Cast

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SLAVERY & TRAFFICKING

Measuring the Impact of Services Over Time

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Human trafficking can have numerous lasting impacts on survivors' lives. These include mental health impacts, such as depression and PTSD;[1,2] physical health impacts, such as chronic pain, injuries, and exposure to sexually transmitted infections;[3] housing instability or homelessness;[4,5] and legal issues related to immigration, child custody, eviction, and vacatur or expungement of criminal records.[6–8]

Anti-trafficking organizations are tasked with identifying and addressing these needs. This can be a considerable challenge, often requiring a combination of direct support and referrals and carried out while navigating complex systems and funding requirements. A related challenge concerns impact. Put simply, how do we know whether our services are working? What counts as a meaningful improvement in clients' lives?

Measuring Impact at Cast

Cast (castla.org) is an anti-trafficking organization based in Los Angeles, California. We provide comprehensive services for survivors of labor and sex trafficking, ranging from crisis intervention to safe housing to legal representation. In addition to direct support for survivors, we provide training and technical assistance to diverse providers, engage in policy advocacy, conduct research, and operate local and national networks of survivor leaders.

The Survivor Outcomes Assessment (SOA) is among our most important tools for measuring impact. Administered to clients who access long-term services, including Transitional Housing, Community Case Management, and Youth Services, the SOA addresses housing, emotional, medical, employment, legal, social support, & other needs.

This assessment is administered at the beginning of services, and then every three to six months depending on clients' needs. Cast staff and clients work together to assess questions for each dimension on a 5-point scale:

Each dimension is comprised of multiple questions. For example, within the housing dimension, questions include: 1) what best describes the client's current housing ; 2) how does the client manage rent, house rules, and other issues; 3) how well does the client understand housing rights & laws; and 4) is there much risk of being evicted or becoming homeless. Scores for each question are then averaged to produce an overall housing score. Clients and staff work together to determine whether housing is a priority in

service provision and to set specific goals if applicable. A full list of SOA dimensions, with sample questions for each, is provided in Appendix A. The SOA was the foundation for the Outcomes for Human Trafficking Survivors (OHTS) instrument, developed by RTI International[9] and freely available through their website.

Cast also administers standardized screenings such as the PCL-5, a diagnostic tool for Post-Traumatic Stress Disorder (PTSD), at the beginning and end of long-term services. For more information about that aspect of our work, please see our publication, "PTSD Among Human Trafficking Survivors in Community Case Management." The rest of this briefing note focuses on the SOA.

Defining "Improvement"

When examining clients' SOA records, it is relatively straightforward to track changes in overall scores as well as scores across dimensions. Perhaps a client scores 2.25 on the Emotional Wellness dimension at intake, and scores a 2.75 three months later. Another client might score 3.50 at intake, and 3.80 three months later. But what would this mean? Had services "worked" in general? Had they been meaningfully more effective for the first client? And what about overall patterns in service provision and outcomes?

Historically, Cast approached this in two ways: (1) defining any increase in SOA scores as an improvement, and (2) defining clients who reached or maintained the stable to thriving range (3-5) as having "good outcomes." These methods provided a clear way to track changes over time, whether looking at individual clients' records or aggregate data across programs. However, there were important limitations. Defining any increase in scores as an improvement risks overstating the impact of services – a client might score slightly higher on an assessment without necessarily experiencing meaningful change in their life. Additionally, describing anyone who reaches or maintains the stable to thriving range as having good outcomes risks underestimating changes – improvements may occur within that range, and even clients who never reach or surpass a "stable" score may experience meaningful improvements in their lives.

More recently, through the development of our Research and Evaluation Program, we have explored alternative strategies for measuring the impact of services. In this briefing note, we propose clinically significant improvement as a standard. Drawing from research on Quality of Life measurement in clinical trials,[10] we base our understanding of improvement on the magnitude (size) and scale (percentage of the possible range of scores) of change from a client's first assessment. Applying lessons from previous research[a] to the SOA, which has a 4pt scale (possible scores range from 1 to 5, and 5 – 1 = 4), we use the following criteria:

Measurable Improvement → **an increase of 0.5 points (12.5% of the SOA scale)**

Substantial Improvement → **an increase of 1.0 points (25% of the SOA scale)**

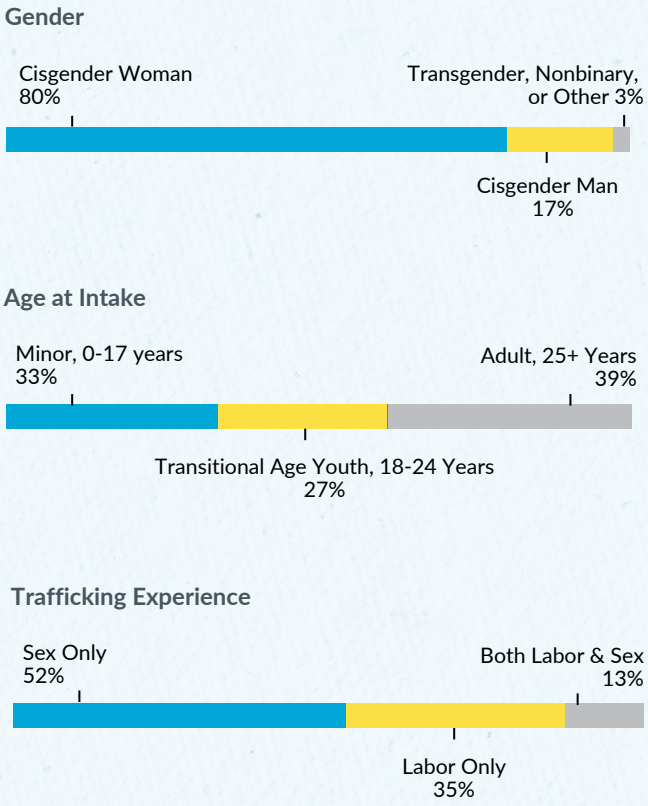
This standard allows us to measure the impact of services for individual clients and the broader effectiveness of long-term programs. Additionally, we can use this approach to estimate when (if at all) clients tend to experience clinically significant improvements across the dimensions measured by the SOA.

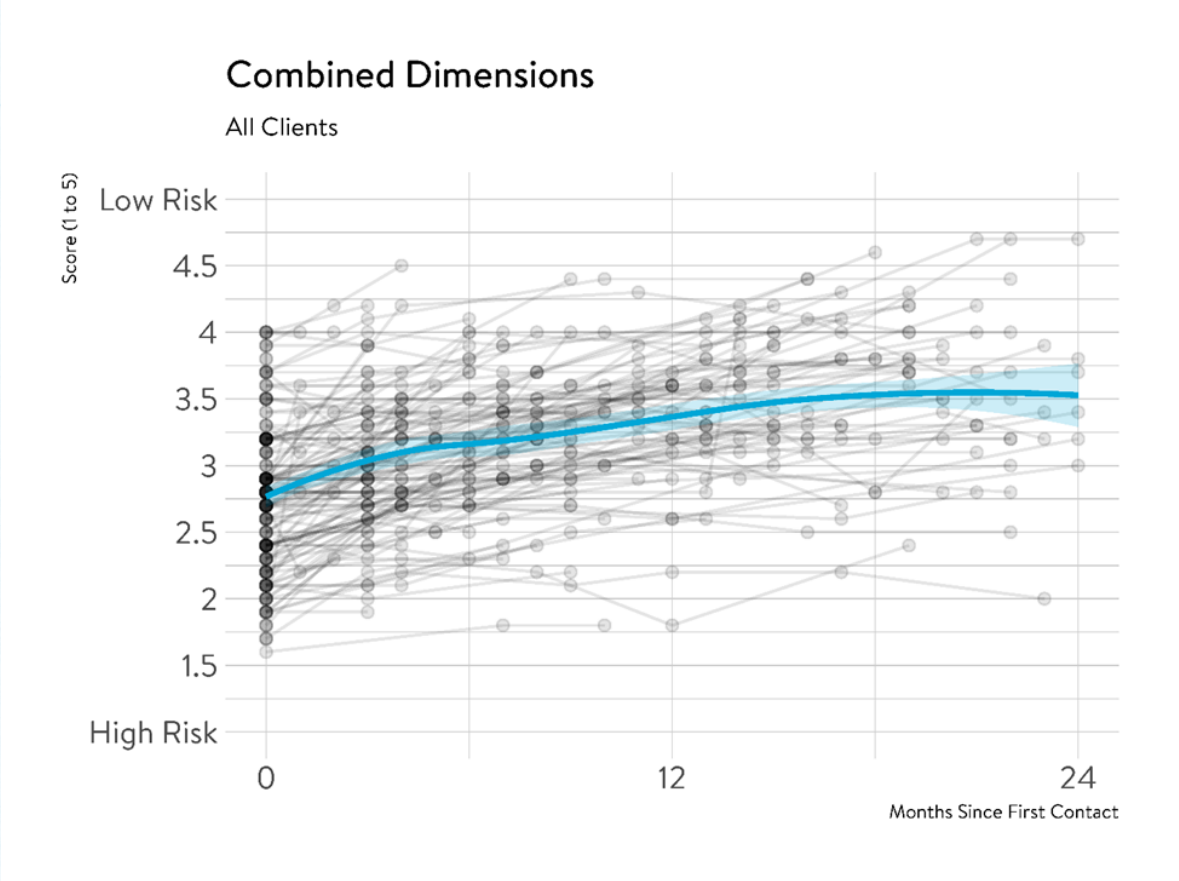
The Impact of Long-Term Services at Cast

For this project, we examined data for clients who received long-term services between January 1, 2017 and June 30, 2023 and completed at least one SOA. The sample included 167 individuals. Selected client characteristics appear in the charts to the right (10 clients were missing data for age, so only 157 clients are represented in that chart). Although Cast collects data on many other characteristics (e.g., race, disability, national origin, sexuality), we limited ourselves to three in this report for the sake of brevity. We chose gender, age, and trafficking experience as eligibility for services often varies based on these characteristics.

As a first step, we examined changes over time for "Combined Dimensions," which represents an average score for all dimensions of the Survivor Outcomes Assessment. We limited our analysis to two years (24 months), as a considerable majority of clients complete services within this timeframe.

In the figure below, gray points and lines represent individual clients' scores over time. The blue line is a trendline, representing the overall pattern across all clients.

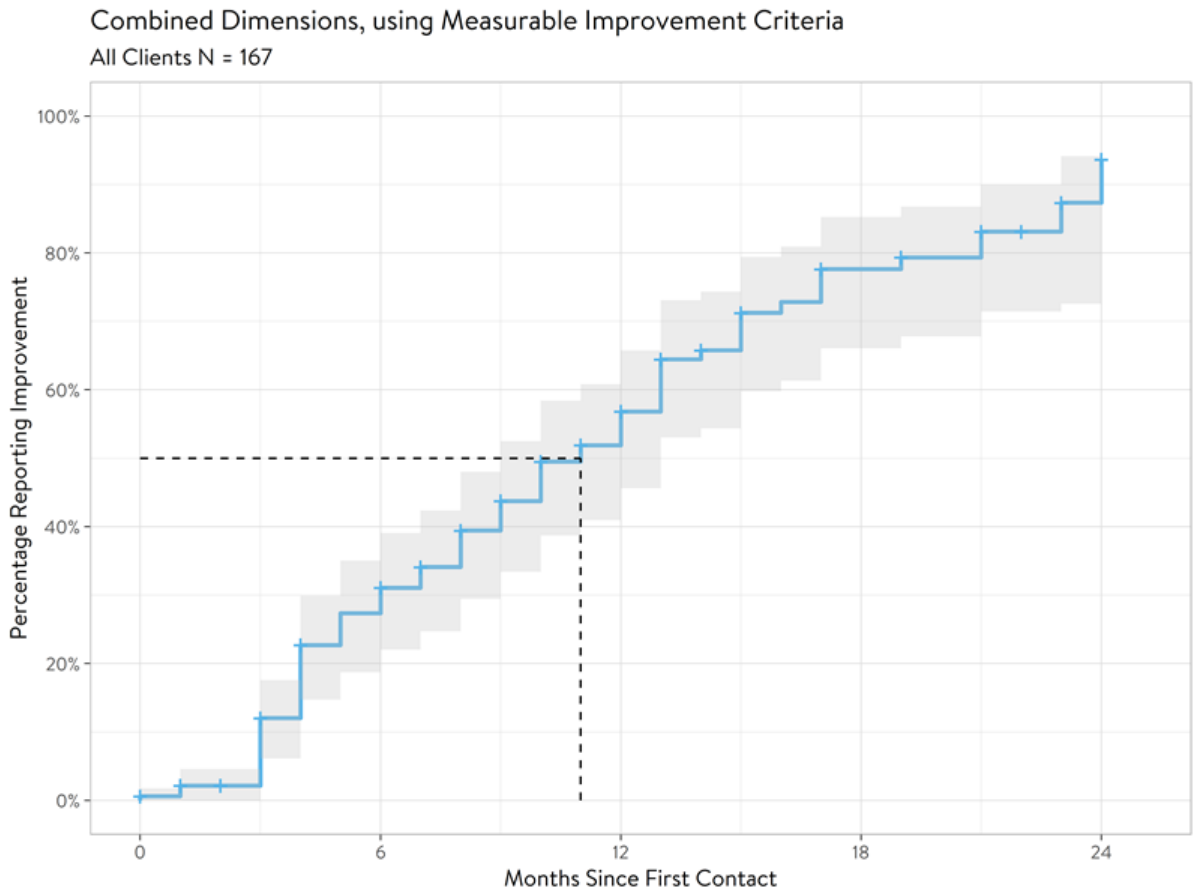




The trendline tends to track upward, indicating improvement. However, it's important to recognize that clients and their experiences are diverse. Some see steady improvement, some report worse outcomes over time, and some demonstrate improvements and declines in SOA scores at different points.

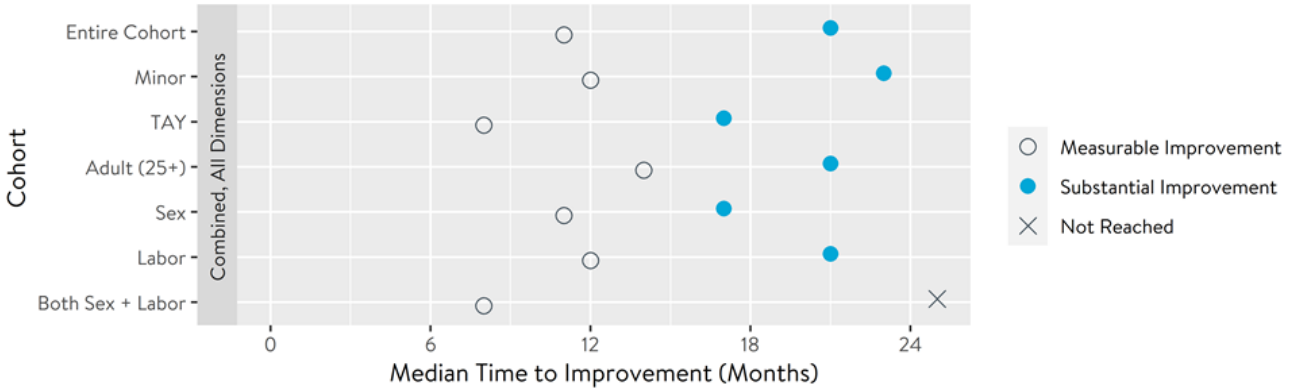
Documenting Clinically Significant Improvement

Our next step was to apply our criteria for clinically significant improvement. This involved following each client's trajectory, beginning with their initial assessment. If a client met our criteria for "measurable improvement" (increase of at least 0.5pts), we recorded this as a success at the given follow-up assessment. With these data, we graphed the "time to improvement" across different dimensions of the SOA.



The graph above shows the percentage of clients who have shown Measurable Improvement for Combined Dimensions (average score across all dimensions of the SOA).[b] At 0 months in services, only initial scores are available. Thus, it is not possible for clients to show improvement at this time. After one month of services, at least one client showed improvement, which is indicated as a tick upward in the graph. **After 11 months of services, 50% of clients had shown measurable improvement; this represents the median time to improvement for clients**, and is represented by the dotted line in the graph. At one year post-intake, approximately 57% of clients reported measurable improvement. **At two years post-intake, approximately 95% of clients reported measurable improvement.**

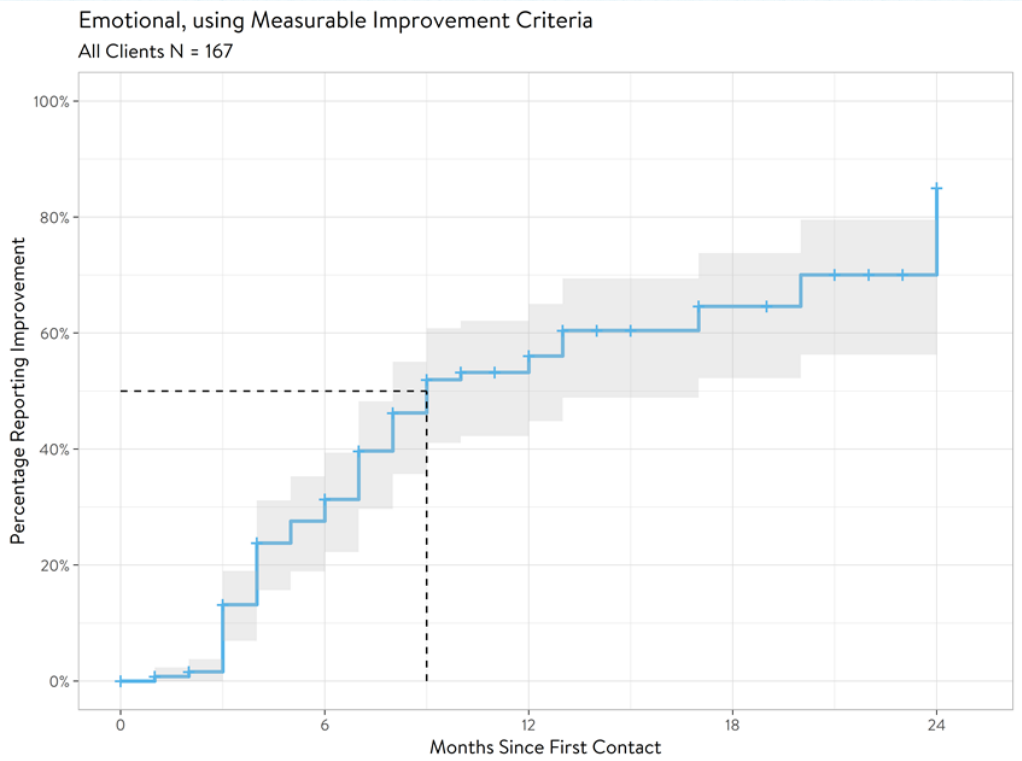
Finally, we examined changes among different groups of clients. For this last step, we focused on median time to improvement, or the point at which 50% of clients demonstrated measurable or substantial improvements. The graph below shows median time to improvement on Combined Dimensions. In addition to examining data for all clients in the sample, we explored differences by age at intake (minor, transitional aged youth 18-24, adult 25+) and by trafficking experience (labor trafficking only, sex trafficking only, both labor and sex trafficking). The open circles represent the median time to measurable improvement (0.5pt), and the solid blue circles represent median time to substantial improvement (1.0pt).

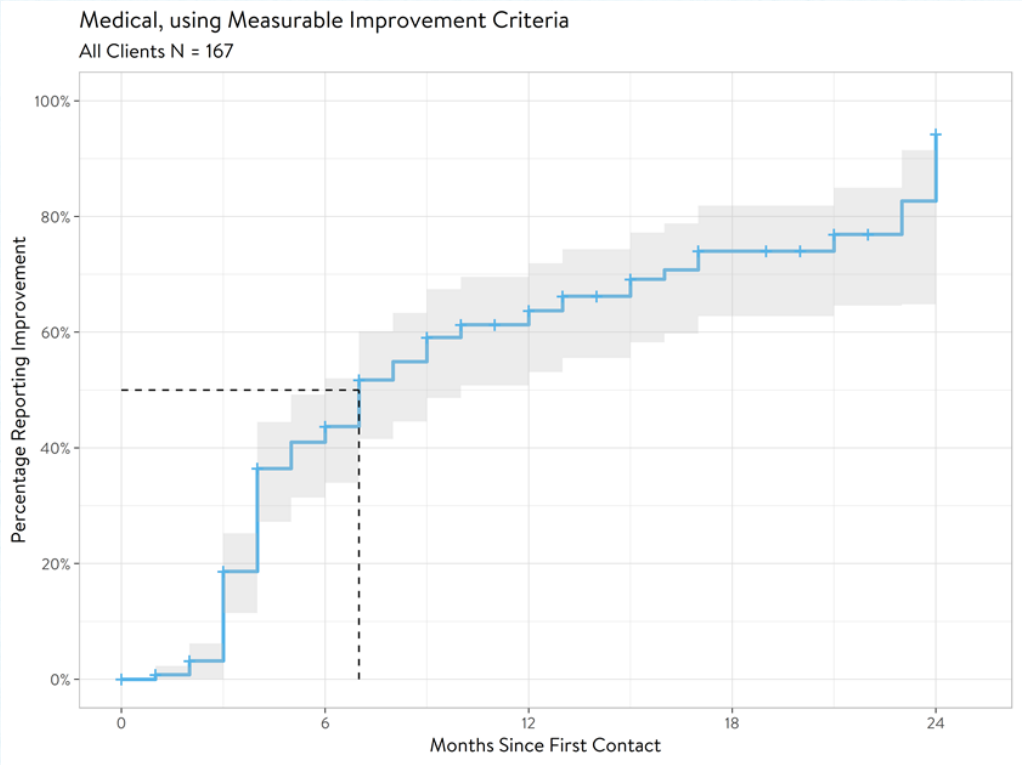


Within one year, 50% of clients who began services as minors reported measurable improvement. Within 23 months, 50% reported substantial improvement. Among clients who began services as transitional aged youth (age 18-24, "TAYs"), these improvements were reached within 8 and 17 months, respectively. Clients who began services as adults took the longest to show measurable improvement (14 months), although 50% reported substantial improvement within 21 months of services. Among sex trafficking survivors in long-term services at Cast, 50% reported measurable improvement within 11 months. Among labor trafficking survivors, 50% reported measurable improvement within one year. Among clients who had experienced both sex and labor trafficking, 50% reported measurable improvement within 8 months. These patterns changed notably when looking at median time to substantial improvement. Sex trafficking survivors were the first to reach this threshold at 17 months, followed by labor trafficking survivors at 21 months. Survivors of both sex and labor trafficking did not reach this threshold within 24 months.

Emotional and Medical Needs Over Time

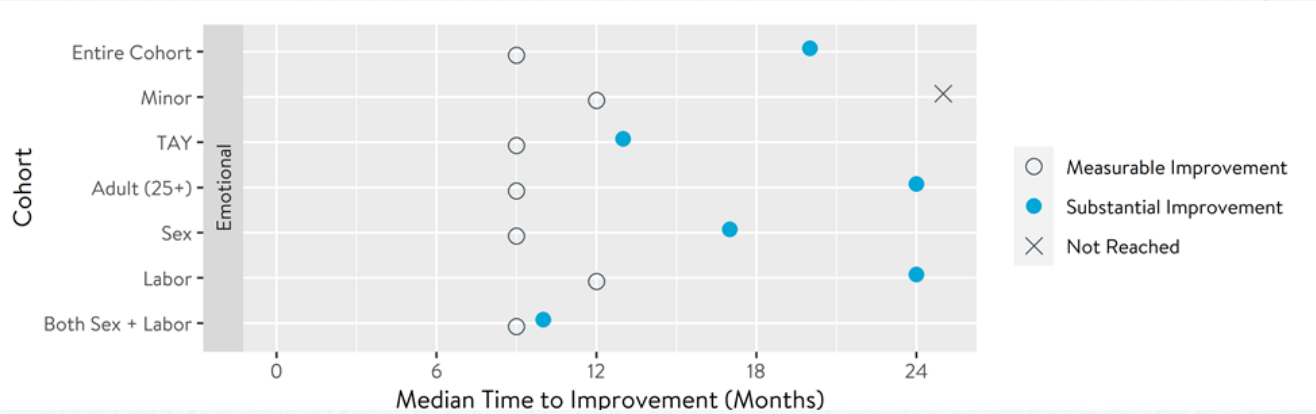
In addition to examining patterns in overall or combined scores on the Survivor Outcomes Assessment, we explored patterns within specific dimensions. For the sake of brevity, rather than provide data for all 13 dimensions, we opted to focus on the indicators most directly related to client health: Emotional & Behavioral and Medical & Physical Health Needs. Like many anti-trafficking organizations, Cast provides some emotional and behavioral services onsite, such as therapy, as well as referrals for other forms of care. Cast does not provide any medical services onsite, and relies entirely on community partners and other referrals to address those needs.



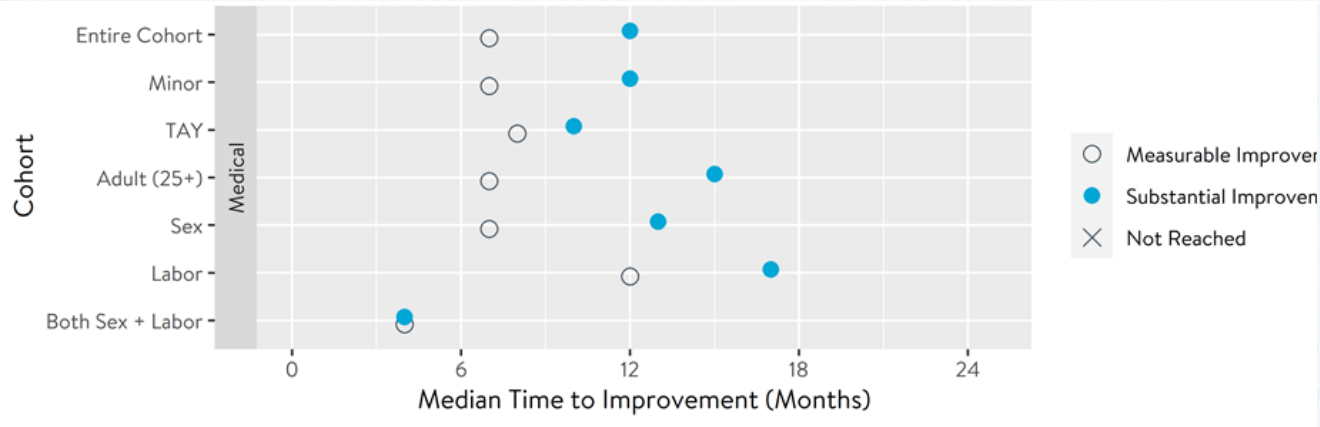


Looking at the dotted line on the Emotional dimension graph, we can see that the median time to improvement is 9 months. This means that, **within 9 months of receiving services, 50% of clients report measurable improvement in emotional and behavioral wellness. Within two years, approximately 85% of clients show measurable improvement.**

Turning to the Medical dimension graph, the median point is reached a bit sooner. **Within 7 months, 50% of clients report measurable improvement in medical and physical needs. Within two years, this goes up to approximately 95%.**



Finally, we examine differences among clients. Among labor trafficking survivors and individuals who began services as minors, it took one year for 50% of clients to show measurable improvement in Emotional & Behavioral Wellness. This is important to highlight, as all other groups took only 9 months to reach this threshold. Minors and labor trafficking survivors also took a bit longer to reach substantial improvement; it took a full two years for 50% of labor trafficking survivors (the same was true for clients who began services as adults age 25+), and clients who began services as minors did not reach this threshold at all. This is not to say that minors did not continue to improve throughout service provision, but rather that, within a two-year period, we did not reach a point at which 50% showed substantial improvement.



Outcomes for Medical & Physical Health Needs showed different patterns. The median point for measurable improvement, or the point at which 50% of clients showed measurable improvement, ranged from 4 months for survivors of both labor & sex trafficking to 12 months for survivors of labor trafficking only. The median point for substantial improvement ranged from 4 months to 17 months, with the same groups demonstrating the fastest or slowest changes. All other groups reached the median for measurable improvement within 7-8 months, and the median for substantial improvement within 10-15 months.

Key Takeaways

Here are some of the lessons from this project:

- **The value of long-term services:** although some clients report improvements relatively quickly, many clients do not demonstrate measurable improvement until 6 months, 9 months, or more. This demonstrates the value of providing long-term consistent support, and further reinforces the urgent need to fund long-term case management, transitional housing, and other ongoing forms of care. Although Cast is able to provide this level of support for some clients, funding limits prevent us from offering long-term support to everyone. This is an issue across anti-trafficking organizations.

- **The impact of broad assessment and referral:** the improvements we measured in clients' medical needs were particularly noteworthy, as Cast does not provide healthcare services. However, through assessing medical needs and connecting clients with external resources, Cast staff were able to support survivors in meeting those needs.

- **Better accuracy in data analysis:** adopting clinically significant improvement as a standard is useful for assessing individual clients' progress and for evaluating the overall impact of services. This method helps in at least three important ways:

    - We don't miss improvements that occur within designated categories (e.g., clients who are "stable" at intake but continue improving, or clients who remain within the crisis/vulnerable range but also show improvement)

    - We don't overstate the impact of services, which sometimes happens when any increase in scores is classified as meaningful improvement

    - We avoid making assumptions about clients who don't have follow-up data, since they are not "counted" as improving, declining, or maintaining unless we have assessments to analyze

Although it was beyond the scope of this project, we would like to highlight one additional benefit of this approach: evaluating changes in service provision. If an organization changes their approach to case management, for example, staff might analyze time to improvement before and after those changes. If the median time to improvement gets shorter – for example, if it used to take 10 months for 50% of clients to show clinically significant improvement in Employment Needs, and now it takes 8 months – this would indicate that services have become more effective at meeting those needs.

Appendix A: The Survivor Outcomes Assessment

The SOA is a multidimensional tool developed by Cast. Administered every 3-6 months during long-term service provision, this tool provides opportunities to assess clients' needs in a comprehensive manner. Clients are also empowered to determine priorities for service provision. The following table provides a list of all dimensions, as well as sample questions for each.

Dimension & Brief Description	Sample Questions
Housing: Housing & Shelter	• What describes the client's current housing? • How does the client manage rent, house rules, and other issues?
Needs: Financial Needs & Public Benefits	• Does the client have access to resources for basic necessities? • How stable are the client's sources of income?
Safety: Safety Plans & Threats	• Are there any known threats to the client's safety or freedom? • Do safety plans exist and are they strong?
Support: Social Support System	• Is the current support system broad and reliable? • Are positive supports sought and cultivated?
Skills: Life Skills	• Does the client understand skills for independent living? • Does the client set boundaries and communicate needs?
Jobs: Job Skills & Employment	• Is the client eligible to work or get benefits? • Can the client manage their career goals?
Language: Language & Literacy	• Does language impeded daily activities, access to services, or achievement of goals? • What is the client's level of literacy in English or another language?
Education: Education	• What level of education has the client completed? • If enrolled, is the client attending classes & functioning well?

Dimension & Brief Description	Sample Questions
Emotion: Emotional & Behavioral Health	• How much does emotional health affect daily functioning? • Does the client use healthy harm-reduction and coping strategies?
Medical: Medical & Physical Health	• How much does physical health affect daily functioning? • Does the client access medical, dental & vision care, with insurance?
Family: Family Status & Child Support	• Is family reunification progressing well, if applicable? • Is the custody of the client's child(ren) now or recently controlled by [child services]?
Legal: Legal Needs	• Are civil remedies & victim's rights being addressed? • Does the client understand legal issues & options, for their circumstances?
Immigrate: Immigration Status & Rights	• If not a U.S. citizen, does the client have documentation for a valid immigration status? • Does the client understand relevant immigration steps & their rights, if applicable?

Scoring:
All relevant questions are answered on a scale ranging from 1 (in crisis) to 5 (thriving). Afterwards, averages are calculated for each dimension. Finally, an overall (Combined Dimensions) average is calculated to assess clients' overall needs.

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Notes

[a] Sloan and colleagues base the 8% and 13% standards on a comprehensive review of the literature on Quality of Life improvement measures in clinical trials. They find that an increase of 0.5 standard deviations, typically equivalent to approximately 8% of the range of an assessment tool, is broadly considered to represent a moderate improvement on Quality of Life measures. Similarly, an increase of 0.8 standard deviations, equivalent to approximately 13% of that same range, is considered to represent a large improvement. These criteria for improvement correspond to thresholds as, or more conservative than, the magnitude of changes in the Health-related Quality of Life research literature.

[b] The gray shading represents confidence intervals for the percentage of clients showing improvement over time.