This must be the work of all ministries and all levels of government

ATTACHMENTS:

A. Appendix A - Autism in Canada - Summary Report

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Ministry of Children and Family Development

2021/22
Annual Service Plan Report

August 2022

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Published by the Ministry of Children and Family Development

Minister's Accountability Statement

The *Ministry of Children and Family Development 2021/22 Annual Service Plan Report* compares the Ministry's actual results to the expected results identified in the *2021/22 – 2023/24 Service Plan* created in April 2021. I am accountable for those results as reported.

Signature Placeholder
Replace with Signature Image

Honourable Mitzi Dean
Minister of Children and Family Development
July XX, 2022

Minister of State's Accountability Statement

The Ministry of Children and Family Development *2021/22 Annual Service Plan Report* compares the Ministry's actual results to the expected results identified in the *2021/22 – 2023/24 Service Plan* created in April 2021. Under the Balanced Budget and Ministerial Act, I am accountable for achieving the following results for 2021/22:

a) continue implementation initiatives that support government's universal child care plan that provides affordable, accessible, inclusive and high-quality care and early learning for every child whose family wants or needs it;

b) engage with all levels of government, Indigenous organizations, school districts, child care providers and other sector stakeholders to further inform the implementation of universal and inclusive child care and transfer responsibility for child care delivery to the Ministry of Education by 2023;

c) renew the Multilateral Early Learning and Child Care Framework agreement with the federal government and continue monitoring the implementation;

d) submit to Cabinet a report on the results referred to in paragraphs (a) through (c) on or before March 31, 2022.

Signature Placeholder

Replace with Signature Image

Honourable Katrina Chen
Minister of State for Child Care
July XX, 2022

Table of Contents

Letter from the Minister

All children and youth deserve to live safe, happy, and secure lives, and to reach their full potential. The Ministry of Children and Family Development's top priority is the health, safety and well-being of children, youth, and families, and as Minister of Children and Family Development, I am honoured to be part of this work.

We know that accessible, inclusive, and timely services for children and youth with support needs is essential. One of the ministry's priorities this year has been to announce and lay the groundwork for a new needs-based system of family connection centres that will provide better services to more children and youth, when and where they need them.

As we continued to adapt to the challenges of the global pandemic, we extended emergency measures for youth in care who were set to transition to adulthood, allowing them to stay in their homes and continue to receive supports. We provided free iPhones and data plans through the Phones4Youth program, the first of its kind in B.C., so youth in government care and out of care arrangements can stay connected to friends and family, and access online resources. The success of these emergency measures highlighted the need for a permanent, comprehensive system of supports for youth transitioning to adulthood, and that's why we've continued putting the best interests of youth in and from care at the forefront of our work.

The Minister of State for Child Care lead the way on the transition of child care to the newly named Ministry of Education and Child Care in April 2022, better integrating child care into the broader learning environment, and upholding government's belief that affordable, quality child care and education are the foundation of every child's journey.

The ministry remains committed to ongoing collaboration and true and lasting reconciliation with Indigenous Peoples, partners, and governments to develop legislation that better supports children and families. We continue to focus our efforts on reducing the number of Indigenous and non-Indigenous children and youth in care, while concurrently beginning a critical reform of existing child welfare legislation. We will continue to listen to the children, youth, and families we serve, knowing their voices and experiences are central to the creation of services that truly meet their needs.

I'd like to thank ministry staff, Indigenous Child and Family Service Agencies, community partners and caregivers for their dedication, commitment, and flexibility. The work they've done – and continue to do – to create lasting change for the future is paramount to the success of the ministry.

Honourable Mitzi Dean
Minister of Children and Family Development
July XX, 2022

Letter from the Minister of State

As the Minister of State for Child Care, I remain committed to implementing the ChildCareBC Plan, to build inclusive, affordable child care as a core service for British Columbian families.

Despite the ongoing challenges of the past year, B.C. continued to expand the number of child care spaces. In total, we have funded more than 30,500 new licensed spaces in every corner of the province since July 2018. Improving access to child care, supports our economic recovery by creating more opportunities for parents – especially mothers – to go back to work or school, and gives kids the best possible start. Following the guidance of the Provincial Health Officer, child care centres were able to continue operating throughout the pandemic.

In July 2021, B.C. was the first province to receive funding towards a national low-cost child care plan through the Canada-Wide Early Learning and Child Care Agreement. Funding through this partnership will help B.C. add nearly 6,000 more $10 a Day spaces by December 2022, bringing the total to about 12,500 converted spaces across B.C.

In September 2021, as part of government's Early Childhood Educators Recruitment and Retention Strategy, front-line Early Childhood Educators working in licensed child care facilities became eligible to receive wage enhancement up to $4 per hour. This was the third wage enhancement offered since September 2019. That means B.C. has invested over[s.13] million to provide more than 13,800 Early Childhood Educators with wage enhancements so far. We have also expanded access to Supported Child Development and Aboriginal Supported Child Development programs to enable access to inclusive services for about 2,000 more families.

We continue to work with First Nations, Métis and Inuit people to identify how best to implement distinctions-based child care and support cultural safety within the broader child care system and will increase the number of Aboriginal Head Start spaces[s.13]

We successfully transitioned the delivery of child care into the Ministry of Education and Child Care and work continues on a longer-term strategy for integration of child care into the broader learning environment in the province.

Creating a strong workforce supports our communities and our economic resiliency; and publicly funded child care will continue to play a key role as our province moves through our recovery. I'm so grateful for all our child care partners who are stepping up to work with us. Together, we are building a future of reliable, affordable child care that will truly support B.C. families for generations to come. I'm proud of the progress we've made and look forward to the work ahead!

Honourable Katrina Chen
Minister of State for Child Care
July XX, 2022

Purpose of the Annual Service Plan Report

The Annual Service Plan Report is designed to meet the requirements of the *Budget Transparency and Accountability Act* (BTAA), which sets out the legislative framework for planning, reporting and accountability for Government organizations. Under the BTAA, the Minister is required to report on the actual results of the Ministry's performance related to the forecasted targets documented in the previous year's Service Plan.

Purpose of the Ministry

The primary focus of the Ministry of Children and Family Development is to support the well-being of all children and youth in British Columbia – both Indigenous and non-Indigenous – to live in safe, healthy and nurturing families, and to be strongly connected to their communities and culture. The ministry approaches its work through a Gender-Based Analysis Plus lens, delivering services that are inclusive, responsive, accessible, and culturally safe.

The ministry supports children, youth and their families, emphasizing the principles of early intervention, prevention, cultural and community connections to keep families together, where possible, and connect children and youth with permanent living arrangements when needed. Services include those for early childhood development and child care, children and youth with support needs, child and youth mental health, adoption, child protection, youth justice and supporting youth transitioning to adulthood.

For information on specific programs and services, visit the Ministry of Children and Family Development website.

Strategic Direction

The strategic direction set by government in 2020, Minister Mitzi Dean and Minister of State Katrina Chen's 2020 mandate letters, and government's co-ordinated response to the COVID-19 pandemic shaped the goals, objectives, performance measures and financial plan outlined in the 2021/22 Ministry of Children and Family Development Service Plan and the actual results reported on in this annual report.

Operating Environment

We deliver on our mandate through approximately 5,180 staff working in partnership with Indigenous Child and Family Service Agencies, Indigenous governing bodies, partners and communities, cross-government and social-sector partners and the federal government, as well as approximately 4,850[1] contracted community social service agencies and direct care providers such as foster caregivers, contracted homes and relatives. Services are co-ordinated though a provincial office located in Victoria and delivered through 13 Service Delivery Areas and 24 Indigenous Child and Family Service Agencies.

[1] The approximated figure does not include funding for Post-Adoption Assistance or other indirect care providers, which has been included in previous years.

Our work is guided by the United Nations Declaration on the Rights of Indigenous Peoples, B.C.'s *Declaration on the Rights of Indigenous Peoples Act*, the federal *Act respecting First Nations, Inuit and Métis children, youth and families* (the federal Act), the Truth and Reconciliation Commission Calls to Action, the BC Public Service Diversity and Inclusion Strategy, and numerous other reports and recommendations to the ministry. We are committed to working collaboratively with First Nations, Inuit and Métis Peoples to improve outcomes for Indigenous children, youth, families and communities.

Over the last year, staffing shortages throughout the province have been challenging. Many ministry staff volunteered for short-term assignments to ensure critical services continued for children, youth, and families. In addition to the ministry's staffing challenges, service providers experienced difficulty recruiting and retaining staff. Addressing the ongoing human resource challenges continues to be a primary focus for the ministry.

Devastating floods and wildfires dramatically impacted the ministry's frontlines,[s.13] [s.13], requiring staff to temporarily relocate to other cities. While supporting the broader community with emergency relief measures, staff were ensuring children, youth and families had minimal impact to the services they received.

The global pandemic continued to change the landscape for the delivery of child and family services, impacting those most vulnerable in B.C. – families with children and youth with support needs, youth transitioning to adulthood, children and youth receiving mental health supports – requiring the ministry to adapt processes, support and partner with service providers, and align services with recommendations and guidance from the Provincial Health Officer.

As we navigate a post-pandemic recovery approach, the ministry is committed to learning from the pandemic, assessing what worked best, and implementing resources and support measures that contribute to the health, well-being and success of the children, youth, and families we serve – many of which are outlined in this report.

Report on Performance: Goals, Objectives, Measures and Targets

Goal 1: Recognize the right of Indigenous families and communities to retain shared responsibility for the upbringing, training, education and well-being of their children, consistent with the rights of the child (UNDRIP)[2] and the Truth and Reconciliation Commission's Calls to Action

Objective 1.1: Continue to work with Indigenous partners and the federal government, where applicable, regarding systemic change, including increased decision-making authority and child and family services jurisdiction

Key Highlights

- Participated at five tripartite coordination agreement tables as per the federal Act with First Nations seeking enhanced jurisdiction, and continue meeting with other Indigenous communities, following their lead, and supporting their inherent rights on how services will be delivered to their children, youth, families, and communities.
- Signed the first co-created child welfare community agreement (Tcwesétmentem) in B.C. with Simpcw First Nation, ensuring the unique practices, customs, laws, language, and traditions of Simpcw First Nation are integrated into child welfare decision making, protection and planning.
- To remove immediate barriers to jurisdiction and affirm and uphold the inherent right of jurisdiction, began engagements with Indigenous partners to co-develop changes to the *Child, Family and Community Service Act* (CFCSA).
- To identify goals and priorities for systemic reform of child and family services, began engagements with Indigenous governing bodies, social sector organizations, and people with lived experience. Guiding the ministry's engagement approach are the Minister's Letter of Commitment and the draft First Nations Engagement Approach.

Performance Measure	2016/17 Baseline	2020/21 Actuals	2021/22 Target[3]	2021/22 Actuals	2022/23 Target	2023/24 Target
1.1 Rate of children and youth (0-18) in care per 1,000 children and youth in the population						
All children and youth	7.7	5.6	5.6	5.4	5.4	5.3
Indigenous children and youth	48.1	37.4	37.0	35.8	36.5	36.0
Non-Indigenous children and youth	3.2	2.0	2.0	1.9	1.9	1.8

Data source: Integrated Case Management System (ICM)

[2] United Nations Declaration on the Rights of Indigenous Peoples and United Nations Convention of the Rights of the Child.

[3] Targets for s.13 and s.13 have been adjusted based on forecasted performance to maintain relevance moving forward. For current targets, refer to the s.13

Discussion of Results

The ministry continues to focus on addressing policy and practice related to the implementation of the new federal *Act respecting First Nations, Inuit and Métis children, youth and families*, with an emphasis on working with extended family and community to reduce the number of children and youth in care. As a result, we continue to exceed our targets as fewer children and youth than forecasted came into, or remained, in care in 2021/22.

Objective 1.2: In collaboration with Indigenous Peoples, design and implement restorative policy, practice and services with cultural humility and the intention to honour traditional approaches and better serve Indigenous children and families

Key Highlights

- Integrated the Aboriginal Policy and Practice Framework across the ministry to support the overall transformation goals.
- Worked with Indigenous partners to align policy, practice, and legislation with the federal *An Act respecting First Nations, Inuit and Métis children, youth and families* and support the release of *B.C.'s Declaration on the Rights of Indigenous Peoples Act* – a legislative framework for recognizing the constitutional and human rights of Indigenous Peoples.
- Identified restorative approaches to policy and practice across ministry services and focus on wise practices while providing opportunity for ministry staff to practice cultural humility and culturally safe practices.
- Developed tools and resources to support a culturally inclusive, safe and agile workforce, including practice changes to provide services in a culturally safe manner, including Trauma Informed Practice and ongoing training for hiring managers to incorporate Indigenous competencies in recruitment, on-boarding, and service delivery.

Objective 1.3: Ensure transparency and accountability to Indigenous children, youth, families, and communities in order to work together to ensure our efforts achieve tangible results for this generation of families and those that follow

Key Highlights

- s.13 under s.92.1 of the *Child, Family and Community Service Act* to increase accountability and improve collaboration with Indigenous communities.
- To increase accountability and transparency, continued work to co-develop a B.C.-specific fiscal framework, in partnership with the First Nations Leadership Council and the federal government.
- s.13 provided $30,000 to each of the 203 First Nations and seven Métis organizations in B.C., for the delivery of community-based, family support and

prevention services, to support increased connections between Indigenous children and youth and their community.
- For the fourth time, provided annual Draft Accountability Statements to all B.C. First Nations Communities, and Métis, to increase transparency of ministry services. The statements include information such as the numbers of children in care from each community, the legal status of those children and the costs associated with specialized homes and support services.

Goal 2: To support improved outcomes and keep families safely together, strengthen supports and prioritize resources for families and children based on their needs, and in collaboration with communities and other partners

Objective 2.1: Review and adjust the Ministry's allocation of time, effort and funding dedicated towards prevention, early intervention and voluntary services

Key Highlights

- Launched the Children and Youth with Support Needs initiative,[s.13]
[s.13]

[s.13] Early implementation sites are scheduled to open in 2023.
- Announced a $10 million funding increase to medical equipment benefits under the At Home Program, to help significantly lower the cost of medical equipment for B.C. families of children and youth with physical disabilities and other complex care needs.
- Conducted numerous engagement sessions with contracted service providers, further contributing to the development of the Prevention and Family Support Service Framework. Input from these engagements will also inform systemic reform of the *Child, Family and Community Service Act.*
- In line with B.C.'s *A Pathway to Hope* roadmap, supported the implementation of Integrated Child and Youth Teams in five school districts, while continuing to implement multidisciplinary, wraparound services for children ages 0-5 through Early Intervention Enhancement Services and High Intensity Outreach for children and youth with severe mental health and substance use conditions across B.C.
- Expanded the Everyday Anxiety Strategies for Educators prevention and early intervention online resources, aimed at building resiliency and increasing mental health literacy for educators of grades 8-12.
- Established Missing and Murdered Indigenous Women and Girls and 2SLGBTQ+ Action Plan and Calls to Justice Table,[s.13]
[s.13]

Performance Measure	2016/17 Baseline	2020/21 Actuals	2021/22 Target	2021/22 Actuals	2022/23 Target	2023/24 Target
2.1 Percent of children assessed with a protection concern who can safely live with family or extended family						
All children and youth	85.8%	92.7%	92.7%	93.2%	93.0%	93.3%
Indigenous children and youth	80.1%	88.7%	88.7%	90.1%	89.0%	89.3%
Non-Indigenous children and youth	89.4%	95.1%	95.1%	95.1%	95.4%	95.7%

Data source: ICM

Discussion of Results

This performance measure exceeded expectations with an additional 0.5% of all children assessed with a protection concern being able to continue living with their family or extended family in 2021/22, compared to 2020/21. This includes an increase of 1.4% for Indigenous children, while maintaining last year's high rates for non-Indigenous children.

Objective 2.2: Continue the development and implementation of a universal early learning and child care system

Key Highlights

- Expanded the number and availability of provincially funded child care spaces by more than 6,000.
- Continued to invest in the creation of new child care spaces, including those on school grounds, by providing funding in partnership with the Government of Canada to build over 3,500 spaces through the New Spaces Fund.
- Expanded the number of $10 a Day child care spaces across British Columbia by over 4,000.
- Expanded the Supported Child Development and Aboriginal Supported Child Development programs to enable access to inclusive services for an estimated 2,000 additional families.
- Continued work with First Nations, Métis and Inuit People to identify how to best implement distinctions-based child care and to support cultural safety within the broader child care system and increase the number of Aboriginal Head Start spaces.
- Began integrating child care into the broader learning environment by moving the delivery of child care into the newly named Ministry of Education and Child Care on April 1, 2022.

Performance Measure	2016/17 Baseline	2020/21 Actuals	2021/22 Target	2021/22 Actuals	2022/23 Target	2023/24 Target
2.2 Average monthly number of funded licensed child care spaces in operation	108,110	126,052	s.13	132,089	136,500	139,500

Data source: Child Care Operating Funding (CCOF) Program Datamart and Prototype Site data

Discussion of Results

The 2021/22 target of funded licensed child care spaces in operation was achieved. The creation of spaces year over year has increased in 2020/21, indicating the impacts of pandemic-related delays for construction projects, workforce restrictions due to Provincial Health Officer safety protocols and supply chain issues from the previous fiscal have reduced.

Goal 3: Youth and young adults have the tools, resources and social supports to transition successfully to independence

Objective 3.1: Support youth and young adults to successfully transition to independence

Key Highlights

- s.13 expanded suite of programs for youth transitioning into adulthood, which will reduce barriers, prevent homelessness, and support a broader cohort of young adults.
- Extended COVID-19 emergency measures, including housing supports for youth and young adults transitioning into independence, past their 19th birthday s.13

s.13

- s.13

- Continued developing the Youth and Young Adults Service Framework, informed by engagement with over 2,500 youth, young adults, caregivers, Indigenous partners, ministry and Indigenous Child and Family Service Agency staff and community partners.
- Engaged with key partners to inform future service delivery in youth justice through the development of a Youth Justice Service Framework that will modernize and enhance youth justice services long-term.

Performance Measure	2016/17 Baseline	2020/21 Actuals	2021/22 Target	2021/22 Actuals	2022/23 Target	2023/24 Target
3.1a Percent of youth in care who turn 19 with a high school credential						
All children and youth	55.4%	62.9%	57.5%	n/a	58.0%	58.5%
Indigenous children and youth	49.0%	56.7%	55.5%	n/a	56.0%	56.5%
Non-Indigenous children and youth	61.1%	71.3%	62.5%	n/a	63.0%	63.5%

Data source: ICM and Ministry of Education and Child Care enrolment data

Discussion of Results

In addition to being a determinant of youth and young adult transitions, education is a barometer for the well-being of children and youth. Therefore, the percent of youth in care who turn 19 with a high school credential is also an indicator of whether the system of supports for children and youth in care is meeting their needs. Note - this performance measure is always one year behind, as the data is based on the most recently completed school year.

For 2020/21 – the first year of the COVID-19 pandemic – the target for all children and youth was exceeded and an additional 6.3% of the youth who turned 19 had a high school credential by their 19th birthday compared to 2019/20. Both Indigenous and non-Indigenous cohorts exceeded the 2020/21 targets.

Performance Measure	2016/17 Baseline	2020/21 Actuals	2021/22 Target	2021/22 Actuals	2022/23 Target	2023/24 Target
3.1b Youth under Continuing Custody Orders and Youth transitioning to adulthood that receive an Agreements with Young Adults benefit payment within the next year	21.6%	36.6%	41.5%	32.8%	43.6%	45.6%

Data source: Resource and Payment System

Discussion of Results

The global COVID-19 pandemic negatively impacted the results of this performance measure, as young adults were offered alternatives to AYA funding such as Temporary Housing Agreement/Temporary Support Agreement (THA/TSA) and other funding programs. THA/TSA emergency measures began on March 17, 2020 and were extended to cover the entire 2021/22 fiscal year and beyond.

s.13

Starting in January 2021, young adults on THA/TSA were also able to participate in, and receive, AYA funding. As a result, an increase in the uptake of AYA was expected, however this increase did not materialize, as more young adults transitioning out of Ministry care and into adulthood chose to receive THA/TSA supports exclusively.[s.13]

s.13

Although the overall number of young adults

participating in AYA went down in 2021/22, s.13
s.13

Goal 4: A child or youth's needs drive their in care placement and the services they receive to support their well-being

Objective 4.1: In collaboration with partners, implement an in care network of high quality placements and services that meet a child or youth's needs, nurtures a sense of love and belonging, and prioritizes cultural and family connections

Key Highlights

- Began early implementation of changes to staffed resources through the Specialized Homes and Support Services Transformation – a key part of the future state of network of care described in the Network of Care Service Framework.
- Developed and implemented the Phones4Youth program, the first of its kind in B.C., distributing iPhones with data plans and accessory packages to approximately 1,600 youth (thus far) in government care and out of care arrangements aged 13 or older, to help keep them connected to friends and family, and provide better access to online services, resources, and opportunities.
- Continued to work toward finalizing the Network of Care Service Framework, including engaging with Indigenous and sector partners and members of the public.
- Continued work on an outcomes-based Quality Assurance Framework, s.13
  s.13

- Through the Procurement Strategy, worked to further develop systems, processes, organizational design and conceptual framework of the Procurement and Contract Management Framework in collaboration with partners.

Performance Measure	2016/17 Baseline	2020/21 Actuals	2021/22 Target	2021/22 Actuals	2022/23 Target	2023/24 Target
4.1 Percentage of children and youth in care with no moves in the first 12 months since their last admission to care	67.9%	71.2%	65.5%	69.4%	66.0%	66.5%

Data source: ICM

Discussion of Results

The global COVID-19 pandemic is believed to have impacted this measure s.13 as children and youth in their first 12 months in care experienced fewer placement changes due to restrictions and guidelines implemented by the Provincial Health Officer. s.13
s.13

Financial Report

Discussion of Results

The ministry ended the fiscal year with a combination of pressures and surpluses across our core business areas. The ministry continued to adapt to fluctuations in demand of our programs as families navigated their comfort levels with availability of services. Fiscal 2022 saw the ministry continue to provide COVID-19 response and recovery programs for youth transitioning from care, and to child care providers in the form of Health and Safety Grants.

The Ministry Operations Vote ended the year with a $19.58 million deficit, prior to approved access to contingencies and an accounting entry for the Adjustment of Prior Year Accrual.

Early Childhood Development & Child Care Services actual expenditures exceeded the original budget target primarily due to COVID-19 Health & Safety Grants paid to child care providers. A combination of access to contingencies and surpluses in other core business areas, after all other operational objectives were met, accommodated the additional spending.

Services for Children and Youth with Support Needs actual expenditures were higher than budgeted as the ministry directed more funding to the supported child development program to address long-standing waitlists.

Child and Youth Mental Health Services actual expenditures were lower than budgeted resulting from the continued impacts of COVID-19 on the Pathway to Hope initiative implementation. This surplus was used to offset cost pressures in other core businesses.

Child Safety, Family Support and Children in Care Services actual expenditures were slightly higher than budgeted as the ministry continued to provide COVID-19 response programs to youth transitioning out of care.

Adoption Services and Youth Justice Services actual expenditures were lower than budgeted as these programs continue to experience lower utilization than anticipated. These surpluses were used to offset cost pressures in other core businesses.

Service Delivery Support and Executive & Support Services core business areas represent the budgets for infrastructure and back end supports required to keep the ministry functioning, and to support changing and expanding programs. The ministry is rolling out strategic shifts in service delivery, so the higher expenditures in these areas represent the foundational supports required to make these changes.

Financial Summary

	Estimated	Other Authorizations[1]	Total Estimated	Actual	Variance
Operating Expenses ($000)					
Early Childhood Development and Child Care Services	774,342	19,632	793,974	793,058	916
Services for Children and Youth with Support Needs	440,635		440,635	459,259	(18,624)
Child and Youth Mental Health Services	134,294		134,294	107,921	26,373
Child Safety, Family Support and Children in Care Services	780,868		780,868	785,464	(4,596)
Adoption Services	35,238		35,238	32,445	2,793
Youth Justice Services	50,359		50,359	40,462	9,897
Service Delivery Support	157,478		157,478	170,794	(13,316)
Executive and Support Services	19,541		19,541	22,984	(3,443)
Sub-total	**2,392,755**	**19,632**	**2,412,387**	**2,412,387**	**0**
Adjustment of Prior Year Accrual[2]				(4,391)	s.13
Total	**2,392,755**	**19,632**	**2,412,387**	**2,410,192**	
Ministry Capital Expenditures ($000)					
Service Delivery Support	527	s.13			0
Total	**527**				**0**
Other Financing Transactions ($000)[3]					
Executive and Support Services (Human Services Providers Financing Program)	(31)		(31)	(31)	0
Receipts	(31)		(31)	(31)	0
Disbursements	0		0	0	0
Net Cash Requirements (Source)	(31)		(31)	(31)	0
Total Receipts	**(31)**		**(31)**	**(31)**	**0**
Total Disbursements	**0**		**0**	**0**	**0**
Total Net Cash Requirements (Source)	**(31)**	**-**	**(31)**	**(31)**	**0**

[1] "Other Authorizations" include Supplementary Estimates, Statutory Appropriations and Contingencies. Amounts in this column are not related to the "estimated amount" under sections 5(1) and 6(1) of the *Balanced Budget and Ministerial Accountability Act* for ministerial accountability for operating expenses under the Act.
[2] The Adjustment of Prior Year Accrual of 4.391 million is a reversal of accruals in the previous year.
[3] Human Services Providers financing program receipts represent the repayment of one outstanding loan by a community social services provider. The funding for capital purposes was provided for under the Human Resource Facility Act.

Appendix A: Agencies, Boards, Commissions and Tribunals

As of s.13 , the Minister of Children and Family Development is responsible and accountable for the following:

British Columbia College of Social Workers:

The British Columbia College of Social Workers regulates the social work profession in British Columbia. Its mandate is to protect members of the public from preventable harm while they are interacting with registered social workers. The college maintains an online registry of all social workers authorized to practice as registered social workers.

Minister's Advisory Council on Children and Youth with Support Needs (CYSN):

The Minister's Advisory Council on CYSN, which includes parents/caregivers, an Indigenous Elder, a youth representative and others, provides a forum to build collaborative and respectful relationships through ongoing communications and engagement; discusses important issues related to planning and the delivery of the full range of CYSN services; and provides advice on the CYSN services model and how best to implement the CYSN Service Framework in a co-ordinated and collaborative way.

s.13

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INFORMATION NOTE

DATE: June 14, 2022
CLIFF: 270555

PREPARED FOR: The Honourable Mitzi Dean, Minister of Children and Family Development and the Honourable Katrina Chen, Minister of State for Child Care

PURPOSE: Preview the MCFD draft 2021/22 Annual Service Plan Report (ASPR)

BACKGROUND:

The Ministry has completed the first draft of the 2021/22 Annual Service Plan Report (attached). The Annual Service Plan Report reports on actions taken by the Ministry from April 1, 2021, to March 31, 2022 to achieve the goals and objectives from the 2021/22 Service Plan (attached).

Child Care is included in this report as the move to the Ministry of Education and Child Care occurred on April 1, 2022, after the reporting cycle. Next year, Child Care will be included in the Ministry of Education and Child Care Annual Service Plan Report.

DISCUSSION:

The purpose of this note is to share an early version of the report for your review.

The draft report has been reviewed and approved by MCFD and Ministry of Education and Child Care staff including the Chief Financial Officer, Government Communications and Public Engagement Directors and Assistant Deputy Ministers.

NEXT STEPS:

The Crown Agencies and Board Resourcing Office (CABRO), the Office of the Comptroller General and Treasury Board staff will be reviewing the draft report over the period of June 13 to June 30, 2022.

The draft report will receive Deputy Minister review and approval prior to a Minister and Minister of State briefing scheduled for July 7, 2022. Minister and Minister of State approval and final sign off will be requested following the briefing.

The finalized, signed report will be submitted to CABRO no later than July 29, 2022, to be tabled in the legislature and published by Queen's Printer following the release of Public Accounts.

ATTACHMENTS:

A. 2021/22 Annual Service Plan Report Draft
B. 2021/22 Service Plan

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Ministry of Children and Family Development

2021/22 – 2023/24
Service Plan

April 2021

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Minister's Accountability Statement

The *Ministry of Children and Family Development 2021/22 – 2023/24 Service Plan* was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared.

M. Dean

Honourable Mitzi Dean
Minister of Children and Family Development
March 31, 2021

Minister of State's Accountability Statement

I am the Minister of State for Child Care and under the *Balanced Budget and Ministerial Accountability Act*, I am accountable for achieving the following results for 2021/22:

(a) continue implementation initiatives that support government's universal child care plan that provides affordable, accessible, inclusive and high-quality care and early learning for every child whose family wants or needs it;

(b) engage with all levels of government, Indigenous organizations, school districts, child care providers and other sector stakeholders to further inform implementation of universal and inclusive child care and transfer responsibility for child care delivery to the Ministry of Education by 2023;

(c) renew the Multilateral Early Learning and Child Care Framework agreement with the federal government and continue monitoring the implementation;

(d) submit to Cabinet a report on the results referred to in paragraphs (a) through (c) on or before March 31, 2022.

Honourable Katrina Chen
Minister of State for Child Care
March 31, 2021

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Purpose of the Ministry

The primary focus of the Ministry of Children and Family Development (MCFD) is to support the well-being of all children and youth in British Columbia – both Indigenous and non-Indigenous – to live in safe, healthy and nurturing families, and to be strongly connected to their communities and culture. The Ministry approaches its work through a Gender-Based Analysis Plus lens, delivering services that are inclusive, intersectional, responsive, accessible, and culturally safe.

The Ministry supports children, youth and their families, emphasizing the principles of early intervention, prevention and cultural and community connections to keep families together, where possible, and connect children and youth with permanent living arrangements when needed. Services include those for early childhood development and child care, children and youth with support needs, child and youth mental health, adoption, child protection, youth justice and supporting youth transitioning to adulthood.

For information on specific programs and services, visit the Ministry of Children and Family Development's website.

Strategic Direction

In 2021/22, British Columbians continue to face significant challenges as a result of the global COVID-19 pandemic. The Government of British Columbia is continually evolving to meet the changing needs of people in this province. Government has identified five foundational principles that will inform each ministry's work and contribute to COVID recovery: putting people first, lasting and meaningful reconciliation, equity and anti-racism, a better future through fighting climate change and meeting our greenhouse gas reduction commitments, and a strong, sustainable economy that works for everyone.

This 2021/22 service plan outlines how the Ministry of Children and Family Development will support Government's priorities, including the foundational principles listed above and selected action items identified in the Minister's Mandate Letter and Minister of State's Mandate Letter.

Performance Planning

Goal 1: Recognize the right of Indigenous families and communities to retain shared responsibility for the upbringing, training, education, and well-being of their children, consistent with the rights of the child [UNDRIP][1] and the Truth and Reconciliation Commission's Calls to Action

Objective 1.1: Continue to work with Indigenous partners and the federal government, where applicable, regarding systemic change, including increased decision-making authority and child and family services jurisdiction

Key Strategies

- Continue to work with Indigenous partners and the federal government to reform the child welfare system, including implementing *An Act respecting First Nations, Inuit and Métis children, youth and families* and the principles of the *Declaration on the Rights of Indigenous Peoples Act*, as it pertains to jurisdiction
- Continue to work with Indigenous governing bodies, partners and communities to ensure systemic change reflects their priorities and distinctions-based self-determination, including a multi-jurisdictional child and family services model in B.C.
- Work with Indigenous partners to align policy, practice and legislation with *An Act respecting First Nations, Inuit and Métis children, youth and families* and the *Declaration on the Rights of Indigenous Peoples Act*
- Continue to work with Indigenous communities seeking child welfare jurisdiction and increased authority

Objective 1.2: In collaboration with Indigenous peoples, design and implement restorative policy, practice and services with cultural humility and the intention to honour traditional approaches and better serve Indigenous children and families

Key Strategies

- Following the Aboriginal Policy and Practice Framework, transform policy, practice, services, and programs to reflect the priority of keeping children and youth safely at home and connected to their community and culture. Ensure a diversity of Indigenous voices, history and wise practices are reflected in collaboration with Delegated Aboriginal Agencies and Indigenous communities
- With Indigenous peoples, develop and continue to implement tools and resources to support Ministry staff in continuous learning and practice changes, in order to provide services in a culturally safe manner

[1] UN Declaration on the Rights of Indigenous Peoples and UN Convention on the Rights of the Child.

Objective 1.3: Ensure transparency and accountability to Indigenous children, youth, families, and communities in order to work together to ensure our efforts achieve tangible results for this generation of families and those that follow

Key Strategies

- Continue to work with communities to develop and implement information-sharing agreements and/or collaboration agreements under s. 92.1 of the *Child, Family and Community Service Act* (CFCSA), to increase accountability and transform practice when working with Indigenous peoples
- Work with Indigenous governing bodies, partners and communities, in addition to others such as the Government of Canada, to improve our funding approach, inclusive of reporting on how funding is spent in support of Indigenous children, youth and families, the number of children in care and other outcomes
- Support increased connections between Indigenous children and youth and their community by enhancing the ability to share information about Indigenous children and youth involved in the child welfare system and/or receiving child and family services

Performance Measure	2016/17 Baseline	2020/21 Forecast	2021/22 Target	2022/23 Target	2023/24 Target
1.1 Rate of children and youth (0-18) in care per 1,000 children and youth in the population					
All children and youth	7.7	5.7	5.6	5.4	5.3
Indigenous children and youth	48.1	37.6	37.0	36.5	36.0
Non-Indigenous children and youth	3.2	2.1	2.0	1.9	1.8

Data source: Integrated Case Management System (ICM)

Linking Performance Measure to Objective

MCFD is working to address the overrepresentation of Indigenous children and youth in the child welfare system. The impact of colonization, the imposition of a legal regime foreign to the cultures and customs of Indigenous peoples, and the undermining of family and community systems and the resultant inter-generational trauma have all contributed to this overrepresentation. This performance measure tracks the rate of Indigenous and non-Indigenous children and youth in care and, in doing so, the overrepresentation of Indigenous children and youth in care.

Discussion

Targets for 2021/22 and 2022/23 have been adjusted based on forecasted performance to maintain relevance moving forward.

Goal 2: To support improved outcomes and keep families safely together, strengthen supports and prioritize resources for families and children based on their needs, and in collaboration with communities and other partners

Objective 2.1: Review and adjust the Ministry's allocation of time, effort and funding dedicated towards prevention, early intervention and voluntary services

Key Strategies

- In collaboration with our partners, and informed by the voices of those we serve, define the services required to respond to prevention, early intervention and intensive family support needs by developing a service framework
- In line with B.C.'s *A Pathway to Hope* roadmap, strengthen the continuum of mental health services, such as by beginning to implement step-up/step-down services, supporting the incremental implementation of Integrated Child and Youth Teams, and enhancing targeted early childhood intervention services. As part of this work, continue to implement and strengthen the Child and Youth Mental Health Service Framework
- Improve supports for families of children and youth with support needs, ensuring that the new Children and Youth with Support Needs (CYSN) Service Framework is designed to serve the needs of a broad range of families, leveraging lessons learned during the pandemic and insights from the Minister's Advisory Council on CYSN
- In response to the Missing and Murdered Indigenous Women and Girls inquiry, develop and begin to implement an action plan to better support 2SLGBTQ+ children, youth and families

Performance Measure	2016/17 Baseline	2020/21 Forecast	2021/22 Target	2022/23 Target	2023/24 Target
2.1 Percent of children assessed with a protection concern who can safely live with family or extended family					
All children and youth	85.8%	92.7%	92.7%	93.0%	93.3%
Indigenous children and youth	80.1%	88.7%	88.7%	89.0%	89.3%
Non-Indigenous children and youth	89.4%	95.1%	95.1%	95.4%	95.7%

Data source: ICM

Linking Performance Measure to Objective

The percentage of children and youth assessed with a protection concern who can safely live with family or extended family is an established measure of family preservation. Children continuing to live with their family or extended family also have improved social outcomes, such as better health and education.

Discussion

The percentage of children assessed with a protection concern who could safely live with family or extended family in 2020/21 is expected to exceed the Ministry's targets for 2021/22. Based on this, out year targets have been adjusted to maintain relevance moving forward.

Objective 2.2: Continue the development and implementation of a universal early learning and child care system

Key Strategies

- Expand the number of $10-a-day child care spaces across British Columbia
- Continue to expand the number and availability of child care spaces and increase access to child care spaces on school grounds
- Enhance the quality of child care services through the ongoing implementation of the *Early Care and Learning Recruitment and Retention Strategy*, including improving Early Childhood Educator wages
- Expand access to, and support for, Supported Child Development and Aboriginal Supported Child Development programs for families across British Columbia
- Continue to work with Indigenous communities to identify how to best implement Indigenous-led child care and expand Aboriginal Head Start programs across British Columbia
- Work with the Minister of Education and the Minister of State for Child Care to integrate child care into the broader learning environment by developing a strategy to move delivery of child care into the Ministry of Education by 2023

Performance Measure	2016/17 Baseline	2020/21 Forecast	2021/22 Target	2022/23 Target	2023/24 Target
2.2 Average monthly number of funded licensed child care spaces in operation	108,110	126,700	132,000	136,500	139,500

Data source: Child Care Operating Funding (CCOF) Program Datamart and Prototype Site data

Linking Performance Measure to Objective

The average monthly number of funded licensed child care spaces in operation measures the accessibility of child care relative to previous years, which is essential for a universal early learning and child care system.

Discussion

Due to permitting, construction and licensing requirements, among other things, there is a time lag between when new spaces receive funding and when they become operational. This lag is seen in the projections of more spaces becoming operational later in the reporting cycle. The target for 2021/22 has been lowered to reflect this.

Goal 3: Youth and young adults have the tools, resources and social supports to transition successfully to independence

Objective 3.1: Support youth and young adults to successfully transition to independence

Key Strategies

- Through continued engagement with youth and young adults, as well as with those who serve and/or support them, Indigenous partners and provincial ministries and agencies, finalize and begin to implement a Youth and Young Adult Transitions Service Framework that will provide consistent programs and services and support youth and young adults' connection to community and culture
- Build on expanded supports for youth in care, with particular attention on supporting their transition to independence and ensuring that supports reach all youth and young adults who need them
- Through continued work with partner organizations, review post-secondary funding sources and support the work of the Ministry of Advanced Education and Skills Training to expand the Tuition Waiver Program to all former youth in care, regardless of their age
- Support the work of the Attorney General and Minister responsible for Housing to address the needs of people experiencing homelessness and collaborate with BC Housing to develop a youth housing strategy that identifies and prioritizes opportunities to meet the needs of youth transitioning to adulthood
- Continue to develop a Youth Justice Service Framework, while at the same time advancing the work in youth justice with a focus on providing trauma-informed and culturally safe services, increased use of restorative justice approaches, and improved access to youth transition services. This will be informed by the Ministry's work with Indigenous partners and other key justice and social service partners

Performance Measure	2016/17 Baseline	2020/21 Forecast	2021/22 Target	2022/23 Target	2023/24 Target
3.1a Percent of youth in care who turn 19 with a high school credential					
All children and youth	55.4%	56.8%	57.5%	58.0%	58.5%
Indigenous children and youth	49.0%	52.0%	55.5%	56.0%	56.5%
Non-Indigenous children and youth	61.1%	62.0%	62.5%	63.0%	63.5%

Data source: ICM and Ministry of Education enrolment data

Linking Performance Measure to Objective

There is strong evidence that completing high school is linked to future well-being. MCFD is working to ensure that children and youth in care have completed high school by the time they turn 19, acquiring the education and life skills needed to live independently as adults.

Discussion

Out year targets for "all children and youth" and "non-Indigenous children and youth" have been adjusted to reflect better-than-expected results.

Performance Measure	2016/17 Baseline	2020/21 Forecast	2021/22 Target	2022/23 Target	2023/24 Target
3.1b Youth under Continuing Custody Orders and Youth transitioning to adulthood that receive an Agreements with Young Adults benefit payment within the next year	21.6%	36.4%	41.5%	43.6%	45.6%

Data source: Resource and Payment System

Linking Performance Measure to Objective

One of the ways in which the Ministry helps ensure successful youth and young adult transitions is through the Agreements with Young Adults (AYA) program. The AYA program provides young adults with financial assistance for education, training and life skills. Improving the uptake of the AYA program ensures better transitions and, therefore, better outcomes for young adults as they age into independence.

Discussion

The impact of the COVID-19 pandemic on this performance measure is still unclear. In the interim, targets have been maintained.

Goal 4: A child or youth's needs drive their in care placement, and the services they receive support their well-being

Objective 4.1: In collaboration with partners, implement an in care network of high quality placements and services that meet a child or youth's needs, nurtures a sense of love and belonging, and prioritizes cultural and family connections

Key Strategies

- Publish and begin to implement the In Care Service Framework by engaging with partners and members of the public on key prevention and early intervention contracted services – such as respite and relief care, stabilization supports, connection to culture and community and specialized care. This will help create a network of placement options and wrap-around supports for children and youth that will respond to the full range of their in-care needs
- Continue to implement an outcomes-based Quality Assurance Framework, ensuring that the quality of services (across all types of care) are responsive to feedback from children, families and communities

- Continue to implement a redesigned Procurement and Contract Management Framework, ensuring that contracts issued by the Ministry are clear and include deliverables that focus on the needs and rights of children and youth

Performance Measure	2016/17 Baseline	2020/21 Forecast	2021/22 Target	2022/23 Target	2023/24 Target
4.1 Percentage of children and youth in care with no moves in the first 12 months since their last admission to care	67.9%	70.5%	65.5%	66.0%	66.5%

Data source: ICM

Linking Performance Measure to Objective

Placement stability is essential for children and youth to develop a secure attachment to a caregiver – a fundamental determinant of their well-being and sense of belonging. Children and youth with stable in care placements that are driven by their needs achieve better outcomes in terms of safety, permanency, attachment and well-being.

Discussion

The impact of the COVID-19 pandemic on this performance measure is still unclear. In the interim, targets have been maintained.

Financial Summary

Core Business Area	2020/21 Restated Estimates[1]	2021/22 Estimates	2022/23 Plan	2023/24 Plan
Operating Expenses ($000)				
Early Childhood Development and Child Care Services	712,679	774,342	813,961	814,907
Services for Children and Youth with Special Needs	410,091	440,635	432,035	432,035
Child and Youth Mental Health Services	110,613	134,294	137,020	139,746
Child Safety, Family Support and Children in Care Services	731,874	780,868	780,868	780,868
Adoption Services	34,888	35,238	35,238	35,238
Youth Justice Services	48,147	50,359	50,359	50,359
Service Delivery Support	156,032	157,478	157,478	157,478
Executive and Support Services	19,032	19,541	19,778	19,794
Total	**2,223,356**	**2,392,755**	**2,426,737**	**2,430,425**
Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)				
Service Delivery Support	1,569	527	456	456
Total	**1,569**	**527**	**456**	**456**
Capital Plan ($000)				
By Core Business (and Purpose)	0	0	0	0
Total	**0**	**0**	**0**	**0**
Other Financing Transactions ($000)				
Executive and Support Services (Human Services Providers Financing Program)				
Receipts	(31)	(31)	(31)	(31)
Disbursements	0	0	0	0
Net Cash Requirements (Source)	(31)	(31)	(31)	(31)
Total Receipts	**(31)**	**(31)**	**(31)**	**(31)**
Total Disbursements	**0**	**0**	**0**	**0**
Total Net Cash Requirements (Source)	**(31)**	**(31)**	**(31)**	**(31)**

[1] For comparative purposes, amounts shown for 2020/21 have been restated to be consistent with the presentation of the *2021/22 Estimates*.

* Further information on program funding and vote recoveries is available in the Estimates and Supplement to the Estimates.

Appendix A: Agencies, Boards, Commissions and Tribunals

As of April 20, 2021, the Minister for Children and Family Development is responsible and accountable for the following:

BC College of Social Workers:

The British Columbia College of Social Workers regulates the social work profession in British Columbia. Its mandate is to protect members of the public from preventable harm while they are interacting with Registered Social Workers. The College maintains an online registry of all social workers authorized to practice as Registered Social Workers.

Minister's Advisory Council on Children and Youth with Support Needs (CYSN):

The Minister's Advisory Council on CYSN, which will include parents/caregivers, an Indigenous Elder, a youth representative and others, provides a forum to build collaborative and respectful relationships through ongoing communications and engagement; discusses important issues related to planning and the delivery of the full range of CYSN services; and provides advice on the CYSN services model and how best to implement the new proposed CYSN Service Framework in a coordinated and collaborative way.

As of April 20, 2021, the Minister for Children and Family Development and the Minister of State for Child Care are responsible and accountable for the following:

Provincial Child Care Council:

The Provincial Child Care Council provides advice on the policies and programs that affect the affordability, quality, stability and accessibility of child care. Its members are appointed from throughout the province and represent five key sectors: Indigenous communities, the business sector, child care providers, the education system, the non-profit sector, and local government.