Standards of Care for Anti-Human Trafficking Service Providers: Criteria for Development

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This document is designed to support the Standards of Care Technical Working Group (SOC TWG) in developing human trafficking standards of care (SOCs). All SOCs developed by the SOC TWG and created through this project should adhere to these established criteria.

What is a standard?

A **standard** is a rule, principle, or specific action that serves as a reflection of shared values and responsibilities that people use to guide their work in a given field.

We have established the following four (4) main criteria, each containing several parameters:

1. **The standard of care was developed in response to an existing theme or category identified through the Standards of Care for Anti-Human Trafficking Service Providers: Literature Review or in response to an emergent evidence or best practice identified through SOC TWG consensus.**
    a. It is relevant to service providers who serve survivors of human trafficking.
    b. It aligns with relevant evidence-based or evidence-informed practices[i], best practices, rules and regulations, licensing requirements, policies, and/or expectations in the field.[1]
    c. It matches or complements all other standards of care TWG has developed.
2. **The standard of care was developed and refined by applying the evidence-based Delphi Model for consensus.[ii]**
    a. It was developed and refined by applying both the SOC TWG ratings and the TWG open-ended feedback from each Delphi Round.
    b. It has achieved consensus agreement among SOC TWG members or has been approved by the TWG SOC Steering Committee following the '"Achieving Consensus"' guidance.[iii]
3. **The standard of care addresses one or more of the following: what service(s) to provide; how to provide the service(s); the ethics involved in providing the service.**
    a. It is complete, meaning it provides all the information service providers need to understand and meet the standard.[iv]
    b. It is measurable (e.g., in terms of quality, quantity, timeliness) and observable.[v]

[i] Evidence-based or evidence-informed research or evaluation will be the primary mechanism for informing the development of SOCs, followed by emergent best practices.
[ii] Consensus is when most or all of the people in a group agree on something.
[iii] If consensus is not achieved, the SOC TWG Steering Committee, comprised of representatives from OVC, OTIP, FNUSA, will convene to determine next steps, which may include 1) facilitating the committee's next meeting to engage in additional informal open verbal discussion aimed at achieving consensus, OR 2) conducting an additional formal Delphi Method consensus round. If these options do not achieve consensus, the SOC TWG Steering Committee will implement a *majority rules* decision-making approach within the SOC TWG Steering Committee that includes a formal written summary of the committee's internal dissent and final decision.
[iv] For example, this can be accomplished by footnoting information, such as definitions, or referencing other relevant resources or materials.
[v] Measurable does not necessarily mean quantifiable.[2-4] Quantifiability refers to the ability to count or measure something *numerically*.

c. It has a specific benchmark(s),[vi] at or above which is successful, and below which is unacceptable.[3; 5]
d. It is reasonable, meaning that service providers can realistically achieve it and will not be overburdened by it..[1; 3,vii,1; 5]

4. **The standard of care uses easy-to-read language to help the end user understand what the standard is telling them to provide—and how to provide it.[2,viii]**
   a. It is objective, free from bias, personal feelings, or opinions.[3; 5] It does not use the first person (I, we), second person (you), or the third person personal (he, she, they).
   b. It is brief, clearly written, and uses plain language.[2; 5; 6; 8-10] It avoids using jargon, generalized terms, and language that does not have clear meaning to the reader.[2; 6; 11] It is written in a way that does not allow for mixed interpretation.
   c. It is actionable, provides clear guidance, and (in most instances) contains an action verb.[2]
   d. Collectively, the standards of care are written in a similar style and are clear and easy to read, following aa step-by-step format, where possible.[6,ix]

[vi] Examples of benchmarks would include developing a policy, establishing a new practice, training a certain percentage of staff, etc.
[vii] Examples of unreasonable burdens would include practices that are highly expensive, require significant staffing increases that are unattainable, or would be difficult to achieve for most service providers. A reasonable benchmark takes into consideration varied resource capacity among providers that make it realistic and achievable.
[viii] For example, when drafting standards, consider the difference between “must,” which marks something as mandatory; “should,” which means the standard is suggested but not required; and[6] “may,” which provides decision-making power to the service provider. Using intentional language helps a reader understand what is a requirement versus a recommendation.[7]
[ix] For example, bulleted items and checklists can be more effective than long paragraphs for certain pieces of information.[6]

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