

Appendix D — Pathway Map

Joe Gleason · Advance review draft 3.7 — October 2026

Connect the experience, not just the content

Use with: Chapters 3, 6–8, 11, and 15.

A pathway may include a tile, a saved contact, a call, a virtual meeting, a planned visit, and a review. It should identify the responsibility and practical support between those encounters—not simply their order.

D1. First Pathway Project Charter

Complete this before inviting people into a new process. It translates Chapter 15's project charter into a working card.

Field	What to agree
Purpose and population	One meaningful need, the people and setting, and what they want the support to make possible.
Scope	Where the pathway begins and ends, what existing care continues, and what this project will not undertake.
People shaping the design	Intended users, caregivers where appropriate, frontline staff, volunteers, and relevant professionals and partners.
Owners and roles	Named project lead, service owners, appropriate reviewers, and accepted partner responsibilities.
Suspected limiting condition	What is currently preventing the agreed support from working? Distinguish the observed problem from its suspected cause.
Evidence and alternatives	Dates, permitted observations, demand and usable capacity; what is missing and which other explanations remain plausible.

Field	What to agree
Authority and safeguards	Who can change the arrangement, what resources they need, and how safety, privacy, choice, continuity, staff breaks, and family workload remain protected.
Resources	Staffing, protected preparation time, training, access assistance, technology, costs, funding responsibility, and coverage.
First test	The version to try, appropriate approvals, test conditions, baseline, observation period, and review date.
Decision and continuity	Who can continue, change, pause, or expand the process, and how existing participants retain appropriate support if it changes.

State the purpose in ordinary language:

For [people in this situation], we propose [defined support] so they can [meaningful result]. We will examine [benefit], [burden], [safety], and [access] during [period], with [person] responsible for the decision.

This is a proposal to examine, not a prediction that the result is assured.

D2. Repeat this card for each stage

Stage field	What to record
Starting situation	What begins this stage and what the person needs or wants now.
Relevant knowledge	Approved information needed for the next choice, with its source and any unresolved question.
Encounter or material	Article, video, tile, survey, call, meeting, visit, or activity—and the job it performs.
Choice	Available options, including appropriate alternatives, pausing, or declining optional participation.

Stage field	What to record
Action and responsibility	What happens next, who has accepted it, and who receives the information or support.
Permission	What information may move, to whom, through which approved route.
Timing and confirmation	When action is due and what event confirms receipt, acceptance, scheduling, or delivery. Record these separately where needed.
Exception and review	What happens after silence, a changed preference, unavailable service, or absent worker; who reviews the result.

The source pathway map includes triggers, goals, information, owners, receivers, confirmations, fallbacks, and measures. This card keeps those fields usable without requiring a very wide worksheet.

D3. Shared-care commitment and backup

For one responsibility, record **the task and its limits; the person who accepts it; the period covered; the preparation required; how completion is communicated; who handles changes; and the backup that has actually been agreed.**

Also ask: **What coordination work does this remove, and what work does it add?** Do not automatically leave reminders and backup arrangements with the primary caregiver. The adults' responsibilities remain separate from children's family relationships.

Before using the pathway, rehearse one ordinary route and one interruption with fictional information. Check whether someone still owns the next action when the usual person is absent. Do not introduce deliberate errors into live care as a practice exercise.

Decision this tool supports: Is the next piece of support complete enough for someone to rely on?

D4. Human-experience and journey map

Choose one segment of care and use this card for each important stage. Describe the current route before drawing the proposed one. Keep participant, caregiver, and staff accounts distinguishable; do not combine private disclosures into a shared map.

For each stage	Record and check
Event and sequence	What happened, when, and what was expected next. Distinguish request, acceptance, delivery, and review.
Whose experience?	The person's or role's account, its source and date, and permission for this use. Use their meaning, not a guessed emotional label.
Understanding and purpose	What they say they wanted to do, understood, or wanted clarified. "Not yet asked" remains visible.
Existing help and effort	Useful support already present; calls, travel, paperwork, waiting, and work required from each role.
Missing or uncertain	What is not known, what has not been confirmed, and alternative explanations of a difficulty.
Proposed response	A change in content, timing, language, human contact, practical resources, or responsibility; what must remain protected.
Owner and review	Who can authorize and deliver the change, required resources, what will be checked, and when contributors hear the result.

Fictional example: a first-visit request reached the center, but the family did not know whether a callback was expected. The map records both the receipt event and the family's account. The team investigates ownership and timing before concluding that the invitation needs more persuasive wording.

Use the map with D1's constraint fields and Appendix F's measures. A map helps select and examine a change; it does not itself resolve a service gap.