The Grey Area of Care: When Survivors Don't Meet Thresholds but Still Aren't Safe

Posted July 1, 2026

There is a group of people I think about often.
They aren't in immediate danger according to our risk assessments.
They don't meet the threshold for hospitalization.
They don't qualify for emergency shelter.
They don't meet the criteria for child protection intervention.
They don't have enough evidence for criminal charges.
And yet, they aren't safe.

They are living in what I have come to think of as the '**grey area of care'**.

If you work in the helping professions, you have likely met these individuals. They are often navigating significant fear, instability, coercion, mental health challenges, substance use concerns, housing insecurity, financial stress, or escalating violence. Their lives may be unraveling, but not in ways that fit neatly into a single agency's mandate or intervention threshold.

So, they move from service to service, repeatedly hearing versions of the same message:
"You don't quite qualify."

The challenge is not that organizations don't care. In fact, many professionals go to extraordinary lengths to support people in these situations. The challenge is that our systems have largely been designed around thresholds rather than around human experiences.

Most services are built to answer a question:
Does this person meet our criteria?

Far fewer are designed to ask:
What does this person need right now to stay safe and move toward stability?

Those are not the same question.
As a result, people who fall between thresholds often fall between systems.

A survivor may be experiencing escalating coercive control but not yet qualify for a high-risk intervention. A parent may be overwhelmed and struggling but not meet the threshold for child protection involvement. A person may be experiencing significant trauma symptoms without reaching the level required for acute psychiatric care.
In each case, the risk is real.

It is simply not "high enough" according to a particular framework.

The irony is that many of the people who later experience significant crises were visible to systems long before the crisis occurred. They were not invisible. They were present. They simply existed in the grey area between mandates, eligibility requirements, and service thresholds.

This is not a criticism of individual organizations. Most systems were built to manage limited resources, and thresholds are one way of determining who receives priority access.
But perhaps it is time to ask whether thresholds should be the end of the conversation.
What if every helping system had a response for people who did not qualify for formal intervention?

What if "no" was never the final answer?
What if every service included a minimum response protocol that ensured individuals left with some level of support, safety planning, navigation assistance, or warm referral?
Perhaps the future is not lowering every threshold. Perhaps the future is building bridges between them.

This could include simple but meaningful changes: warm handoffs between agencies rather than referral lists, low-barrier navigation supports, cross-sector coordination, and minimum safety planning for anyone seeking help, regardless of whether they qualify for ongoing service.
Because people do not experience their lives in categories.

Their challenges do not arrive one mandate at a time.

And their safety should not depend on whether they happen to fit neatly into a particular eligibility box.

The grey area of care is not a population that has failed our systems.
It is a reminder that our systems were never designed for the complexity of real human lives.
And perhaps that is where the conversation needs to begin.

