FROG / AI IN TRAINING

AI for Community Care in Faith Organizations

Care that is organized without losing its humanity — AI handles the coordination so your team can focus on the people.

24 copy-paste prompts **6** chapters **care team leads, pastors, chaplains, safeguarding leads, and volunteer coordinators in faith organizations**

A FIELD GUIDE, NOT A BINDER

Use AI to organize care requests, track follow-ups, prepare referrals, and coordinate benevolence assistance — while every pastoral judgment, safeguarding decision, and crisis response stays with a trained human being.

WELCOME

What this pack helps you build

Use AI to organize care requests, track follow-ups, prepare referrals, and coordinate benevolence assistance — while every pastoral judgment, safeguarding decision, and crisis response stays with a trained human being.

THE HUMAN BOUNDARY

> AI does not diagnose, assess risk, or make safeguarding decisions — it only organizes and drafts. AI must never be used to evaluate whether someone is in crisis, whether a safeguarding concern is credible, or what a person needs pastorally; those are always human judgment calls made by a trained care lead or safeguarding lead. Any disclosure of suicidal ideation, self-harm, abuse, or a safeguarding concern involving a child or vulnerable adult must be escalated immediately to the care team lead and, where there is immediate danger, to emergency services — do not handle it alone, do not delay, and do not attempt to assess the level of risk yourself. Never enter identifying details about a community member into an AI tool.

THE WORKFLOW

01 build the foundation for responsible care -> 02 organize care without automating compassion -> 03 support pastoral follow-up -> 04 organize community assistance -> 05 recognize when professional support is needed -> 06 review and protect the whole system

YOUR TOOLS

Choose the tool that fits the work

TOOL	SHINES AT	GOOD TO KNOW
ChatGPT	drafting care letters and check-in messages for human review	Free tier is sufficient — never enter care information into it.
Claude	building care frameworks, policies, and governance documents	Strong for structured, long documents such as escalation maps and privacy reviews.
Google Sheets / Notion	care tracking and resource directories	Useful for the operational side of coordination — use reference numbers, not names, wherever the sheet is shared.

CHAPTER 1 OF 6

Build the Foundation for Responsible Care

Before any care process involves AI, put the boundaries, the consent, the confidentiality, and the guardrails in place that make everything else trustworthy. Read this chapter first if nothing else in this pack.

IN THIS CHAPTER

CHAPTER 1 / PROMPT 01

The Care Responsibility Statement

PURPOSE

Establish clearly what the community care team is and is not responsible for, before any care work begins.

WHEN TO USE IT

Once, before building any care system, and shared with every care team member.

COPY & PASTE PROMPT

> Help me draft a care responsibility statement for our community care team. The statement should cover: 1. what our care team is responsible for (pastoral support, practical coordination, prayer, presence, signposting to resources) 2. what falls outside our scope (medical assessment, legal advice, mental health treatment, crisis intervention, housing decisions) 3. when we must refer to a professional (name the types of situation) 4. when we must escalate to a safeguarding lead or emergency services 5. what AI may and may not be used for in our care work. Tone: clear, warm, and grounded in the community's values. Length: one page.

PRO TIPS

- The 'outside our scope' section is the most important — it protects volunteers and members alike.
- Naming specific situations for referral (suicidal ideation, domestic abuse disclosures, safeguarding concerns) is more useful than general language.
- Share this statement with every care team member before they begin, not after their first difficult situation.

EXAMPLE OUTPUT

AI may be used for organizing care requests administratively, drafting care letters for human review, preparing referral information, and coordinating follow-up schedules. AI must not be used for any conversation involving a member's personal crisis, mental health, or confidential pastoral matter.

WHAT'S NEXT

Build the consent and confidentiality framework — prompt 2.

CHAPTER 1 / PROMPT 02

The Confidentiality and Consent Framework

PURPOSE

Establish how consent is gathered and how confidentiality is protected in all care work.

WHEN TO USE IT

Before any care information is recorded, shared, or processed.

COPY & PASTE PROMPT

> Help me build a confidentiality and consent framework for our community care system. Cover: 1. what consent is required before recording any care request 2. how care information is stored and who has access 3. what information is shared within the care team and what stays with one person 4. when confidentiality must be broken (safeguarding, risk of harm) 5. how members can request their information be corrected or removed 6. what happens to care records when a care team member leaves. Note: remind me to have this reviewed by legal counsel before implementing.

PRO TIPS

- Confidentiality in pastoral care has legal implications in many jurisdictions — legal review is not optional.
- Team members who handle care information should be trained on this framework, not just given a document.
- The 'when confidentiality must be broken' section must be unambiguous — care team members should never have to guess.

EXAMPLE OUTPUT

When confidentiality must be broken: immediate risk of harm to self or others, a safeguarding disclosure involving a child or vulnerable adult, or a legal requirement. The care team lead and safeguarding lead must be notified immediately in all three cases.

WHAT'S NEXT

Define what information must stay out of AI tools — prompt 3.

CHAPTER 1 / PROMPT 03

The Information Boundary Builder

PURPOSE

Produce a clear, specific list of what care information must never be entered into any AI tool.

WHEN TO USE IT

Before any care team member uses AI for any care-related task.

COPY & PASTE PROMPT

> Create a plain-language information boundary guide for our care team covering what must never be entered into a public AI tool. Include: 1. names, addresses, or identifying details of community members receiving care 2. any disclosure of abuse, mental health crisis, or safeguarding concern 3. medical, legal, or financial details shared in a pastoral context 4. prayer requests containing personal or sensitive information 5. any information shared by a member in confidence 6. any information about a minor. Format as a one-page reference the care team can keep beside them.

PRO TIPS

- A printed one-page reference is more useful than a digital policy document in a stressful care moment.
- Care team members should be able to apply this guide without looking it up — it should become instinctive.
- Review this guide annually and whenever new AI tools are introduced.

EXAMPLE OUTPUT

NEVER ENTER: 'Please pray for John Smith who is experiencing depression.' SAFE (anonymized): 'Help me draft a care letter for a community member experiencing grief and depression.'

WHAT'S NEXT

Know where every type of situation goes — prompt 4.

CHAPTER 1 / PROMPT 04

The Escalation and Referral Map

PURPOSE

Build a clear map of where different types of situations go, so care team members always know the next step.

WHEN TO USE IT

Once, before the care system is operational, and updated whenever local services change.

COPY & PASTE PROMPT

> Help me build an escalation and referral map for our community care team. For each situation type below, specify: who within our team handles it, when it must go to an external professional, and the specific referral or emergency pathway: 1. grief and bereavement 2. mental health concerns 3. domestic abuse or relationship violence 4. safeguarding — child 5. safeguarding — vulnerable adult 6. financial hardship 7. housing crisis 8. suicidal ideation or self-harm 9. spiritual crisis or doubt 10. medical emergency. Include specific local resources where possible: [add your local services].

PRO TIPS

- The map is only useful if it includes real local resources with current contact details — update it annually.
- Situation types 4, 5, and 8 are not care team decisions — they are mandatory referrals; make this explicit.
- Care team members should know the map before they are in a situation, not be looking it up during one.

EXAMPLE OUTPUT

Suicidal ideation or self-harm: do not handle alone, immediately contact the care team lead; if in immediate danger, call emergency services and provide a crisis line number. Do not leave the person alone. Do not attempt to assess risk yourself.

WHAT'S NEXT

Build the care coordination system — chapter 2.

CHAPTER 2 OF 6

Organize Care Without Automating Compassion

AI handles the administrative coordination so the care team can focus on the people. This chapter builds the intake, assignment, notes, and follow-up tracking that keep no one falling through the gaps.

IN THIS CHAPTER

CHAPTER 2 / PROMPT 05

The Care Request Intake Builder

PURPOSE

Build a consistent, compassionate way of receiving and recording care requests.

WHEN TO USE IT

Whenever a care request is received, whether from the person themselves, a family member, or another community member.

COPY & PASTE PROMPT

> Build a care request intake structure for our community care team. Include: 1. how the request is received and by whom 2. what information is recorded (and what is not recorded without consent) 3. the consent gathered before any action is taken 4. how urgency is assessed 5. the first response to the person making the request 6. who is notified within the team. Build this for the following types of request: [list the main types — pastoral visit, prayer support, practical help, bereavement, etc.].

PRO TIPS

- The first response to the person making the request is often the most important moment — it sets the tone.
- Urgency assessment should have clear, named criteria — 'use your judgment' is not sufficient for a new volunteer.
- Never record information about a third party who did not make the request without their knowledge.

EXAMPLE OUTPUT

Urgency criteria: Immediate (within 24 hours) — any disclosure of active suicidal ideation, abuse, or acute crisis. Same week — recent bereavement or expressed isolation. Routine — ongoing pastoral support or general prayer requests.

WHAT'S NEXT

Assign care appropriately — prompt 6.

CHAPTER 2 / PROMPT 06

The Care Assignment Framework

PURPOSE

Match care requests to the right care team member in a way that is fair, appropriate, and sustainable.

WHEN TO USE IT

When assigning any care request to a team member.

COPY & PASTE PROMPT

> Help me build a care assignment framework for our community care team. Factors to consider: 1. the nature of the care request 2. the relationship between the care team member and the person requesting care 3. the relevant skills or experience of the care team member 4. current workload and capacity of each team member 5. any safeguarding considerations 6. cultural, linguistic, or faith tradition factors. Build a simple decision guide the care lead can apply consistently.

PRO TIPS

- The relationship between the care team member and the person is one of the most overlooked factors.
- Workload tracking is important — pastoral care is emotionally demanding and must be distributed sustainably.
- Always note any safeguarding considerations in the assignment record, even if they do not affect the decision.

EXAMPLE OUTPUT

Assignment note: this bereavement support request is assigned to [role]. The care team member and family are close friends — likely helpful here, but review at the two-week check-in.

WHAT'S NEXT

Document care coordination clearly — prompt 7.

CHAPTER 2 / PROMPT 07

The Care Coordination Note

PURPOSE

Create a brief, private note that records the care action taken and the next step, without capturing pastoral detail.

WHEN TO USE IT

After any care contact, as a standing record of coordination (not pastoral content).

COPY & PASTE PROMPT

> Create a care coordination note template for our team. The note should record: 1. date and type of care contact (visit, phone, letter, practical help) 2. care team member who made contact 3. action taken (without pastoral detail) 4. the agreed next step 5. the date of the next scheduled contact 6. any referral made 7. any safeguarding concern noted. Important: this is a coordination record, not a pastoral note. Do not record what was said or what was disclosed.

PRO TIPS

- The distinction between a coordination record and a pastoral note is critical — coordination records may be seen by more people.
- Pastoral detail should be in a separate, more restricted document if recorded at all.
- Any safeguarding concern, however minor it seems, must be noted every time.

EXAMPLE OUTPUT

Contact type: pastoral visit. Action taken: initial visit made. Next step: follow-up call scheduled. Safeguarding note: none identified at this contact.

WHAT'S NEXT

Build the follow-through system — prompt 8.

CHAPTER 2 / PROMPT 08

The Follow-Up Tracker Builder

PURPOSE

Build a simple system for tracking open care cases so no one falls through the gaps.

WHEN TO USE IT

Once, as the foundation of the care coordination system.

COPY & PASTE PROMPT

> Build a care follow-up tracker for our team. Track: 1. a reference number (not a name visible to everyone) 2. the care team member assigned 3. the type of care 4. the date care began 5. the date of the last contact 6. the date of the next scheduled contact 7. the current status: active / paused / referred / closed 8. any escalation or safeguarding note. Use reference numbers rather than names to protect privacy in shared documents.

PRO TIPS

- Reference numbers protect privacy — the link between number and name should be held in a restricted, separate record.
- Cases with no 'next contact' date are the ones that fall through the gaps — make these visible.
- Review the tracker at every care team meeting as a standing item.

EXAMPLE OUTPUT

Ref: CARE-2025-041 | Assigned: Pastoral care volunteer B | Type: Bereavement support | Status: Active | Safeguarding note: none noted.

WHAT'S NEXT

Support the pastoral follow-up itself — chapter 3.

CHAPTER 3 OF 6

Support Pastoral Follow-Up

Practical tools for the pastoral care team — notes, check-ins, and communications that support without replacing human presence.

IN THIS CHAPTER

CHAPTER 3 / PROMPT 09

The Pastoral Note Writer

PURPOSE

Help a care team member organize their thoughts after a pastoral contact, for their own reflection, not a shared record.

WHEN TO USE IT

After a significant pastoral contact, for the care team member's own use.

COPY & PASTE PROMPT

> Help me organize my own reflections after a pastoral contact. This note is for my personal reflection only and will not be shared. Prompt me to reflect on: 1. what I observed and experienced in this contact (not what was said) 2. what felt significant, even if I can't explain why 3. what I am uncertain or concerned about 4. what I think the person most needs next 5. what I need as the care team member (supervision, support, clarity) 6. whether anything needs to be escalated or referred. Important: do not include any names or identifying details in what you type.

PRO TIPS

- This prompt is for personal reflection, not a care record — distinguish this clearly.
- The question about what the care team member needs is often the most neglected element of pastoral care.
- If the contact left the care team member feeling overwhelmed, that is a signal for supervision, not just reflection.

EXAMPLE OUTPUT

What I need: I want to talk this through with the care lead before deciding whether to increase contact frequency. Escalation: none confirmed, but flagged for supervision.

WHAT'S NEXT

Keep in contact between visits — prompt 10.

CHAPTER 3 / PROMPT 10

The Check-In Message Builder

PURPOSE

Draft a warm, appropriate check-in message between pastoral contacts.

WHEN TO USE IT

Between visits or calls, to maintain connection without being intrusive.

COPY & PASTE PROMPT

> Draft a check-in message for the following situation (anonymized): [describe the situation in general terms — e.g. 'a community member recently bereaved, had a pastoral visit two weeks ago, agreed to check in']. The message should: 1. feel warm and personal, not generic 2. not assume how the person is feeling 3. not require a response 4. offer presence without demanding engagement 5. maximum 60 words. This is a draft for the care team member to personalize in their own voice before sending.

PRO TIPS

- 'Not requiring a response' is often the most considerate thing a check-in can do — it removes pressure.
- The draft must be personalized by the care team member in their own voice.
- 60 words is a hard limit — a longer message creates an obligation to respond.

EXAMPLE OUTPUT

Just thinking of you today. No need to reply — I simply wanted you to know you're in my thoughts. Whenever you'd like company, I'm here.

WHAT'S NEXT

Write with care — prompt 11.

CHAPTER 3 / PROMPT 11

The Care Letter Builder

PURPOSE

Draft a letter of care for a specific pastoral situation, for the faith leader or care team member to review and personalize.

WHEN TO USE IT

When a written letter of care is appropriate — for bereavement, serious illness, a significant life transition.

COPY & PASTE PROMPT

> Draft a care letter for the following situation (described in general terms): [describe the situation without identifying information]. The letter should: 1. acknowledge the person's situation with honesty and warmth 2. offer a word of care grounded in the community's tradition (if appropriate) 3. name a concrete offer of support 4. avoid platitudes and easy reassurance 5. close with genuine warmth. This is a draft for the faith leader or care team member to rewrite in their own voice.

PRO TIPS

- The instruction to avoid platitudes is the most important one — phrases like 'everything happens for a reason' are rarely helpful.
- The draft must be substantially rewritten in the faith leader's own voice.
- A concrete offer of support ('I will call you Thursday') is almost always more useful than an open invitation.

EXAMPLE OUTPUT

Instead of 'God has a plan for this,' consider: 'I don't have easy words for this. I simply want you to know you are not carrying it alone. I'll call you Thursday morning.'

WHAT'S NEXT

Handle prayer requests with care — prompt 12.

CHAPTER 3 / PROMPT 12

The Prayer Request Organizer

PURPOSE

Organize and manage prayer requests in a way that honors consent and protects privacy.

WHEN TO USE IT

Whenever prayer requests are gathered and shared within the community.

COPY & PASTE PROMPT

> Help me build a prayer request management system for our community. Cover: 1. how requests are submitted (who, through what channel) 2. consent gathered before sharing (private / care team only / congregation-wide) 3. how requests are shared at different consent levels 4. how long requests remain active 5. how to handle requests involving sensitive or confidential information 6. what AI may be used for (organizing, not processing sensitive content). Note: do not enter any specific prayer request content into an AI tool.

PRO TIPS

- The consent level question is the most important — never default to congregation-wide without explicit permission.
- Sensitive prayer requests should default to the most restricted level unless the person specifies otherwise.
- AI should organize the system, not process the content — never paste specific prayer request details into an AI tool.

EXAMPLE OUTPUT

Consent levels: Private (one named person only), Care team only, Congregation (worded generically unless approved). Default for all requests: Private, unless the person chooses otherwise.

WHAT'S NEXT

Coordinate practical help — chapter 4.

CHAPTER 4 OF 6

Organize Community Assistance

Coordinate benevolence, practical help, and community resources fairly, consistently, and with appropriate privacy.

IN THIS CHAPTER

CHAPTER 4 / PROMPT 13

The Benevolence Request Organizer

PURPOSE

Organize assistance requests fairly, consistently, and with appropriate privacy protection.

WHEN TO USE IT

When any request for financial or practical assistance is received.

COPY & PASTE PROMPT

> Build a benevolence request management process for our organization. Cover: 1. how requests are received and by whom 2. what information is gathered and what is not 3. who reviews the request and who makes the decision 4. the criteria applied consistently to all requests 5. how the person is informed of the outcome 6. how information is stored and protected 7. what AI may be used for in this process. Note: protecting the dignity of people requesting assistance is as important as any other element of this process.

PRO TIPS

- Consistent criteria protect fairness and protect decision-makers from accusations of favoritism.
- The dignity of the person requesting assistance should shape every element of the process.
- AI may organize and draft process documents — it must not assess individual requests or input identifying details.

EXAMPLE OUTPUT

Dignity principle: every person requesting assistance should feel received with respect, not scrutinized. Decision criteria: urgency, alignment with available support, fair distribution.

WHAT'S NEXT

Build the resource directory — prompt 14.

CHAPTER 4 / PROMPT 14

The Resource Directory Builder

PURPOSE

Build a current, organized directory of community and professional resources the care team can use for referrals.

WHEN TO USE IT

Once, as the foundation of the care referral system, and reviewed twice a year.

COPY & PASTE PROMPT

> Help me build a community resource directory for our care team. Organize by category: 1. mental health support (crisis lines, counseling services, community mental health) 2. domestic abuse and relationship violence 3. financial and debt support 4. housing and homelessness 5. food and practical assistance 6. grief and bereavement 7. substance use support 8. immigration and asylum support 9. legal advice 10. general social care and safeguarding. For each resource: name, contact, who it serves, referral process, current as of [date]. Flag any resource that should be verified before the directory is used.

PRO TIPS

- A directory is only useful if it is current — review contact details twice a year.
- Flag any resource that needs direct verification before being shared — outdated referrals cause real harm.
- Include the referral process, not just the contact — knowing how to get an appointment matters more than a number.

EXAMPLE OUTPUT

Category: Mental health. Resource: [local crisis line]. Serves: adults in mental health crisis, 24 hours. Referral: direct call, no referral needed. Verify before distributing.

WHAT'S NEXT

Coordinate practical help — prompt 15.

CHAPTER 4 / PROMPT 15

The Practical Help Coordinator

PURPOSE

Organize offers and requests for practical help (meals, transport, shopping, home visits) efficiently and fairly.

WHEN TO USE IT

Whenever practical care needs to be coordinated across multiple volunteers.

COPY & PASTE PROMPT

> Help me build a practical help coordination system for our community. Cover: 1. how practical help needs are identified and communicated to the coordinator 2. how volunteers who can offer help are matched to needs 3. how the person receiving help is informed and gives consent 4. how access and safety are managed (e.g. home visits) 5. how the coordinator tracks what help has been given and what is still needed 6. when a practical need signals a deeper pastoral or professional need. Note: a practical need often presents a pastoral opening — train coordinators to notice this.

PRO TIPS

- The observation that a practical need may signal a deeper need is one of the most valuable in this pack.
- Consent to receive practical help should be explicit and include consent to the specific person offering help.
- Home visit safety protocols should be documented and followed, not assumed.

EXAMPLE OUTPUT

A request for regular meal delivery from someone previously independent may indicate isolation or decline. The coordinator's role is to note this and raise it with the care lead, not diagnose it.

WHAT'S NEXT

Connect people to the right external resource — prompt 16.

CHAPTER 4 / PROMPT 16

The Assistance Referral Builder

PURPOSE

Prepare a clear, warm referral to an external organization or service.

WHEN TO USE IT

When a community member's need exceeds what the care team can provide.

COPY & PASTE PROMPT

> Help me prepare a referral to an external service for the following situation (described in general terms): [describe the type of need and the type of service]. Prepare: 1. a brief letter or message introducing the person to the service (for their use) 2. the information they should bring or prepare 3. what to expect from the service 4. a follow-up plan from the care team after the referral. Important: do not include any identifying information in what you enter into the AI tool. Add all personal details manually after reviewing the draft.

PRO TIPS

- The follow-up plan is the element most often omitted — a referral without follow-up can feel like abandonment.
- Preparing the person for what to expect from the service reduces the anxiety of an unfamiliar process.
- The care team's role does not end at the referral — continued pastoral presence alongside professional support matters.

EXAMPLE OUTPUT

Follow-up plan: the care team will check in two weeks after the referral to ask how the first contact with the service went, not to assess the service's work.

WHAT'S NEXT

Know when professional support is needed — chapter 5.

CHAPTER 5 OF 6

Recognize When Professional Support Is Needed

The clearest and most important chapter in this pack — knowing when a matter goes beyond the care team's scope.

IN THIS CHAPTER

CHAPTER 5 / PROMPT 17

The Professional Referral Guide

PURPOSE

Build a clear, non-judgmental guide to knowing when a situation requires professional involvement.

WHEN TO USE IT

Whenever a care team member is uncertain whether a situation falls within their scope.

COPY & PASTE PROMPT

> Build a professional referral guide for our care team — a clear, compassionate resource that helps team members recognize when professional support is needed. Cover: 1. situations that always require a mental health professional 2. situations that always require legal advice 3. situations that require medical advice 4. situations that require safeguarding involvement 5. situations that require domestic abuse specialist support 6. how to raise the subject of professional referral with a community member warmly 7. how to stay pastorally present alongside professional support.

PRO TIPS

- 'When to refer' lists are only useful if specific — 'signs of mental health difficulty' is not actionable, name observable signs instead.
- How to raise the subject of referral warmly is as important as knowing when — practice this language before it is needed.
- Pastoral presence alongside professional support is not interference — it is often what makes professional support effective.

EXAMPLE OUTPUT

What you're carrying sounds like more than I'm trained to help with well. I don't want to pass you off — I want to make sure you get the best support. Would you be open to talking to someone who specializes in this? I'll still be here alongside.

WHAT'S NEXT

Recognize crisis signals — prompt 18.

CHAPTER 5 / PROMPT 18

The Crisis Recognition Note

PURPOSE

Prepare care team members to recognize the signals of a mental health or safety crisis before it escalates.

WHEN TO USE IT

As part of care team training, before anyone takes on a care role.

COPY & PASTE PROMPT

> Build a crisis recognition guide for our care team — plain language, warm in tone, practical in content. Cover: 1. the signals of acute mental health crisis (not a clinical list — observable changes) 2. the signals that someone may be at risk of harm to themselves 3. the signals that someone may be at risk from another person 4. what to do immediately in each case 5. what to say and what not to say 6. how to get help without leaving the person alone. Note: this guide prepares care team members to recognize and respond, not to assess or treat.

PRO TIPS

- The 'what not to say' section is as important as what to say — well-meaning responses can be actively harmful.
- Care team members need to practice the immediate response before they are in the situation — include role-play in training.
- The instruction to recognize but not assess is the critical distinction — care team members are not mental health professionals.

EXAMPLE OUTPUT

If you need to ask, ask directly and calmly: 'Are you having thoughts of ending your life?' This question does not put the idea in someone's head — it opens a door they may have needed opened.

WHAT'S NEXT

Handle safeguarding correctly — prompt 19.

CHAPTER 5 / PROMPT 19

The Safeguarding Escalation Builder

PURPOSE

Prepare care team members to handle safeguarding concerns correctly and immediately.

WHEN TO USE IT

As part of mandatory care team training, and as a reference during any safeguarding concern.

COPY & PASTE PROMPT

> Build a safeguarding escalation guide for our care team. Cover: 1. what counts as a safeguarding concern (child / vulnerable adult) 2. the immediate steps to take when a concern is raised 3. who to contact within the organization 4. when to contact external agencies without internal consultation 5. what to document and how 6. what not to do (do not investigate, do not promise confidentiality, do not delay) 7. how to support the person while the escalation is happening. Note: safeguarding escalation must follow your organization's and jurisdiction's legal requirements. This guide should be reviewed by your safeguarding lead and legal counsel.

PRO TIPS

- The 'do not' list is as important as the 'do' list — promising confidentiality and delaying referral are the most common errors.
- This guide must be reviewed by a designated safeguarding lead, not drafted by AI alone.
- Every care team member must know this guide, not just the leaders.

EXAMPLE OUTPUT

Do not promise confidentiality to anyone who makes a safeguarding disclosure. Say instead: 'I cannot promise to keep this confidential, but I can promise to handle it with care and only involve the people who need to know. Are you safe right now?'

WHAT'S NEXT

Support mental health appropriately — prompt 20.

CHAPTER 5 / PROMPT 20

The Mental Health Support Framework

PURPOSE

Build a practical framework for supporting community members experiencing mental health difficulties, without overstepping the care team's role.

WHEN TO USE IT

As a standing reference for any care team member working alongside someone experiencing mental health difficulties.

COPY & PASTE PROMPT

> Build a mental health support framework for our care team — a practical guide for how to be present without overstepping. Cover: 1. what pastoral support looks like alongside professional mental health care 2. what the care team should and should not discuss or advise on 3. how to support someone who is waiting for professional support 4. how to handle disclosure of a diagnosis without treating it as a pastoral problem to solve 5. how to look after the care team member's own wellbeing in this work. Tone: compassionate, clear, and without stigma.

PRO TIPS

- The framework for looking after the care team member's own wellbeing is the section most often missing.
- Mental health support is not a pastoral problem to solve — it is a human experience to accompany.
- Training in this area should include voices with lived mental health experience, not just clinical or pastoral perspectives.

EXAMPLE OUTPUT

Do not offer interpretations of why someone is experiencing what they are experiencing, and do not suggest they need more faith or more prayer. Do offer presence, time, and practical help. Do listen without fixing.

WHAT'S NEXT

Protect the whole system — chapter 6.

CHAPTER 6 OF 6

Review and Protect

The privacy, governance, and review habits that keep the care system trustworthy over time.

IN THIS CHAPTER

CHAPTER 6 / PROMPT 21

The Care Data Privacy Review

PURPOSE

Run a structured review of how care data is stored, accessed, and protected.

WHEN TO USE IT

Annually, and whenever a new tool or process is introduced.

COPY & PASTE PROMPT

> Help me run a care data privacy review for our organization. Ask me the following questions one at a time: 1. What care data do we currently hold and in what format? 2. Who has access to each type of care data? 3. Is any care data stored in a tool that has not been reviewed for suitability? 4. Have all care team members received data privacy training? 5. How long do we retain care records and what is our deletion process? 6. Has anything changed this year that requires a policy update? Summarize the findings and flag any area of significant risk.

PRO TIPS

- Care data is among the most sensitive any organization holds — this review is a duty of care, not a bureaucratic step.
- Any care data stored in a tool that has not been reviewed for suitability is a risk that should be addressed immediately.
- Data retention policy for care records has legal implications — legal review of the retention schedule is recommended.

EXAMPLE OUTPUT

Flagged: three care team members have been using a personal email account to store care coordination notes. Immediate action: move all care records to the approved system and brief the team.

WHAT'S NEXT

Review governance and oversight — prompt 22.

CHAPTER 6 / PROMPT 22

The Care System Governance Check

PURPOSE

Run a structured check of the governance and accountability structures around the care system.

WHEN TO USE IT

Annually, and whenever leadership changes.

COPY & PASTE PROMPT

> Help me run a governance check for our community care system. Check: 1. Is there a named care lead with clear authority and accountability? 2. Does the care team have a regular supervision structure? 3. Are all care team members trained in safeguarding and confidentiality? 4. Is the care system covered by the organization's insurance? 5. Are there clear boundaries on what the care team can offer? 6. Is there a process for receiving and responding to complaints about care? Flag any gap with a specific recommendation.

PRO TIPS

- Care team supervision is a governance requirement, not an optional support.
- The complaints process for care is often absent — it should exist and be known to community members.
- Insurance coverage for pastoral care activities should be verified with your insurer, not assumed.

EXAMPLE OUTPUT

Flagged: the care team has no formal supervision structure. Recommendation: implement monthly group supervision with a trained supervisor within three months.

WHAT'S NEXT

Look after the people doing the caring — prompt 23.

CHAPTER 6 / PROMPT 23

The Care Team Wellbeing Check

PURPOSE

Run a regular check on the wellbeing of the care team members themselves, the people carrying the community's care.

WHEN TO USE IT

At every care team meeting, as a standing item.

COPY & PASTE PROMPT

> Build a brief care team wellbeing check-in for our regular team meetings. The check-in should: 1. take no more than ten minutes 2. allow each person to share how they are doing, not just how their caseload is doing 3. surface any situation that is feeling heavy or uncertain 4. identify anyone who needs additional support or a reduced caseload 5. close with a brief moment of grounding or mutual acknowledgment. Note: the care team lead should model openness in this check-in — if the lead is always 'fine,' others will follow.

PRO TIPS

- Care team members who are struggling need permission to say so — the check-in structure provides that permission.
- The instruction that the care lead should model openness is one of the most important in this pack.
- A care team member carrying something heavy should be offered a reduced caseload or supervision, not praised for managing.

EXAMPLE OUTPUT

Question: 'How are you, not your caseload?' Then: 'Is anyone carrying something heavier than usual this week, or needing a break from a particular case?'

WHAT'S NEXT

Review the whole programme — prompt 24.

CHAPTER 6 / PROMPT 24

The Annual Care Programme Review

PURPOSE

Run a structured annual review of the community care programme's health, effectiveness, and sustainability.

WHEN TO USE IT

Annually, with the care team and relevant leadership.

COPY & PASTE PROMPT

> Help me run our annual community care programme review. Ask me the following questions one at a time: 1. How many care requests did we receive this year, and of what types? 2. Were there any situations that exceeded our scope or capacity? 3. Were there any safeguarding concerns or escalations? 4. Are the care team members well and sustainable in their roles? 5. Are our referral pathways current and effective? 6. What did we do well this year? 7. What would we do differently? Summarize the findings and suggest three priorities for the coming year.

PRO TIPS

- The situations that exceeded scope or capacity are the most important learning of any care programme review.
- Care team sustainability is a governance issue, not just a team management one — report it to leadership.
- Share an appropriate summary of the review with the care team — they deserve to know how the programme is performing.

EXAMPLE OUTPUT

Priorities for the coming year: recruit two additional care team members, implement quarterly data privacy reviews, and establish a care supervision structure.

WHAT'S NEXT

This system is now complete — care that is organized without losing its humanity.

WORKSHEETS

Make the system yours

Consent-First Care Intake Form

Use this at the moment a care request is received. Fill it in with the person's own words wherever possible, and confirm consent before recording anything further.

DATE AND CHANNEL OF REQUEST

REQUESTED BY (SELF / FAMILY / OTHER MEMBER)

CONSENT TO RECORD GIVEN? (YES/NO)

CONFIDENTIALITY LEVEL AGREED (PRIVATE / CARE TEAM / CONGREGATION)

TYPE OF REQUEST

INITIAL URGENCY ASSESSMENT

FIRST RESPONSE GIVEN TO THE PERSON

TEAM MEMBER NOTIFIED

Escalation Decision Tree

Walk through this in order whenever a situation feels uncertain. Stop and escalate at the first box that applies — do not continue assessing past it.

IS THERE IMMEDIATE DANGER TO LIFE? -> CALL EMERGENCY SERVICES NOW

IS THERE A DISCLOSURE OF SUICIDAL IDEATION OR SELF-HARM? -> CONTACT CARE TEAM LEAD IMMEDIATELY, DO NOT LEAVE PERSON ALONE

IS THERE A SAFEGUARDING CONCERN INVOLVING A CHILD OR VULNERABLE ADULT? -> CONTACT SAFEGUARDING LEAD IMMEDIATELY, DO NOT INVESTIGATE

IS THERE A DISCLOSURE OF ABUSE? -> FOLLOW SAFEGUARDING ESCALATION GUIDE, DO NOT PROMISE CONFIDENTIALITY

DOES THE NEED EXCEED PASTORAL SCOPE (MEDICAL, LEGAL, FINANCIAL, CLINICAL MENTAL HEALTH)? -> PREPARE A PROFESSIONAL REFERRAL

NO RED FLAGS IDENTIFIED ABOVE -> PROCEED WITH STANDARD CARE COORDINATION

Case Assignment Sheet

Complete this whenever the care lead assigns a request to a team member. Review the relationship and safeguarding fields even when the assignment seems obvious.

CASE REFERENCE NUMBER

NATURE OF REQUEST

ASSIGNED CARE TEAM MEMBER

EXISTING RELATIONSHIP TO PERSON (IF ANY)

RELEVANT SKILLS OR EXPERIENCE

CURRENT CASELOAD OF ASSIGNED MEMBER

SAFEGUARDING CONSIDERATIONS NOTED

REVIEW DATE

Referral Resource List

Build and maintain this list by category. Mark each entry's last verification date and flag anything unverified before it is used for a real referral.

CATEGORY (MENTAL HEALTH / ABUSE / FINANCIAL / HOUSING / LEGAL / SAFEGUARDING / OTHER)

RESOURCE NAME AND CONTACT DETAILS

WHO IT SERVES

REFERRAL PROCESS

LAST VERIFIED DATE

VERIFICATION NEEDED BEFORE USE? (YES/NO)

Coordination Note Log

Complete one entry after every care contact. Record coordination facts only — never what was said or disclosed in the contact.

DATE AND TYPE OF CONTACT

CARE TEAM MEMBER

ACTION TAKEN (NO PASTORAL DETAIL)

AGREED NEXT STEP

DATE OF NEXT SCHEDULED CONTACT

REFERRAL MADE (IF ANY)

SAFEGUARDING NOTE (OR 'NONE')

Follow-Up Tracker

Keep one row per open case, using reference numbers rather than names. Review the whole tracker at every team meeting and flag any case missing a next-contact date.

REFERENCE NUMBER

CARE TEAM MEMBER ASSIGNED

TYPE OF CARE

DATE CARE BEGAN

DATE OF LAST CONTACT

DATE OF NEXT CONTACT

STATUS (ACTIVE / PAUSED / REFERRED / CLOSED)

ESCALATION OR SAFEGUARDING NOTE

Care Team Wellbeing Check-In Sheet

Use at the start of every care team meeting. Give each person a fixed slot to speak and record only what they are comfortable sharing.

TEAM MEMBER NAME

HOW THEY ARE DOING (NOT CASELOAD)

ANYTHING FEELING HEAVY OR UNCERTAIN RIGHT NOW

SUPPORT OR REDUCED CASELOAD NEEDED? (YES/NO)

FOLLOW-UP ACTION AGREED

Annual Programme Review Summary

Complete this once a year with the care team and leadership. Use it alongside the Annual Care Programme Review prompt to capture decisions, not just discussion.

TOTAL CARE REQUESTS THIS YEAR AND TYPES

SITUATIONS THAT EXCEEDED SCOPE OR CAPACITY

SAFEGUARDING CONCERNS OR ESCALATIONS THIS YEAR

CARE TEAM SUSTAINABILITY ASSESSMENT

REFERRAL PATHWAYS: CURRENT AND EFFECTIVE? (YES/NO + NOTES)

WHAT WORKED WELL

WHAT TO CHANGE

TOP THREE PRIORITIES FOR NEXT YEAR

WHEN YOU REACH THE LAST PAGE

You have a working system

[ ] A care responsibility statement and clear boundaries for the care team.
[ ] A confidentiality and consent framework covering how care data is gathered, stored, and protected.
[ ] An organized care coordination system that protects privacy through intake, assignment, notes, and follow-up tracking.
[ ] Practical pastoral tools — check-ins, care letters, and prayer request organization.
[ ] A working system for community assistance and resource coordination.
[ ] A clear, specific framework for recognizing when professional support is needed and escalating without delay.

Keep the human accountable. Let the agent make the work repeatable.