

PASTORAL CARE FIELD SYSTEM

Pastoral Care Coordination Starter Kit

Receive needs, assign care, protect confidentiality, and make sure people are not forgotten.

PURPOSE

Use this kit to coordinate care, not to replace personal ministry. It creates enough shared clarity for a church to respond faithfully without depending on one pastor's memory.

The five-step care loop

- 1. RECEIVE** Use one trusted entry point and record only the information needed for responsible follow-up.
- 2. TRIAGE** Decide how quickly the need requires attention and whether it must be escalated beyond routine care.
- 3. ASSIGN** Give one trained person ownership, with clear boundaries and a review date.
- 4. FOLLOW UP** Record contact, agreed next steps, and the next planned action without writing a private biography.
- 5. CLOSE OR CONTINUE** Confirm that the immediate need was addressed, continue care intentionally, or transfer it responsibly.

Before the first use

- ☐ Choose who may receive, view, assign, and review care information.
- ☐ Decide where completed forms will be stored and when they will be securely destroyed.
- ☐ Name the situations that must go directly to the lead pastor, safeguarding leader, emergency services, or another qualified professional.
- ☐ Train care team members to listen, document minimally, respect consent, and report concerns promptly.

BIBLICAL POSTURE

Pastoral care is shared burden-bearing and faithful shepherding, not control. See Galatians 6:2 and 1 Peter 5:2.

FORM 1

Care Need Intake

Record enough to act responsibly. Do not collect details simply because they may be interesting.

DATE AND TIME RECEIVED	RECEIVED BY
PERSON NEEDING CARE <i>Use the church's approved identifier</i>	PREFERRED CONTACT METHOD AND TIME
CARE REQUEST IN THE PERSON'S OWN WORDS <i>Briefly state what was requested</i>	
IMMEDIATE CONCERN <i>What needs attention first?</i>	

Consent and contact

- ☐ The person gave permission for an appropriate care team member to contact them.
- ☐ The person understands that limited information may be shared with leaders responsible for coordinating care.
- ☐ Consent could not be obtained because:

PEOPLE ALREADY INVOLVED *Family, pastor, ministry leader, care provider, or agency, if relevant*

Initial triage

- | | |
|---|--|
| ☐ ROUTINE | Follow up within the church's normal care window. |
| ☐ PROMPT | A trained leader should make contact as soon as reasonably possible. |
| ☐ URGENT | Notify the designated pastoral or safeguarding leader now. |
| ☐ EMERGENCY | Contact local emergency services or the church's emergency response leader now. Do not manage immediate danger through a routine form. |

REASON FOR SELECTED TRIAGE LEVEL

DECISION GUIDE

Triage and Escalation Guide

Use the least intrusive response that still protects people and supports responsible care.

Level	Typical situation	First action	Ownership
ROUTINE	Encouragement, visitation, practical support, ordinary prayer or follow-up.	Assign within the normal care rhythm.	Trained care team member.
PROMPT	Hospitalization, bereavement, significant family strain, or a need likely to worsen without contact.	Notify the care coordinator and assign promptly.	Care coordinator or designated pastor.
URGENT	Safety concern, suspected abuse, severe mental-health concern, domestic violence, or escalating crisis.	Notify the designated safeguarding or pastoral leader immediately.	Qualified leader following policy and law.
EMERGENCY	Immediate danger to a person or others, a medical emergency, or an active threat.	Contact local emergency services and follow the church emergency plan.	Emergency professionals and designated church leadership.

Escalate instead of improvising when

- ☐ Someone may be in immediate danger or unable to remain safe.
- ☐ A child, vulnerable adult, or another person may have experienced abuse or neglect.
- ☐ The care request requires medical, legal, financial, or mental-health expertise beyond the caregiver's role.
- ☐ Confidentiality must be limited to protect a person, comply with law, or follow an established safeguarding policy.
- ☐ The assigned caregiver has a conflict of interest, personal involvement, or insufficient training.

IMPORTANT BOUNDARY

This guide is not legal, medical, or mental-health advice. Reporting duties and emergency procedures vary by location. Follow applicable law, denominational or organizational requirements, insurance guidance, and your church's approved safeguarding policies.

CHURCH-SPECIFIC ESCALATION CONTACTS *Role, name, and contact method*

FORM 2

Care Assignment and Follow-Up Plan

Give one person ownership while keeping the scope, boundaries, and review point clear.

CARE OWNER	ASSIGNED BY
FIRST CONTACT DUE	REVIEW DATE
CARE OUTCOME <i>What faithful support should accomplish in this stage</i>	
FIRST ACTION <i>Contact, visit, prayer, practical support, referral, or another response</i>	

Scope and boundaries

May do independently	<i>Actions the caregiver may take without further approval:</i>
Must consult first	<i>Decisions, promises, expenses, or information sharing that require consultation:</i>
Must escalate immediately	<i>Safety, safeguarding, legal, medical, or relational concerns that cannot wait:</i>
Must not do	<i>Counsel beyond competence, promise secrecy, make unauthorized financial commitments, or store information personally:</i>

Planned follow-up

Date	Contact method	Purpose	Next review

FORM 3

Pastoral Care Contact Note

Document the ministry action and next step, not every detail of the person's story.

PERSON RECEIVING CARE

CAREGIVER

DATE, TIME, AND METHOD

APPROXIMATE DURATION

PURPOSE OF THIS CONTACT

CARE PROVIDED *Prayer, listening, visit, practical support, referral, or another action*

AGREED NEXT STEP *State who will do what and by when*

Status after contact

- ☐ Immediate need addressed. Case may be closed after coordinator review.
- ☐ Follow-up is scheduled. Continue under the current care owner.
- ☐ Additional church support or approval is needed.
- ☐ The situation was escalated to the designated leader.
- ☐ The person declined further contact at this time.

NEXT CONTACT OR REVIEW DATE

WRITE MINIMALLY

Avoid speculation, diagnoses, gossip, unnecessary quotations, and sensitive details that do not support the next care decision. Record facts, actions, consent, and agreed next steps.

TEAM RHYTHM

Protected Weekly Care Review

A focused 20-minute rhythm for making sure needs move forward without turning care into public discussion.

Meeting rules

- ☐ Only people with an assigned care role participate.
- ☐ Use identifiers and the minimum necessary details.
- ☐ Do not retell private stories when the next action is already clear.
- ☐ End every active need with one owner and one next review date.

Twenty-minute agenda

Time	Focus	Required outcome
0-3 min	Open and orient	Pray briefly, restate confidentiality, and identify urgent additions.
3-12 min	Review active care	Confirm contact, progress, obstacles, owner, and next review date.
12-16 min	Triage new needs	Select level, owner, first action, and required escalation.
16-20 min	Close the loop	Close resolved needs, confirm handoffs, and name any pastoral decisions.

Active care review

Identifier	Status	Last contact	Next action	Owner / review

DECISIONS OR ESCALATIONS REQUIRING PASTORAL ACTION

LEADER GUIDE

Confidentiality, Consent, and Care Boundaries

Trust grows when people know how their information will be handled and when confidentiality has limits.

A practical confidentiality standard

NEED TO KNOW Share information only with people who have a defined responsibility in the response.

MINIMUM NECESSARY Share only what another leader needs in order to carry the next action responsibly.

INFORMED CONSENT When possible, tell the person what will be shared, with whom, and why.

NO PROMISE OF SECRECY Explain that serious safety, abuse, legal, or safeguarding concerns may require escalation.

SECURE STORAGE Keep records in the church's approved system, not on personal devices, notebooks, or informal message threads.

TIMELY RETENTION Keep records only as long as policy, law, insurance guidance, and legitimate ministry need require.

Caregiver boundary check

- ☐ I understand the purpose and limits of my role.
- ☐ I will not counsel beyond my training or competence.
- ☐ I will not promise money, transportation, housing, confidentiality, or another church commitment without authorization.
- ☐ I will report safety and safeguarding concerns through the approved channel immediately.
- ☐ I will not retain care notes on a personal device or discuss them with people outside the care process.
- ☐ I will ask for help when the relationship, complexity, or emotional weight exceeds my role.

Caregiver signature / date

Coordinator signature / date

IMPLEMENTATION PLAN

Launch the First Version in 30 Days

Start small, protect trust, and improve the system after it has been used.

DAYS 1-7 | DEFINE

- ☐ Name the care coordinator and the limited group authorized to view care information.
- ☐ Choose one intake channel and one secure storage location.
- ☐ Approve triage, safeguarding, consent, and retention expectations.

DAYS 8-14 | PREPARE

- ☐ Adapt the forms to the church's size, policies, language, and leadership structure.
- ☐ Create the escalation contact list and confirm who is available.
- ☐ Train caregivers using two realistic practice scenarios.

DAYS 15-21 | PILOT

- ☐ Use the workflow with a small number of appropriate care needs.
- ☐ Hold the first protected care review.
- ☐ Record confusion, delays, unnecessary information, and missed handoffs.

DAYS 22-30 | IMPROVE

- ☐ Clarify any step that depended on memory or an informal conversation.
- ☐ Remove unnecessary private-detail fields and confirm the final workflow.
- ☐ Confirm ownership, review rhythm, and the continuing training plan.

First-month review

What did the system help us remember?

Where did ownership or escalation remain unclear?

What information did we collect but not need?

What one improvement will we make next month?

COMPANION GUIDE

Read "How to Build a Pastoral Care System That Does Not Depend on One Pastor" at SeniorPastor.com/articles/build-pastoral-care-system-not-one-pastor.