Care Pathway Template

Where someone entered, what is held, and what being sent looks like.

Care that has no end is not care — it is dependence with a kind face. A pathway names where someone entered, what is being held, who is holding it, and what being sent looks like. Fill it in with the person, not about them.

THE PERSON

Name

Date opened

Who is holding this — a name, not a team

SEE — WHAT IS ACTUALLY HERE

The presenting problem is rarely the problem. Write both, and keep them separate.

What they came in saying

What appears to be underneath it

Held loosely. This is a reading, not a verdict, and it may be wrong.

ASSESS — WHAT THIS NEEDS, AND WHAT IT DOES NOT

WHAT PEOPLE HEAR	WHAT IS ACTUALLY CLAIMED
The group can hold this.	Companionship, consistency, and time. No referral. Review in 90 days.
This needs more than a group.	Referral conversation. Name the partner, make the introduction, do not just hand over a number.
This is beyond pastoral care entirely.	Clinical. Refer, and stay present as a pastor alongside — referral is not dismissal.
There is risk here.	Escalate today. See the Crisis Escalation Flowchart. Do not hold this alone.

What we are holding — and what we are explicitly not

CARE PATHWAY TEMPLATE

Who else is involved, and what have they consented to?

FORM — WHAT WE ARE ACTUALLY DOING

The practice, and the rhythm (what, how often, with whom)

EQUIP — WHAT BEING SENT LOOKS LIKE

Write this at the beginning, not the end. Care without a named horizon drifts into dependence, and nobody notices until the person cannot leave.

What would it look like for this person to not need this?

Agency restored — not problem eliminated. They may carry this for life and still be sent.

Review date

Who reviews it

REMEMBER THIS

Closing a pathway is a pastoral act, and it should be said out loud: “You do not need us for this any more, and that is good news.” A pathway nobody ever closes teaches a church that health is indistinguishable from absence.