

Specialized Homes and Support Services **SHSS Service Plan Guidelines for Service Providers**

June 2026



Developed by Specialized Practice & Priorities Branch

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Introduction to the SHSS Service Plan

All children and youth residing in Specialized Homes and Support Services (SHSS) have an SHSS Service Plan. The SHSS Service Plan supports the overall development of children and youth, helping Service Providers to meet each child's or youth's needs thoughtfully. The SHSS Service Plan is designed to drive consistency in planning, practice, reporting and accountability.

Service Plan & SHSS Care Circle Timelines

Program managers generate the SHSS Service Plan in the Specialized Services Portal (SSP) within 2 days of the child/youth's transition into the home. The Service Provider begins development of the SHSS Service Plan with the collaboration of the SHSS Care Circle. The SHSS Service Plan is completed and submitted to the Primary Professional within the timelines for each SHSS Service Type

- **Specialized Long-Term Care:** Must occur within 30 days of placement.
- **Low Barrier Short-Term Stabilization Care:** Must occur within 14 days of placement.
- **Emergency Care:** Must occur within 7 days of placement.
- **Respite Care:** Must occur within 30 days of placement.

If the SHSS Care Circle cannot be convened within the required timelines for the SHSS Service Types, , the SHSS Service Provider will notify the Primary Professional and submit an Initial SHSS Service Plan based on the SHSS Referral Document.

For support creating SHSS Service Plans in the SPP please refer to the [Specialized Services Portal User guides](#) and watch this [video](#) on how to create a New SHSS Service Plan in the Specialized Services Portal.

Language Used in the SHSS Service Plan

Use culturally safe, trauma informed, respectful and strength-based language for SHSS Service Plans. Please review [A Call to Action- Destigmatizing Language](#). Record the expressed words of the child/youth and goals in the first person for the SHSS Service Plan. If a child/youth is unable to express their own goals, the Parent/Guardian or their Primary Professional can provide language for the goals. Please do not use emoticons within the Service Plan.

SHSS Service Plan Goals

The SHSS Care Circle collaborates to develop the goals and strategies in the SHSS Service Plan. SHSS Service Plans must contain at least one goal per each of the four domains (Community Inclusion/Belonging; Cultural Attachment and Connectedness; Social Emotional and Day to Day Wellness; Developmental Needs). Goals are intended to be meaningful to the child/youth and are driven by the child/youth in collaboration with the SHSS Care Circle. Goals should be aligned with those in any of the child/youth's other existing plans. Additional supports or services for a child/youth that are associated with child-specific Additional Support Requests must be related to goals and/or strategies that address the identified need.

Goals are created in the context of the SHSS Service type:



- **Specialized Long-Term Care:** Goals can be either long-term or short-term. They need to address the specific needs of the child or youth.
- **Respite Care:** Goals should match the child or youth's needs during their respite stay and align with their usual routines.
- **Low-Barrier Short-Term Stabilization Care (LBSTS):** LBSTS has two planning phases. Phase 1 focuses on goals and strategies to support the child/youth's transition into the SHSS Service, stabilize them, and mitigate crises. Phase 2 goals will focus on facilitating a gradual transition for the child/youth back to their community, ensuring ongoing connection to community-based supports and services for a smooth transition-out of LBSTS.
- **Emergency Care:** Goals will support gathering information about the child/youth and identifying their strengths and needs.

Note: If temporary Additional Service Capacity is approved and there are more than three (3) children/youth living at the home, each child/youth's SHSS Service Plan must include at least one *Social Emotional and Day-to-Day Wellness* goal that supports the child/youth's safety, comfort, and physical and emotional well-being while living with three or more children/youth. The SHSS Service Plan may also outline any planning and interventions in place to address increased environmental and interpersonal risks.

SHSS Service Plan Strategies

Each goal may have many strategies that are measurable and actionable steps. Strategies meet the child/youth's goals and align with their needs and best interest. Each strategy will specify the clinical or non-clinical services that support it.

Clinical and Non-Clinical Services

Clinical Services are clinical assessments, planning and/or therapeutic interventions that are provided directly by a clinician. Non-clinical services include all other services that a child receives. See [Service Provider Operational Policy for Specialized Homes and Support Services Appendices](#) for more details.

Submitting the SHSS Service Plan

SHSS Service Plans are submitted through the SSP to the Primary Professional to review in ICM and either approve or reject. Service Providers must notify Primary Professionals and Resource Workers once they have submitted the SHSS Service Plan.

If an SHSS Service Plan is not approved by a Primary Professional, then the SHSS Service Plan status will change from pending approval to closed. The Service Provider will need to clone the plan and make the requested changes and resubmit the plan to the Primary Professional.

Updating the SHSS Service Plan

The SHSS Service Plan is reviewed and updated as SHSS Care Circles convene:

- **Specialized Long-Term Care:** Monthly with the child/youth's 'minimum' membership of the



SHSS Care Circle and twice per year with 'extended' membership of the SHSS Care Circle.

- **Low Barrier Short-Term Stabilization Care:** Monthly
- **Respite Care:** As needed based on the best interests of the child/youth
- **Emergency Care:** Twice monthly, as needed based on the best interests of the child/youth and at the child/youth transition-out of SHSS

Goals and strategies within the SHSS Service Plan are reviewed and assessed regularly with key input from the child or youth and their SHSS Care Circle. To update an SHSS Service Plan the plan must be closed and cloned and then edits are made and the plan is then resubmitted. Each time an SHSS Service Plan is updated, it is submitted to the Primary Professional to review and either approve or reject the changes.

Progress Reviews for Goals in the SHSS Service Plan

Each month Service Providers add progress reviews to each goal in the SHSS Service Plan. This outlines the goal progress as discussed and agreed upon within the SHSS Care Circle. For the step by step instructions please review the Add Progress Review for a Goal section in the [Specialized Services Portal User Guide For Program Managers and Administrators](#)

SAMPLE



SHSS SERVICE PLAN



MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT





Ministry of
Children and
Family
Development

SERVICE PLAN NAME: First
Name Last Name SHSS Service
Plan YearMonthDay

Please do not
use special
characters like
\\ : * ? " < > ,

First Name: [Cory](#)

Last Name: [Matthews](#)

Date of Birth: mm/d/yr

SHSS Type: Long-Term Specialized Care
(LTSC)

Plan Status: Draft

Placement: [SR-00001540](#)

Place of Service: [TERESA SHSS POS](#)

Primary Professional: [Jessica Smith](#)

SHSS Care Circle Members

- **My Care Circle** holds important information about the child/youth's SHSS Care Circle, Cultural Communities, Indigenous Communities, and people important to the child/youth.
- The **Primary Professional** determines who is part of the SHSS Care Circle, found on the SHSS Referral Document. Add and end date SHSS Care Circle members as the membership changes.
- When updates to **My Care Circle** are made, the SHSS Service Provider must submit the SHSS Service Plan to the Primary Professional to review.

Name	Role
First Name Last Name	Child/youth
First Name Last Name	MCFD/ICFSA SW (Primary Professional)
First Name Last Name	Family member
First Name Last Name	Indigenous Community Designated Representative



First Name Last Name	Community professional
First Name Last Name	Friend
About me	
• About me supports the child/youth's care planning, ongoing support, and enables transition back home or to their next appropriate living arrangement. • About me will continue to be updated by the Service Provider as information is learned about the child/youth or as information changes. • When updates to About me are made, the SHSS Service Provider must submit the SHSS Service Plan to the Primary Professional to review.	
Information about me	Highlight the child/youth's personality, interests, and cultural background from a strength-based perspective.
My gifts and strengths	Describe the child/youth talents, skills, and positive attributes.
My care needs	Identify and address care needs, which could include physical, emotional, social, educational, or medical needs.
Likes	Highlight activities and interests that bring joy to the child/youth.
Key medical and safety concerns	Include key relevant medical and safety concerns for the child/youth arising from physical or mental health diagnosis, mobility, support, or other needs.
Dislikes	Identify activities or experiences that the child/youth does not find enjoyable.
Medications/prescriptions	List all prescribed and over the counter medications that the child/youth is currently taking. Include the dose and frequency.
Behaviour considerations/triggers	Describe triggers that may impact the child/youth ability to regulate their emotions and behavior.
How I prefer to interact with people	List the child/youth's preferences for interacting with others (talking, texting, email, social media, phone call, in person, video)



Service Plan Domain: 1. Community Inclusion/Belonging

- Community inclusion/belonging goals **empower children/youth to participate in activities** that are meaningful and support their improved participation in cultural and/or community-based activities.
- Community inclusion/belonging goals will support children/youth to develop a deeper sense of belonging by **strengthening and forming new relationships** with peers, family, extended family, and their community.

Goal

Goal Name	Describe the goal which is an overarching outcome or objective. E.g. Make new friends	Is This a Transition Goal?	Transition Goals support the child/youth to transition out of the SHSS Service. Transition goals are developed within the context of each SHSS Service type.
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Strategy

Strategy Name	Describe the plan of action to achieve a specific goal. E.g. Attend activities where I can meet people and build meaningful connections
Strategy Description	Outline the specifics about the strategy by providing an explanation of how the strategy will be implemented. Describe who is involved in the strategy implementation, how the strategy is tailored to the needs of the child/youth, and details around how the Service Plan Activities will be established. E.g. SHSS Care Providers will support Cory to determine activities he may want to participate in that will align with his hobbies/passions. SHSS Care Providers will encourage Cory to attend the activities and support



	him in developing social confidence.		
Service Plan Activities	List the activities that will contribute to the strategy of accomplishing the goal. E.g. • Staff will transport Cory to and from the Youth drop in night at the Community Rec center every Friday night from 7-9pm. • The school counsellor will support Cory to sign up for the school's video game club. They will meet weekly on Wednesdays after school. • Cory's CYMH counsellor will support Cory by role-playing to practice various social scenarios. This practice will help to reduce Cory's anxiety and increase comfort in social situations. • Cory's CYMH counsellor will encourage Cory to develop social confidence by practicing initiating conversations with his peers at the Youth drop-in group and the video game club.		
Are there any clinical or non-clinical services supporting this strategy? • Clinical Services are clinical assessments, planning and/or therapeutic interventions that are provided directly by a clinician. • Non-clinical services include all other services that a child receives. See Service Provider Operational Policy for Specialized Homes and Support Services Appendices for more details.			
Clinical Service Needed	☒ Yes	Non-Clinical Services Needed	☒ Yes
Type of Clinical Service	Mental Health Services	Type of Non-Clinical Service	Social emotional services and supports



Clinical Service Detail	CYMH Counsellor	Non-Clinical Service Detail	Youth group at the community center
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Service Plan Domain: 2. Cultural Attachment and Connectedness

- Cultural Attachment and Connectedness goals **support a children/youth's attachment and emotional ties** to family and other supportive relationships in their community.
- Cultural Attachment and Connectedness goals will support **children/youth to meaningfully engage** in cultural activities, develop a deeper relationship between self, family, and community, and to connect with land, culture, language, spirituality, and ancestors.

Goal			
Goal Name	Describe the goal, which is an overarching outcome or objective. E.g. See my family	Is This a Transition Goal?	Transition Goals support the child/youth to transition out of the SHSS Service. Transition goals are developed within the context of each SHSS Service type.

Strategy	
Strategy Name	Describe the plan of action to achieve a specific goal. E.g. Reconnect with my grandparents



Strategy Description	Outline the specifics about the strategy by providing an explanation of how the strategy will be implemented. Describe who is involved in the strategy implementation, how the strategy is tailored to the needs of the child/youth, and details around how the Service Plan Activities will be established. E.g. SHSS Care Providers will work with Cory to create a visit schedule/calls/facetime with his grandparents and will transport him to and from the visits.		
Service Plan Activities	List the activities that will contribute to the strategy of accomplishing the goal. E.g. • Cory and the staff will schedule 1 phone call or facetime per week with his grandparents • Every second Sunday start visits at Cory's grandparents' home from 11-1pm, staff will provide transportation • Staff will prep Cory for the visit, and then debrief afterwards-building continuity • Staff will encourage Cory to take pictures and then support him in creating a memory book or calendar		
Are there any clinical or non-clinical services supporting this strategy? • Clinical Services are clinical assessments, planning and/or therapeutic interventions that are provided directly by a clinician. • Non-clinical services include all other services that a child receives. See Service Provider Operational Policy for Specialized Homes and Support Services Appendices for more details.			
Clinical Service Needed		Non-Clinical Services Needed	☒ Yes



Type of Clinical Service		Type of Non-Clinical Service	Social Emotional Services and Supports
Clinical Service Detail		Non-Clinical Service Detail	Support Cory by talking to him before and after visits to debrief.

Service Plan Domain: 3. Social Emotional and Day to Day Wellness

- Social Emotional and Day to Day Wellness goals support children/youth to develop their skills and abilities to meet the demands of everyday life and to contribute to their **overall sense of wellbeing**.
- Social Emotional and Day to Day Wellness goals will support children/youth to develop a deeper sense of identity, healthy risk taking, resilience, and work towards their **continued healing and recovery**.
- Goals focused on Social Emotional and Day to Day Wellness will ensure that children/youth are supported to build healthy routines and relationships, strengthen communication skills, and learn to understand, express, and **regulate their emotions and actions**.

Goal

Goal Name	Describe the goal, which is an overarching outcome or objective. E.g. Increase my physical activity	Is This a Transition Goal?	Transition Goals support the child/youth to transition out of the SHSS Service. Transition goals are developed within the context of each SHSS Service type.
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Strategy	
Strategy Name	Describe the plan of action to achieve a specific goal. E.g. Move my body more
Strategy Description	Outline the specifics about the strategy by providing an explanation of how the strategy will be implemented. Describe who is involved in the strategy implementation, how the strategy is tailored to the needs of the child/youth, and details around how the Service Plan Activities will be established. E.g. SHSS Care Providers will work with Cory to create a schedule that outlines each day the various physical activities he would like to participate in. SHSS Care Providers will support Cory with transportation to and from the activities and will participate with him if he would like.
Service Plan Activities	List the activities that will contribute to the strategy of accomplishing the goal. E.g. • SHSS Care Providers will transport Cory to the community gym youth drop-in group every Monday at 6pm. • SHSS Care Providers will invite Cory on a walk after dinner on Tuesdays and Thursdays. • SHSS Care Providers and Cory will celebrate milestones to maintain motivation and consistency
Are there any clinical or non-clinical services supporting this strategy? • Clinical Services are clinical assessments, planning and/or therapeutic interventions that are provided directly by a clinician. • Non-clinical services include all other services that a child receives. See Service Provider Operational Policy for Specialized Homes and Support Services Appendices for more details.	



Clinical Service Needed		Non-Clinical Services Needed	☒ Yes
Type of Clinical Service		Type of Non-Clinical Service	Life skills and educational services
Clinical Service Detail		Non-Clinical Service Detail	Staff will encourage and support the strategy activities

Service Plan Domain: 4. Developmental Needs (Cognitive Behavioral Physical)

- Developmental Needs (Cognitive, behavioral, physical) goals **support children/youth to reach developmental milestones** that are appropriate and aligned with their needs and best interests.
- Goals focused on Developmental Needs (Cognitive, behavioral, physical) **support a vision of holistic child/youth development**, including consideration for how the various areas of development are connected.

Goal

Goal Name	Describe the goal, which is an overarching outcome or objective. E.g. Take better care of myself	Is This a Transition Goal?	Transition Goals support the child/youth to transition out of the SHSS Service. Transition goals are developed within the context of each SHSS Service type.
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Strategy	
Strategy Name	Describe the plan of action to achieve a specific goal. E.g. Create and follow a personal hygiene routine
Strategy Description	Outline the specifics about the strategy by providing an explanation of how the strategy will be implemented. Describe who is involved in the strategy implementation, how the strategy is tailored to the needs of the child/youth, and details around how the Service Plan Activities will be established. E.g. SHSS Care providers will work with Cory to construct a hygiene routine suitable for Cory's age and abilities. This routine will be broken into steps that can be easily explained to Cory to support Cory's independence and establishment of longer-term hygiene practices
Service Plan Activities	List the activities that will contribute to the strategy of accomplishing the goal. E.g. • SHSS Care Providers will create a visual aid schedule/checklist to support Cory to regularly shower, brush his teeth and wear deodorant • SHSS Care Providers will drive Cory to the store to pick out deodorant and toothpaste that he likes • SHSS Care Providers will celebrate success with Cory through positive reinforcement to build Cory's confidence and motivate him to continue with his personal hygiene routine • Cory's counsellor will work with Cory to help him understand the emotional benefits of self-care.
Are there any clinical or non-clinical services supporting this strategy?	



- Clinical Services are clinical assessments, planning and/or therapeutic interventions that are provided directly by a clinician.
- Non-clinical services include all other services that a child receives. See [Service Provider Operational Policy for Specialized Homes and Support Services Appendices](#) for more details.

Clinical Service Needed	☒ Yes	Non-Clinical Services Needed	☒ Yes
Type of Clinical Service	Mental Health Services	Type of Non-Clinical Service	Life Skills and Educational Services
Clinical Service Detail	Cory will continue to engage with their counsellor to support this strategy.	Non-Clinical Service Detail	Staff will support by developing visual aids.

