Examining the impact of 5-Step Method, trauma-informed, and Traveller cultural awareness training on community healthcare workers

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Foreword

On behalf of Cork Traveller Visibility Group, I welcome the publication of this research which highlights the need for ongoing culturally competent work, including anti-bias training, across the community healthcare sector. Written by Gabriella Fattibene, MA Applied Psychology graduate, Department of Applied Psychology, University College Cork, the research examines the experience of a group of healthcare project workers engaged in a project to upskill them in culturally competent delivery of a family support intervention (the 5-Step Method) to assist those impacted by another's substance misuse.

The family support combined training project was funded by the Cork / Kerry Alcohol Harm and Families Grant 2020, and jointly delivered by Cork Traveller Visibility Group's Drug and Alcohol Support Project alongside Cork City Partnership's Community Outreach Drug and Alcohol Awareness Project. I would like to express thanks to the Department of Public Health for funding the combined training package, that facilitated the upskilling of 16 healthcare project workers across Cork and Kerry. The contribution of Cork Local Drug and Alcohol Task Force, who provided further funding to support additional costs as the project developed, is also greatly appreciated.

Thanks to the 5-Step Method trainers; to Chris Rankin, trainer and assessor, for his availability, interest and support during the training and accreditation process, and to Mick Mason, for his support in delivery of both training and a subsequent reflective workshop with project participants. Thanks to Brigid Horgan, co-ordinator of the Traveller Cultural Awareness Training Initiative, and to my colleagues in TVG who delivered the Traveller Cultural Awareness

Training. Thanks to the TVG and Cork City Partnership projects that coordinated delivery of the training project and research, and to the 16 healthcare project workers who gave generously of their time in participating in the training, sharing their experiences in the research process and through their ongoing engagement with Traveller projects and TVG staff in the relational aspects of this project. Thanks to the staff of TVG and Traveller project workers across the Cork and Kerry region who made themselves readily available to participate in relationship building sessions with the healthcare project workers.

Finally, thanks to Dr Sharon Lambert, Department of Applied Psychology, University College Cork, for supervising this research, and for facilitating a workshop on Trauma informed practice in relation to working with Travellers, and for her support and guidance to the joint project coordinators. Last, but not least, thanks to the researcher MA Applied Psychology Graduate, Gabriella Fattibene, for her willingness, interest and dedication in conducting this research over an extended timeline from 2020 to early 2022.

During this time the COVID-19 pandemic presented Irish society and marginalized communities like the Traveller community in particular, with serious challenges that have exacerbated pre-existing health inequalities. It is my wish that the findings of this research be taken on board in the community healthcare sector, as a means to address the stark health inequalities experienced by the Traveller community, including poor mental health and greater levels of problematic substance misuse. Regular anti bias training, and other measures to ensure cultural competency, need to be factored in across community healthcare services. Healthcare staff need to be resourced and supported to deliver culturally competent services, and have flexibility to

prioritize relational work with members of the Traveller community. Resourcing relational work and building this trust is an essential pre-requisite when supporting Travellers to access and benefit from healthcare services and supports. It is noteworthy that this research highlights the value of relational work between community healthcare projects and the Traveller community. The responsibility for building trust with the Traveller community via relational work lies with healthcare providers. The Traveller Visibility Group welcome the opportunity to provide networking and liaison support to services in facilitating this process.

In closing, I am delighted to see the project workers who partook in this project and research are continuing in their efforts to support Traveller access to drug and alcohol services and supports. The workers have established a network titled, 'Building Bridges' which will continue the project's work alongside the TVG's Drug and Alcohol Support Project and Cork City Partnership's Community Outreach Drug and Alcohol Awareness Project. There is a lot to be done in supporting Traveller access to healthcare services. However by working in co-operation to implement recommendations, hear concerns and identify and overcome barriers, progress is possible.

As the Irish proverb says 'Gioraíonn beirt bóthar' - two people shorten the road.

Breda O'Donoghue

Breda O'Donoghue

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Cork Traveller Visibility Group

Examining the impact of 5-Step Method, trauma-informed, and Traveller cultural awareness

training on community healthcare workers

Gabriella Fattibene

Abstract

Research shows that bias impacts Travellers use of community services including drug and alcohol services. Substance use is an issue that impacts many families in the Traveller community but the risk of discrimination and lack of accessible services may prevent Travellers from seeking support. This research examines the impact of delivering 5-Step Method training, Traveller Cultural Awareness training (TCAT), and Trauma-Informed training together to a group of community healthcare workers in the Cork and Kerry region during 2020 to 2021. Results showed that levels of bias were lower after the training but went back up again after 6 months post-training. This highlights the need for ongoing bias training for community workers working with the Traveller community.

Introduction

The purpose of this research is to examine whether receiving a combined training package consisting of Trauma-Informed Care training, Traveller Cultural Awareness training, and 5-Step Method training effects levels of bias towards Travellers. The research was conducted on a family support project, delivered jointly by Traveller Visibility Group / Cork City Partnership project between September 2020 and May 2021. The family support project aimed to build capacity in the group of 16 community healthcare workers, by increasing their knowledge on Traveller culture, trauma informed practice, and upskilling them in delivery of an evidence based family support intervention, the 5-Step Method. Additional reflective practice

workshops and trainee group supervision was provided up to December 2021. The Traveller

Cultural Awareness Training is co-ordinated by the Traveller Cultural Awareness Project. The

Traveller specific Trauma informed workshop was a bespoke workshop designed and delivered

by Dr Sharon Lambert, UCC Psychology and Traveller trainer, Breda O'Donoghue. The 5-Step

Method is a brief, semi-structured psychosocial intervention that uses a 'stress-strain-coping-

support' model to support family members affected by a loved one's substance misuse (Copello

et.al., 2010). The 5-Step Method was delivered by Chris Rankin and Mick Mason, trainers

accredited by AFINet (Addiction and the Family International Network), who developed the 5-

Step Method, now an internationally recognized, evidence based intervention to support family

members and others affected by a loved one's addiction. The focus of the research was to

examine whether undertaking a general training (the 5-Step Method in this instance), alongside a

cultural competency training, specifically regarding Traveller culture and trauma informed

working had an effect on the levels of bias and awareness held by community healthcare workers

towards the Traveller Community.

Contextualizing the research

Traveller Interaction with Health Services

Although the Traveller community has diverse health needs, members are less likely than

the general population to access services (Van Cleemput, 2009). This is attributed to lack of

accessibility, low expectation of services, and the discrimination Travellers risk at these services

(Van Hout, 2009). Recent indicators show 'non-uptake of [substance misuse] treatment among

vulnerable groups' is increasing. Analysis of data submitted for the *Mid term review of the*

National Drugs Strategy Reducing Harm, Supporting Recovery notes 'performance indicators

moving in the wrong direction' in this area. (Drugs Policy and Social Inclusion Unit, Dept of Health, 2021).

A study of health services revealed that staff had little understanding of Traveller culture, including the community's unique health needs and concerns (Francis, 2013). Healthcare staff also held negative perceptions of Travellers, some of which were informed by the media, and believed that Travellers made uniquely challenging patients (Francis, 2012; Van Cleemput, 2009). These stereotypes impact the care members of the Traveller community receive. The discrimination that many face in these contexts contributes to sense of shame and humiliation in the Traveller community which can lead to an avoidance of health services (Van Cleemput, 2009). In fact, many members of the Traveller community only avail of health services for emergencies and are less likely to seek out preventative care (McGorrian et. al, 2012).

The discrimination experienced by Travellers in healthcare contexts leads to a disconnect between the community and services. Travellers tend to report lower satisfaction and poorer experiences with services than the general population (McGorrian et. al., 2012; Van Cleemput, 2009). Conversely, healthcare staff report the belief that Travellers would have better health outcomes if they assimilated to cultural and treatment norms, with little consideration for the protective factors of Traveller culture (Reid & Taylor, 2007; Villani & Barry, 2021). Efforts to enhance cultural competency and reduce discrimination in healthcare staff are included in the national drugs strategy under the action 'providing anti-racism, cultural competency and equality training to service providers' (Dept. Health, 2021). Three modules of an intercultural awareness programme are available to HSE employees, HSE funded projects and volunteers via an eLearning module on the HSeLanD online learning portal. Considering the HSE is the largest

employer in the state, uptake of this training is proportionally low. Out of 67,000 HSE direct employees and 35,000 staff in HSE funded agencies, 1476 people had completed the HSeLanD intercultural awareness eLearning module by the end of 2020 (Dept. of Health, 2020). This figure constitutes approximately 1.4 % of total HSE & HSE funded agency staff (HSE, 2022). The impact of cultural competency training needs further research, including how specific Traveller cultural competency training is impactful, and how regularly it is required to maintain impact.

Traveller Community & Substance Use

Substance use is a growing concern in the Traveller community. Between 2007 and 2018, there was a 206% increase in the number of Traveller community members who sought assistance for substance use (Carew & Lyons, 2019). However, this figure likely underestimates the severity of substance use in the Traveller population, as these cases mainly represent men. Women from the Traveller community are less likely to access substance use services due to cultural traditions and familial commitments – this often results in estimations of female Traveller substance use to be lower than they actually are (Van Hout, 2009). The requirement for a strong focus on research on substance misuse within communities of interest, including the Traveller community, is highlighted in stakeholder feedback in the *Mid term review of the National Drugs Strategy Reducing Harm, Supporting Recovery* (Drugs Policy and Social Inclusion Unit, Dept of Health, 2021). Stigma, shame, lack of information about services also prevents members of the community from seeking assistance, again contributing to these figures underestimating the true prevalence of substance use in the community (Van Hout, 2009).

Research shows that substance use is often used as a means of coping with the high levels of discrimination and disadvantage experienced by the Traveller community (Van Hout, 2009). Certain acts of discrimination also promote specific substance use behaviors in the community, for instance many members reported that they had difficulty getting into pubs and bars due to their status as a Traveller, so drinking at home became more common (Van Hout, 2009). In many ways, the shame, stigma, and trauma the Traveller community faces as a result of discrimination perpetuates the cycle of substance use. The prejudice and hardship the Traveller community faces leads to substance use as a coping mechanism, but many are reluctant to seek assistance due to the discrimination and barriers they face accessing services. The consequences of untreated substance use (ex. sudden death, strain on family and community structure) lead to increased trauma and shame for which substance use is also often used to cope with (Van Hout, 2009; Van Cleemput, 2009; Tobin, Lambert, & McCarthy, 2018). Receiving treatment for substance use positively impacts not only the individual, but the family unit and community as a whole, as substance use has a profound effect on the entire family network within the Traveller community (Van Hout, 2011) As such, it is crucial to reduce discrimination and bias across substance use services in order improve outcomes for the Traveller community.

Discrimination & Implicit Bias

Discrimination is a key issue for the Traveller community – it impacts not only the prevalence of substance use within the community but also the experiences of those who seek help. This contributes to widespread trauma within the community and compounds a mortality rate that is 3.5 times that of the general population (McGorrian, Hamid, Fitzpatrick, Daly, Malone, &

Kelleher, 2013). As such, Traveller cultural competence should be a priority for healthcare services.

As the previous body of research suggests, many healthcare and service workers hold biases against the Traveller community that result in discrimination. Reducing the level of bias in frontline workers will help alleviate the discrimination many Travellers face when trying to access services, and create a better narrative around service use within the Traveller community (Van Cleemput, 2009).

Whilst this research is limited to exploring the impact of training on bias levels in a group of community healthcare workers, it is worth noting that Traveller cultural competency comprises just one part of inclusive and culturally appropriate service delivery. Research points to the need for equality proofing and engagement of Travellers in policy, planning and service delivery, building diversity in staff teams, supporting targeted community outreach and engagement programmes, among a range of other measures. (Fountain, Jane, 2006).

Research has shown that implicit bias can be reduced when viewed from a "habit-breaking" lens. Devine, Forscher, Austin, & Cox (2012) found that implicit bias interventions were successful when it was conceptualised as a habit that could be broken through a combination of 1.) awareness of one's own implicit bias, 2.) concern about the effects that bias can have on others, and 3.) employing strategies to reduce bias. Strategies for reducing bias include stereotype replacement, counter-stereotypic imaging, individuation, perspective-taking, and increasing opportunities for contact (Devine et. al., 2012). Questions regarding these

strategies were included in the survey for this project, as employing more bias-reducing strategies would suggest that participants were actively trying to reduce their levels of bias.

The present research focused on the family support training project seeks to examine the impact of the combined training package on bias levels in community healthcare workers participating in the training project. By delivering the 5-Step Method, Trauma-informed, and TCAT trainings in conjunction with one another, this research analyzes whether partaking in these trainings with a Traveller-awareness lens impacts the level of bias and awareness in community healthcare workers.

Methodology

Research was carried out from September of 2020 to May of 2021 on a group of 16 community healthcare workers across Cork and Kerry who engaged in a combined training project that provided data for this research. Between July and September 2020, the opportunity to participate in this combined training programme was promoted amongst practitioners in Cork and Kerry working with families impacted by addiction. Project participants were selected in September 2020 on the basis of their work with affected family members, their experience and / or interest in engaging with Traveller families, their commitment to completion of training and their willingness to participate in research on attitudinal change.

For the purpose of this study, an anonymous survey was delivered to project participants at three time points: pre-training (September 2020), immediately post-training (November 2020), and 6 months after training (May 2021). The survey comprised of four clusters of questions: 1.) Endorsement of stereotypes (e.g. *Travellers are problematic as clients/service-users*), 2.) Awareness of bias (e.g. *In the past, I have treated Travellers differently than other people*), 3.)

Concern about bias (e.g. *I am concerned about the effects of discrimination on Travellers*), and

4.) Bias reducing habits (e.g. *In the past six months, I have tried to put myself in Travellers'*

shoes to see how an issue might affect them). Agreement with these statements was measured

with a 7-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree" (See

Appendix).

Each survey also contained a number of open-ended questions, dependent on the time

point (e.g. *Do you feel as if participating in the Trauma Sensitive Training, the 5-Step Training,*

and the Traveller Cultural Awareness Training has changed your perspective on working with

members of the Traveller community? If so, how?). These responses were analyzed with thematic

analysis.

After the conclusion of the training package, two semi-structured interviews were

conducted with participants. Thematic analysis was also performed on this data.

Findings

Data Collection Period	Cluster 1 Group Mean	Cluster 2 Group Mean	Cluster 3 Group Mean	Cluster 4 Group Mean
Pre-praining	3.1	3.8	6	4.25
Post-training	2.8 (-9.7%)	4.5 (+18.4%)	6.15 (+2.5%)	4.93 (+16%)
6 months Post-Training	2.91	3.95	6.18	4.87
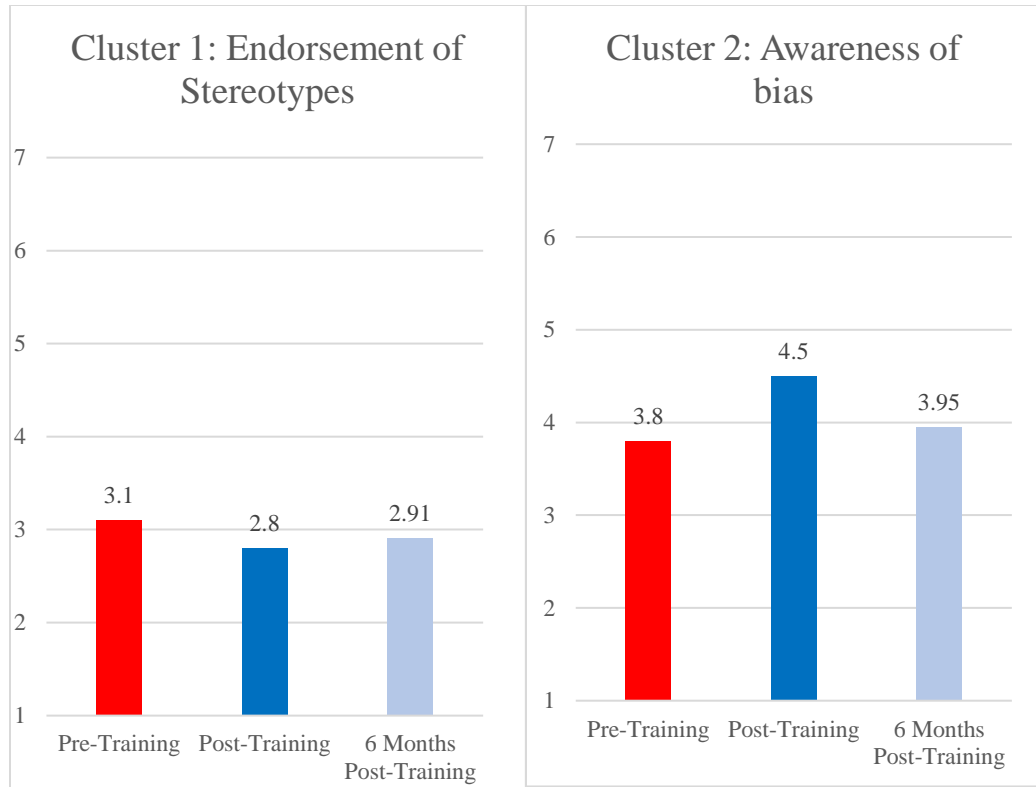
Survey results show that endorsement of stereotypes decreased from the pre-training measure to the post-training measure and increased slightly at the 6 months post-training measure. Awareness of bias increased from the pre-training measure to the post-training measure but decreased at the 6 months post-training measure (although remaining higher than the initial pre-training measure). Concern about the effects of bias towards Travellers increased from the pre-training measure to the post-training measure and increased slightly again at the 6 months post-training measure. Bias reducing habits increased from the pre-training measure to the post-training measure and decreased slightly at the 6 months post-training measure, although remaining higher than the initial pre-training measure.

Interviews

Linking the 5-Step Method, Trauma informed, and Traveller cultural awareness trainings

Interview participants agreed that they were somewhat uncertain how the three trainings linked together. Participants considered the 5-Step Method training very structured and separate from the other two trainings. One participant mentioned that the skills based 5-Step Method training would have benefited from a section on how to adapt this support intervention to Traveller families impacted by substance use and discussion whether any modification was needed. Qualitative survey data suggests that the majority of participants envisioned using the 5-Step Method with Traveller clients in the future, but some participants mentioned that they felt they needed continuous support from Traveller organizations to do so.

Professional vs. Personal Bias

A theme that arose during interviews was the acknowledgement of professional bias and personal bias. Interview participants agreed that the three trainings helped them with their professional bias – feeling able to listen to concerns of the Traveller community and establish professional links. However, this was separate to their feelings of *personal* bias and feeling able to establish personal links within the Traveller community (one participant used the example that if their child was to begin dating a member of the Traveller community, they'd have reservations). One participant mentioned that the Trauma-informed and TCAT trainings were more conducive to personal learning (confronting one's own bias and experience), whereas the 5-Step Method training was more conducive to professional skills. Qualitative survey data reinforced the idea that participants felt more aware of their professional bias and it led them to consider the effects of intergenerational trauma, accessibility and discrimination, prompting them to consider how to make their services more accessible to the Traveller community.

Protective Factors within the Traveller Community

A theme that was salient to interview participants was the strengths and protective factors of the Traveller community. Participants felt like the trainings helped them acknowledge strengths of the Traveller community and highlight protective factors in their professional and personal interaction with members of the Traveller community.

One participant referenced a piece from the training that referred to Travellers 'living in the present' thereby making it more challenging to schedule appointments. This struck the participant as a positive thing as much of the settled community often needs to be reminded to

live in the present and practice mindfulness, etc. Therefore, living in the present can be seen as a protective factor of the Traveller community.

One participant also felt like TCAT was an opportunity to place importance of the protective factors of culture and identity within the Traveller community. They felt it gave them an opportunity to get "creative" with treatment including asking clients to share a few words in Cant and incorporating cultural pastimes such as tending to horses into treatment plans. The participant considered the strong cultural identity among the Traveller community a strength, and it reminded them of their early personal experiences with the Traveller community and sharing skills and stories with them. This encouraged them to employ that cultural exchange in their own professional practice, acknowledging that many members of the Traveller community face the pressure to assimilate and give up aspects of their cultural identity.

Participants recognized the resilience of the Traveller community and the many strengths of the community and felt empowered to open up a dialogue about those strengths with their Traveller clients, allowing them to bridge the power imbalance between practitioner and client. Qualitative survey data also focused on increased awareness and appreciation for Traveller culture and the desire to make services more accessible for Traveller clients.

Discussion

Findings suggest that the three trainings increased participants' awareness of their own professional bias against the Traveller community and the challenges that the Traveller community face when seeking support. The combined training programme also increased interest in building links between practitioners and the community.

The data gathered has limitations, mainly that the participant group was small (approximately 19 people) and there was attrition throughout the three surveys. Some participants were able to attend certain training sessions and not others, so the quantitative data lacks the statistical power to determine significance and effect sizes. However, coupled with the qualitative data, there is evidence that the training did make a lasting impact on participants and allowed them to view their practice or service through a Traveller-awareness lens.

Future research into the impact of such a combined training programme on practitioner bias levels would benefit from a larger group of participants and pre-post measures. Future combined training packages would also benefit from reiterating the Traveller-awareness lens with each component of the training package, as some participants did feel like the bias / awareness piece was lost in the skills based 5-Step Method training, which would have benefited from incorporating discussions on applying the 5-Step Method with Traveller family members affected by substance use.

Recommendations for Services

Although participants in the project felt that they gained skills and insight from the three trainings, levels of bias still increased slightly six months after the training. This points to the need for ongoing bias training in community support settings. Further research should examine why it is the case that bias seems to rise again six months post-training, and what can be done to make the effects of bias training more resilient.

Community workers would also benefit from ongoing support around lowering their levels of bias. A theme that came up in the interviews was the distinction between personal bias and professional bias – aspects of the training impacted their professional bias and personal bias

differently. Participants felt as if they had different levels of personal and professional bias. Further research should examine how personal and professional bias differ and how bias training can be made to target and reduce both.

Another recommendation highlighted throughout the course of the research on this training project is the need for discussions around Traveller cultural competency when being trained for new skills. This in turns points to the opportunity provided to service providers to incorporate recurring Traveller cultural competency inputs with staff, through supporting the inclusion in new skill trainings on the application of these new skills in a culturally competent manner with Traveller clients. The absence of such discussions during the 5-Step Method training was noted in research findings. Even though the 5-Step Method training was delivered in conjunction with the TCAT, participants had a difficult time linking 5-Step Method skills to the Traveller community since culturally specific application of this support intervention was not explicitly talked about in the training sessions. A discussion of cultural competency would have benefitted the 5-Step Method training as well as other trainings so that participants understand how they can use these new skills to support their Traveller clients.

Many community services have a difficult time reaching the Traveller community. Although participants in the family support project researched here felt the trainings had given them new skills and tools to make their services more accessible, they still expressed difficulty when it came to getting Traveller clients in the door and making initial contact with the community. This points to the need for strong links between Traveller services and other community services.

Summary of Recommendations:

- Ongoing anti-bias training regarding working with Travellers after the 6-month mark

- Additional research and evaluation into the delivery of anti-bias training to address why bias levels towards Travellers seem to rise again after a certain amount of time.

- Organisations to include a discussion amongst trainees on Traveller cultural competency in each skills training

- Ongoing support for community healthcare workers to examine their levels of personal and professional bias towards Travellers

- Provide links between Traveller services and community services (as some community healthcare workers felt they needed additional support to make links with the Traveller community)

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Surveys

Survey 1 (Pre-Training Survey)

Please rate how much you agree with the following statements:

CLUSTER 1

1. Travellers are problematic as clients/service users

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

2. If Travellers conformed to treatment protocol, they'd have better outcomes

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

3. Travellers don't want to engage with services which is why they have poor outcomes

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

4. Travellers are troublesome

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

CLUSTER 2

5. My perception of Travellers has been informed by media depictions (news stories, television shows, etc.)

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

6. I am aware of my own bias against Travellers

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

7. In the past, I have treated Travellers differently than other people

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

CLUSTER 3

8. I am concerned about the effects of discrimination on Travellers

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

9. Discrimination impacts how Travellers engage with services

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

CLUSTER 4

10. In the past four months, I have recognized a biased thought I had about Travellers and tried to replace it with a non-biased thought

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Strongly   Neutral   Strongly

Disagree   Agree

11. In the past four months, I have tried to get to know Travellers as individuals

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Strongly   Neutral   Strongly

Disagree   Agree

12. In the past four months, I have tried to put myself in Travellers' shoes to see how an issue might affect them

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Strongly   Neutral   Strongly

Disagree   Agree

13. In the past four months, I have tried to increase my contact with the Traveller community

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Strongly   Neutral   Strongly

Disagree   Agree

Open ended question(s):

(optional) Please add any other comments you have about bias, the Traveller community, discrimination, etc. here.

Survey 2 (Post-Training)

Please rate how much you agree with the following statements:

CLUSTER 1

1. Travellers are problematic as clients/service users

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

2. If Travellers conformed to treatment protocol, they'd have better outcomes

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

3. Travellers don't want to engage with services which is why they have poor outcomes

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

4. Travellers are troublesome

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

CLUSTER 2

5. My perception of Travellers has been informed by media depictions (news stories, television shows, etc.)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Strongly   Neutral   Strongly

Disagree   Agree

6. I am aware of my own bias against Travellers

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Strongly   Neutral   Strongly

Disagree   Agree

7. In the past, I have treated Travellers differently than other people

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Strongly   Neutral   Strongly

Disagree   Agree

CLUSTER 3

8. I am concerned about the effects of discrimination on Travellers

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Strongly   Neutral   Strongly

Disagree   Agree

9. Discrimination impacts how Travellers engage with services

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Strongly   Neutral   Strongly

Disagree   Agree

CLUSTER 4

10. In the past four months, I have recognized a biased thought I had about Travellers and tried to replace it with a non-biased thought

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

11. In the past four months, I have tried to get to know Travellers as individuals

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

12. In the past four months, I have tried to put myself in Travellers' shoes to see how an issue might affect them

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

13. In the past four months, I have tried to increase my contact with the Traveller community

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

Open ended question(s):

Do you plan on incorporating any of the elements from the Trauma Sensitive Training, the 5-Step Training, and/or the Traveller Cultural Awareness Training into your own practice?

(optional) Please add any other comments you have about bias, the Traveller community, discrimination, etc. here.

Survey 3 (6 months Post-Training)

CLUSTER 1

1. Travellers are problematic as clients/service users

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

2. If Travellers conformed to treatment protocol, they'd have better outcomes

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

3. Travellers don't want to engage with services which is why they have poor outcomes

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

4. Travellers are troublesome

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

CLUSTER 2

5. My perception of Travellers has been informed by media depictions (news stories, television shows, etc.)

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

6. I am aware of my own bias against Travellers

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

7. In the past, I have treated Travellers differently than other people

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

CLUSTER 3

8. I am concerned about the effects of discrimination on Travellers

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

9. Discrimination impacts how Travellers engage with services

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

CLUSTER 4

10. In the past four months, I have recognized a biased thought I had about Travellers and

tried to replace it with a non-biased thought

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

11. In the past four months, I have tried to get to know Travellers as individuals

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

12. In the past four months, I have tried to put myself in Travellers' shoes to see how an issue might affect them

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

13. In the past four months, I have tried to increase my contact with the Traveller community

1   2   3   4   5   6   7

Strongly   Neutral   Strongly

Disagree   Agree

Open ended question(s):

What aspects of the 5-Step, Traveller Cultural Awareness, and/or Trauma Sensitive Trainings made a lasting impact on you?

How do you envision using the 5-step method with members of the Traveller community?

What aspects of the training programme (including all three trainings) do you consider most important when working with Traveller families?

(optional) Please add any other comments you have about bias, the Traveller community, discrimination, etc. here.