Education International Toolkit

2026

TEACHING INCLUSION, BUILDING BELONGING

A Toolkit for Educators and Education Unions to Promote Inclusion and End Stigma Related to Leprosy (Hansen's Disease)

MODULE 3

Advocacy Tools for Education Unions

Education International
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SASAKAWA LEPROSY HANSEN'S DISEASE INITIATIVE

笹川保健財団 SASAKAWA Health Foundation

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Art for me is a way of observing the world, making sense of what I see, and sharing it with others. I am still finding and developing my voice as an artist, but I enjoy the process of experimenting, learning, and discovering where each artwork takes me."

About Education International:

Education International represents organisations of teachers and other education employees across the globe. It is the world's largest federation of unions and associations, representing thirty million education employees in about four hundred organisations in one hundred and seventy countries and territories, across the globe. Education International unites teachers and education employees.

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Acronyms and Abbreviations

AFT	American Federation of Teachers (United States of America)
APOC	Asociación del Personal de los Organismos de Control (Argentina)
APSEE	Asociación del Personal Superior de Empresas de Energía
CPSU	Community and Public Sector Union (Australia)
CUPE	Canadian Union of Public Employees (Canada)
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
EI	Education International
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
M&E	Monitoring and Evaluation
OPD	Organisation of Persons with Disabilities
PSI	Public Services International
UDL	Universal Design for Learning
UN	United Nations
UNICEF	United Nations Children's Fund
UNITE	Unite the Union (United Kingdom)

Module Overview

Education unions play an important role in promoting inclusive education and challenging stigma and discrimination. As trusted voices in the education sector, they can influence professional practice, strengthen inclusive school cultures, and shape education policies through advocacy, social dialogue, and collective action. This module provides practical guidance for education union leaders and representatives to strengthen inclusion both within their own organisations and through their advocacy to combat stigma and discrimination against persons affected by leprosy (Hansen's disease). It explores the foundations of inclusive advocacy, strategies for making unions more inclusive, practical approaches for engaging members and partners, and tools for planning, implementing, and monitoring advocacy efforts. The module concludes by examining how education unions can use policy engagement, partnerships, and collective bargaining to promote inclusive education and uphold the rights of persons affected by leprosy (Hansen's disease) and other marginalised groups.

Module Learning Objectives

1. Apply a foundation of inclusive and rights-based principles to all union advocacy work.
2. Assess and strengthen inclusion within their own union's practices, policies, and environments.
3. Use practical messaging and campaign tools to communicate accurately and respectfully about leprosy (Hansen's disease), disability, and inclusion.
4. Engage in social dialogue, collective bargaining, and policy advocacy to advance inclusive education systems.

Units in this Module

Unit 3.1 Foundations of Inclusive Advocacy

Unit 3.2 Strengthening Inclusion Within Education Unions

Unit 3.3 Communicating and Campaigning for Inclusion

Unit 3.4 Policy Engagement, Social Dialogue, and Collective Bargaining

Unit 3.1 Foundations of Inclusive Advocacy

Unit Overview

Unit 1 establishes the foundation for inclusive advocacy by education unions. It introduces rights-based and evidence-based advocacy, meaningful participation through the principle of "nothing about us without us," and the use of respectful, inclusive, and non-stigmatising language when communicating about leprosy (Hansen's disease), disability, and exclusion. The unit also clarifies the distinctive role of education unions in shaping professional values, supporting members, influencing education systems, and modelling inclusion within their own structures. Through reflection and practice activities, these principles are applied to union documents, messages, and advocacy practice before moving on to the practical tools in later units.

Unit Learning Objectives

1. Explain why advocacy on leprosy (Hansen's disease) and disability must be grounded in evidence, respect, and the participation of affected persons.
2. Apply principles of inclusive, non-stigmatising language and messaging in advocacy materials.
3. Identify the role of education unions in shaping public attitudes and influencing education systems.

Unit Outline

3.1.1 Rights-based and evidence-based advocacy

3.1.2 Meaningful participation: nothing about us without us

3.1.3 Using inclusive and non-stigmatising language

3.1.4 The role of education unions in advocacy

3.1.1 Rights-Based and Evidence-Based Advocacy

Advocacy is a process of influencing positive change by supporting people in understanding and claiming their rights. It involves enabling people to have their voices heard, working together to improve policies, services, and practices. Advocacy can take place at the individual, community, national and international level, influencing shifts in attitudes, beliefs, and practices with the aim of to create more inclusive and equitable societies.[1]

EI's rights-based and evidence-based advocacy recognises that discrimination is often overlapping and rooted in lived experience.[2] Through an intersectional lens, EI works to promote inclusive education systems that empower women and girls, protect rights, and support lasting change.

Principles of inclusive advocacy

Good advocacy does not only raise awareness; it changes systems. For education unions, advocacy that promotes inclusive education and challenges stigma must be grounded in shared principles. These principles ensure that what we say is accurate, how we say it is respectful, who we involve has a real voice, and what we do leads to lasting change.

The principles below work together and are not steps to follow in order. An advocacy campaign that is evidence-based but excludes the people it claims to support is not truly inclusive. One that is participatory but uses inaccurate data loses credibility. Inclusive advocacy requires all these principles working together.[3]

1. **Human-rights based** – Inclusive advocacy is rooted in human rights. The idea that every person, regardless of their health condition, disability, gender, or background, has rights that must be respected, protected, and fulfilled.

   Several international human rights instruments provide the legal and moral foundation for this work, including:

   - The International Covenant on Economic, Social and Cultural Rights (ICESCR)
   - The UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
   - The UN Convention on the Rights of the Child (CRC)
   - The UN Convention on the Rights of Persons with Disabilities (CRPD)
   - The International Covenant on Civil and Political Rights (ICCPR)
   - The UN Principles and Guidelines for the Elimination of Discrimination against Persons Affected by Leprosy (Hansen's disease) and Their Family Members

   A human rights-based approach to advocacy strengthens accountability. It reminds schools, governments, and institutions that persons affected by leprosy (Hansen's disease), disability, and other marginalised groups are rights holders, not recipients of charity. Education is a right, not a privilege, and exclusion from education is a rights violation that demands a response. For education unions, this means grounding every advocacy action, such as a statement, a campaign, a collective bargaining clause, in the language of rights, not just goodwill.

2. **Evidence-based** – Advocacy is most powerful when it is backed by accurate, reliable data. Evidence helps unions make the case for change to decision-makers, counters myths and misinformation, and ensures that advocacy stays focused on real problems and real solutions.

   Evidence for advocacy on leprosy (Hansen's disease) and inclusive education may include:

   - Data on new leprosy (Hansen's disease) cases, disability rates, and geographic distribution
   - Research on the impact of stigma on school enrolment, attendance, learning outcomes, psychosocial and mental health
   - Documentation of cases of discrimination in schools or workplaces
   - Member testimonies and case stories from teachers, learners, and affected communities
   - Reports from national and international human rights bodies

   The most compelling evidence often combines numbers with human stories, data that shows the scale of a problem, alongside a personal account that brings it to life.

   Ask: Are the data being used current, accurate, and from a reliable source? Are the data represented fairly, without exaggeration?

3. **Credible** – Credibility is what makes people trust the message. For education unions, credibility is built over time through consistency, accuracy, and authentic relationships with members and communities.

   Credibility depends on:

   - Using accurate, verifiable data and citing sources clearly
   - Being honest about what is known and what is not
   - Delivering on commitments made to members, communities, and partners
   - Involving the people most affected by an issue in research and planning so that advocacy reflects lived reality, not assumptions

   Credibility is easily lost. A union that overstates the scale of a problem, uses outdated statistics, or makes claims it cannot support will find its advocacy dismissed, even when the cause is just. This is especially important when addressing a stigmatised condition like leprosy (Hansen's disease) and disability, where misinformation already exists and every inaccurate claim can reinforce rather than challenge harmful stereotypes.

   Before sharing any data or claim, ask: *Can we verify this? Can we explain where it came from?*

4. **Transparent and accountable** – The communities and members on whose behalf a union advocates have a right to know what is being said, to whom, and why. Transparency means sharing messages, plans, and outcomes openly, not just with decision-makers, but with the people the advocacy is meant to serve.

   Accountability means taking responsibility for what your union does and says. If a strategy does not work, acknowledge it. If a message causes unintended harm, address it. If commitments

were made to affected communities, follow through. Practical ways to practise transparency and accountability include sharing advocacy messages through union communications, community meetings, social and traditional media, and regular reporting back to members on what has been done and what has changed.

For education unions, accountability also means ensuring that the union's own internal practices. Hiring, leadership, communications, meeting accessibility, and other internal practices reflect the inclusive values being advocated for externally.

5. **Participatory: "Nothing About us Without Us"** – This principle comes from the global disability rights movement[4] and is now central to any inclusive advocacy: persons affected by a condition or situation must be active participants in the advocacy that concerns them, not passive subjects or token representatives.[5]

   In the context of this toolkit, this means that persons affected by leprosy (Hansen's disease) and persons with disability, their families, and their communities should be genuinely involved in identifying problems, shaping messages, developing strategies, and evaluating results. Their knowledge, experience, and priorities must drive the advocacy and not be added as an afterthought.

   For education unions, participation should be meaningful, not symbolic. This includes:

   - Involving affected members and community members before designing a campaign
   - Creating safe spaces where people can share their experiences without fear of exposure or stigma
   - Sharing decision-making, not just information
   - Ensuring participation is accessible in language, format, location, and timing

   Participation also protects advocacy from unintended harm. When the people most affected by a campaign are involved in shaping it, the risk of reinforcing harmful stereotypes or missing the actual priority issues is significantly reduced.

6. **Intersectional** – Leprosy (Hansen's disease)-related stigma does not exist in isolation. A person affected by leprosy (Hansen's disease) may also face discrimination based on their gender, disability, age, race, ethnicity, economic status, or geographic location.[6] These forms of discrimination overlap and compound each other, and effective advocacy must recognise this.

   An intersectional approach means:

   - Avoiding one-size-fits-all messages that miss the diversity of people affected
   - Recognising that some members and learners face multiple and layered barriers
   - Designing advocacy strategies and materials that reach those who are most excluded, not just those easiest to reach
   - Listening to women, children, and other groups who may experience stigma differently, and whose voices may be less represented in union structures

Education International explicitly commits to addressing discrimination through an intersectional lens, which enables a deeper understanding of the complexities of lived experiences.[7] This toolkit applies that commitment to the specific context of leprosy (Hansen's disease)-related stigma and inclusive education.

7. **Respectful and Non-Stigmatising** – Advocacy on leprosy (Hansen's disease) and disability can itself cause harm if it uses language or images that dehumanise, sensationalise, or stereotype the people it is meant to support. This principle is especially critical in the context of a condition that has historically been misrepresented in media, religion, and culture.

   Respectful and non-stigmatising8 advocacy means:

   - Using person-first language - "a person affected by leprosy (Hansen's disease)," not "a leper"; "person with disability" not "disabled"
   - Avoiding images that emphasise physical disfigurement without consent or context
   - Not using pity-based messaging that portrays affected persons as helpless victims
   - Checking advocacy materials with affected persons before publishing them
   - Presenting persons affected by leprosy (Hansen's disease) and persons with disability as rights holders and agents of change, not objects of sympathy

   The language we choose in advocacy shapes public attitudes. Words that reduce a person to their condition or reinforce fear and shame perpetuate the very stigma we are trying to end.

   Ask: *Would the person this message is about be comfortable with how they are represented? Would it make the problem better or worse?*

8. **Strategic and Goal-Oriented** – Advocacy is not the same as awareness-raising. Awareness is important but advocacy goes further. It aims to change a specific policy, practice, law, or norm. Inclusive advocacy for education unions needs to be strategic: choosing the right issue, the right message, the right audience, and the right moment.

   A strategic approach to advocacy9 involves:

   - Identifying a clear and specific goal – what change do we want, and by when?
   - Knowing your audience – who has the power to make this change, and what do they care about?
   - Choosing the right channel – a union statement, a media campaign, a collective bargaining proposal, or direct engagement with government
   - Building alliances – working with other unions, OPDs, organisations of persons affected by leprosy (Hansen's disease), health organisations, and community groups
   - Monitoring progress – tracking whether the advocacy is reaching the right people and moving toward the goal

   For education unions, strategic advocacy connects the specific issue, such as leprosy (Hansen's disease)-related stigma in schools, to the broader agenda of quality, inclusive, and equitable

public education that unions are already committed to.

9. **Communicative** – Advocacy requires deliberate, clear, and creative communication, not just information-sharing. The goal is to move people: to help them understand an issue they may not have considered, challenge a belief they may hold, and commit to a change they might not have thought necessary.

   Effective advocacy communication[10] *for education unions:*

   - Uses simple, accessible language that can be understood and translated across contexts
   - Tells stories as well as presenting data – combining evidence with human experience
   - Adapts the message to the audience – what works for a government official may not work for a school staff meeting
   - Uses multiple channels – meetings, print materials, social media, radio, community events
   - Returns to the same key messages consistently, rather than introducing too many different ideas at once

Communication in inclusive advocacy is also two-way. It involves listening as much as speaking, and being willing to adapt the message based on what the audience hears.

TRY THIS!

Use These Principles Together

These nine principles are most effective when used as a checklist you return to throughout any advocacy initiative, not just at the planning stage.

Principle	Key question to ask
Human rights-based	Whose rights are at stake, and what do those rights require?
Evidence-based	What does the data tell us, and is it reliable?
Credible	Will our audience trust this and should they?
Transparent and accountable	Are we being open about what we are doing and why?
Participatory	Are the people most affected genuinely involved?
Intersectional	Who might we be missing, and why?
Respectful and non-stigmatising	Does our language and imagery uphold dignity?
Strategic and goal-oriented	What specific change are we working toward?
Communicative	Are we reaching the right people with the right message?

3.1.2 Meaningful Participation: Nothing About Us Without Us

"Nothing about us without us" is one of the most important principles in disability rights and inclusive advocacy. It means that the people most affected by an issue must have a genuine voice in decisions that concern them, not as an afterthought, but from the very beginning.[11] For education unions advocating on leprosy (Hansen's disease)-related stigma and inclusive education, this principle has a clear implication: affected persons, communities, and the organisations that represent them are not just the subject of your advocacy. They are partners in it.

The legal basis for this principle is found in Article 4.3 of the CRPD, which requires states to closely consult with and actively involve persons with disabilities in the development and implementation of legislation and policies. CRPD General Comment No. 7 further clarifies that this participation must be meaningful and effective, not simply a formality.

Why participation matters in advocacy

When affected persons and communities are genuinely involved in shaping advocacy, the result is stronger, more relevant, and more sustainable.[12] They know the barriers that others do not see. They know what messages resonate in their communities and what language causes harm. They know which solutions work and which create new problems.[13]

Participation also builds trust. Advocacy that is designed and led without the people it claims to support risks being inaccurate or even harmful, even when the intent is good. A union campaign on leprosy (Hansen's disease)-related stigma that does not involve persons affected by leprosy (Hansen's disease) may rely on assumptions or stereotypes rather than lived experience.

For education unions specifically, meaningful participation in advocacy means:

- Involving teachers and school staff affected by leprosy (Hansen's disease) or disability as active voices, not case studies
- Partnering with organisations of persons affected by leprosy (Hansen's disease), OPDs, and civil society groups as co-advocates, not just as sources of information
- Ensuring children and young people affected by leprosy (Hansen's disease) or disability have a voice in advocacy that affects their right to education
- Including women, girls, and gender-diverse persons, who may face compounding discrimination and whose voices are often underrepresented

Participation is not only consultation[14]

There is an important distinction between consultation and meaningful participation. Consultations that ask affected people about barriers and then hand control back to the union are not enough.

Meaningful participation means being involved throughout the full advocacy cycle – from identifying the issue, to gathering evidence, to developing the message, to deciding on strategy, to monitoring results. It means sharing power, not just asking questions.

Think of participation as existing on a spectrum:

Level	What it looks like
Information	Affected persons are told what is being done
Consultation	Affected persons are asked for their views
Collaboration	Affected persons are involved in planning and decision-making
Co-leadership	Affected persons lead or co-lead the advocacy process

Inclusive advocacy should aim for collaboration or co-leadership wherever possible. The right level will depend on context, capacity, and the specific stage of the advocacy, but the direction of travel should always be toward more, not less, power being shared.

TRY THIS!

Who Should We Partner With?

Participation in advocacy should reflect the real diversity of the people affected. Avoid grouping everyone under a single category. Persons affected by leprosy (Hansen's disease), disability, or exclusion from education have varied experiences shaped by gender, age, disability type, location, race, ethnicity, economic status, and more.

When building partnerships for advocacy, actively seek involvement from:

- Persons affected by leprosy (Hansen's disease) – including those currently in treatment, those who have been cured, and those living with disability caused by leprosy (Hansen's disease)
- Organisations of Persons affected by Leprosy (Hansen's disease)– such as Damien Foundation, NLR International, The Sasakawa Health Foundation, and national leprosy (Hansen's disease) programmes and networks
- OPDs – particularly those led by and for persons with physical, sensory, intellectual, or psychosocial disabilities, and those led by women and young people
- Education and children's rights organisations – including parent associations, child rights organisations, and community-based education groups
- Women-led organisations – given the compounding effect of gender and health-related stigma
- Youth and student groups – whose perspectives on inclusion in schools are irreplaceable
- Faith communities and community leaders – who shape attitudes and social norms at the local level
- Teachers and union members with lived experience – whose professional and personal experience gives them a unique and powerful advocacy voice

Building genuine partnerships

Partnership requires investment. Organisations and communities that have been excluded or marginalised may not immediately have the capacity, confidence, or resources to participate as equals. This is not a reason to exclude them, it is a reason to invest.[15]

Building genuine partnerships for advocacy means:

- Allowing enough time for partners to be involved from the start, not brought in once plans are already made
- Providing alternative and accessible formats for all communications – translated materials, formats accessible to persons with visual or hearing impairments, plain language or easy read versions
- Supporting capacity – offering training, information, and resources so that partners can engage meaningfully
- Paying or compensating partners for their time and contribution, where possible
- Being flexible in how and when meetings happen, to accommodate different needs
- Listening – and being willing to change your plans based on what you hear

Involving children and young people[16]

Children and young people affected by leprosy (Hansen's disease) or disability have the right to be heard on issues that affect them. Their perspectives on what inclusion looks like in school, or what exclusion feels like, are unique and essential to effective advocacy. The UN CRC, Article 12 affirms the right of the child to express views freely in all matters affecting them, with those views given due weight.

When involving children and young people in advocacy, the following principles apply:

Before involving children:

- Involve a range of children different ages, genders, disability types, and whether they are in or out of school
- Work with trusted adults in the community to identify children to involve – through schools, Organisations of Persons affected by Leprosy (Hansen's disease), health facilities, OPDs, or community leaders
- Obtain voluntary, informed consent from the child and from a parent or guardian. This includes explaining clearly what participation involves, what the benefits and any risks are, and that they can withdraw at any time without consequence
- Never coerce or pressure a child into participating

During involvement:

- Use age-appropriate language, topics, and methods – play-based approaches for younger children, discussion and creative methods for older ones
- Interact with children with respect, dignity, and patience – they are contributors, not cases
- Do not assume a child cannot contribute because of their impairment; ask what they can do, and what adjustments would help them participate fully
- If a child seems uncomfortable, move on without pressure
- In group settings, ensure children are part of the group – not separated or singled out
- When a parent or interpreter is present, keep your attention on the child, not the adult

After involvement:

- Share back what you heard and what decisions were made, in a way children can understand
- Acknowledge and credit their contribution
- Only use their stories, images, or statements with explicit consent, and never in ways that could expose them to harm or further stigma

Protecting dignity and avoiding harm

Participation in advocacy always carries a risk of harm particularly when the issue involves a stigmatised condition like leprosy (Hansen's disease). Involving affected persons without adequate safeguards can expose them to unwanted disclosure, discrimination, or re-traumatisation.

Before involving anyone in advocacy activities, consider:

- Does this person understand what participation will involve? Have you explained clearly where their story, image, or views may be shared?
- Could their participation expose them to harm? Think about privacy, confidentiality, and the risk of discrimination in their school, community, or family.
- Do they have a genuine choice? No one should feel pressured to participate because of their relationship with the union or community.
- Are the materials and activities respectful? Ensure that any use of personal stories, photographs, or testimonies upholds the dignity of the person, not pity or sensationalism.

All advocacy materials involving real people should be reviewed for consent, dignity, and accuracy before publication or use.

TRY THIS!

A Practical Starting Point for Education Unions

Before launching any advocacy activity on leprosy (Hansen's disease)-related stigma or inclusive education, ask your union to reflect on the following questions:

1. Who is most affected by this issue and are they involved in shaping our response?
2. Have we reached out to Organisations of Persons affected by Leprosy (Hansen's disease), OPDs, or relevant civil society organisations as partners, not just as sources of information?
3. Are the voices of women, children, and people facing multiple forms of discrimination represented?
4. Are our meetings, materials, and processes accessible to everyone we want to involve?
5. Are we sharing power or are we making decisions on behalf of people without their genuine involvement?

These are not easy questions to answer quickly. Meaningful participation takes time, intention, and resources. But it is the foundation that makes all other advocacy work credible, relevant, and effective.

3.1.3 Using Inclusive and Non-Stigmatising Language

Why language matters

The words we choose are never neutral. Language shapes how people think, feel, and behave toward others and toward themselves. When we use language that reduces a person to their condition, implies they are a burden, or treats their difference as something shameful or pitiable, we reinforce the very attitudes that lead to stigma, exclusion, and discrimination.

Using inclusive language does not require a specialist vocabulary or a long list of rules to memorise. It comes down to a few simple principles that reflect basic respect for the dignity and diversity of every person.

Key principles of inclusive language[17]

The following principles are drawn from the UN Disability-Inclusive Language Guidelines, the CRPD, and the CBM Inclusive Participation Toolbox. They apply to written materials, public statements, advocacy campaigns, member communications, and everyday conversation.

1. **See the whole person – disability is one part of who someone is, not all of it.** A person affected by leprosy (Hansen's disease) or has a disability is, first and foremost, a person. Their disability or health condition may be relevant in some contexts, but it is never the only characteristic that defines them. Their age, gender, cultural background, interests, profession, and experiences all matter just as much, or more.
2. **Before mentioning a person's disability or health condition, ask: Is this relevant to what I am communicating?** If a union leader with a disability is presenting at a conference, there is usually no reason to mention their disability at all, their expertise and their message are what matter. If you are planning accessible logistics for an event, the disability becomes relevant to the practical conversation.
3. **Avoid making disability the defining feature of a person's story.** A teacher is a teacher. A union member is a union member. A learner is a learner who also happens to have a disability or to have been affected by leprosy (Hansen's disease).
4. **Do not avoid the words – name Leprosy or Hansen's disease clearly and respectfully.** Some people instinctively avoid words like disability, blind, deaf, or impairment out of discomfort or a misplaced sense of politeness. This avoidance is not helpful. Using the correct terms is not offensive, it is respectful. What is offensive is using outdated, patronising, or medically inaccurate language, or refusing to acknowledge leprosy (Hansen's disease) or disability at all as though it were something shameful. If you are unsure of the right term to use for a specific condition, check Annex 1: Language to Avoid and Recommended Alternatives or ask the person directly how they prefer to be identified. When in doubt, asking is always the right move.

5. **Put the person first – not the condition.** People-first language places the person before the disability or condition. It reflects the understanding that a person is not defined by their condition.

   - *Say: **person affected by leprosy/ person affected by Hansen's disease** – **not leper or leprosy patient***
   - *Say: **person with a disability** – **not disabled person***
   - *Say: **person with a visual impairment** – **not blind***
   - *Say: **person who is deaf** – **not deaf-mute***

   An important note: People-first language is the standard recommended by the UN and most international organisations. However, language is evolving, and preferences vary across communities and cultures. Some groups, particularly in the Deaf community, prefer identity-first language, where the disability is named first as a marker of identity and pride. In the case of leprosy (Hansen's disease), some prefer to use the medical term Hansen's disease. When in doubt, ask the person or group how they prefer to be identified.

   In multilingual contexts, direct translation of people-first language may not always be possible or natural. The principle of dignity and respect should guide language choices in every language. Consult with local organisations of persons affected by leprosy (Hansen's disease), OPDs, and communities for appropriate terms in local languages.

6. **Avoid the word "normal" – there is no such thing.** Referring to persons without disabilities as "normal" implies that persons with disabilities are abnormal, which is both inaccurate and harmful. A person with a disability is as normal as anyone else.

   Avoid:

   - ***She can't run like a normal person***
   - ***He speaks like a normal person***
   - ***normal children, healthy children, able-bodied people***

   Use instead:

   - ***person without a disability***
   - ***the rest of the population***
   - ***non-disabled person (where the distinction is genuinely necessary)***

7. **Do not link disability with suffering – unless the person says so.** It is presumptuous to assume that having a disability or being affected by leprosy (Hansen's disease) means constant suffering. Whether or not a person experiences their condition as suffering is deeply individual. Automatically framing disability as tragedy or suffering victimises people, invites pity, and denies their agency and quality of life.

Avoid:

- *suffers from, afflicted by, stricken with, troubled with*
- *living in absolute darkness (used metaphorically to describe blindness)*
- *trapped in a life of disability and poverty*
- *victim of leprosy*
- *confined to a wheelchair, wheelchair-bound*

Use instead:

- *has [condition]*
- *person affected by leprosy or Hansen's disease*
- *person who uses a wheelchair*

Assistive devices – wheelchairs, hearing aids, white canes, communication devices – are tools that enable participation and inclusion, not markers of tragedy. A wheelchair user is not "confined" to their wheelchair any more than a cyclist is "confined" to their bicycle. Represent these tools for what they are: supports for independence and participation.

8. **Avoid both pity and false heroism.** Two of the most common pitfalls in communicating about disability and leprosy (Hansen's disease) pull in opposite directions, but both are harmful.

Pity-based language frames affected persons as helpless, pitiable, or in need of rescue. It removes their agency and reinforces the idea that they are defined by what they cannot do.

Heroism-based language frames affected persons as extraordinary, inspirational, or brave simply for living their lives. Describing someone as "courageous," "an inspiration," or as having "overcome" their disability implies that their achievements are exceptional because of who they are, which sets an unfair standard and is patronising.

Neither pity nor heroism reflects the reality of most people's lives. Persons affected by leprosy (Hansen's disease) and disability are ordinary people with ordinary lives who deserve ordinary respect and the same rights, opportunities, and services as everyone else.

Avoid:

- *Despite being deaf since childhood, he has bravely overcome his condition*
- *She is an inspiration to us all for living with leprosy*
- *He suffers from leprosy but somehow manages to teach effectively*

Say instead:

- *The teacher, who has been deaf since childhood…*
- *The educator, who was treated for leprosy (Hansen's disease) in 2019…*
- *Describe what the person does, not what they have overcome.*

9. **Avoid condescending euphemisms.** Well-intentioned "softer" language often does more harm than good. Euphemisms can suggest that disability or leprosy (Hansen's disease) is something to be hidden or apologised for.

   Avoid:

   - ***differently abled, specially abled, people of all abilities, handicapable, people of determination***
   - ***special needs or special education – these terms imply a separate and lesser category, associated with segregated provision rather than inclusive education***
   - ***challenged used as a substitute for naming a specific condition***

   These terms may feel polite, but they treat disability as a problem to be softened rather than a characteristic to be acknowledged and accommodated.

10. **Use gender-neutral language wherever possible.** Inclusive language is not only about disability; it also means avoiding unnecessary gender references. Where possible, refer to a person by their role rather than their gender.

    - ***Instead of he or she, use they or restructure the sentence***
    - ***Instead of female teacher or male student, say the teacher or the student unless gender is specifically relevant***
    - ***Avoid defaulting to masculine pronouns as generic terms: instead of when a union leader advocates for his members, say when a union leader advocates for their members***

    Gender-neutral language matters especially in the context of this toolkit, where gender intersects with disability and leprosy (Hansen's disease) stigma in compounding ways – particularly for women and girls, who often face greater exclusion and less representation in union structures.

11. **Be careful with everyday language.** Stigmatising language is embedded in everyday speech, and it shapes everyday attitudes often without anyone noticing.

    - ***Avoid disability-related metaphors used casually: blind as a bat, deaf to reason, lame excuse, crazy idea***
    - ***Do not use clinical diagnoses casually: saying someone is "a bit OCD" about tidiness, or joking that someone "must have Alzheimer's" when they forget something, trivialises serious conditions***
    - ***Never use disability or health-related terms as insults or humour***
    - ***In meetings and trainings, model inclusive language as a facilitator, and gently address stigmatising language when it arises — not to shame members, but to build shared understanding***

    Note: Language is continuously evolving. These recommendations reflect current best practice but may change as communities develop and reclaim language in new ways. Stay in conversation with persons affected by leprosy (Hansen's disease), OPDs, and communities to keep your language current and respectful.

For more information on inclusive language, Annex 1: Language to Avoid and Recommended Alternatives.

Inclusive language in union practice

For education unions, inclusive language is not only about individual word choices, it is about the culture and norms reflected in everything the union produces and communicates.

- **In union documents and communications:** Review all materials, such as statements, newsletters, campaign flyers, social media posts, before publication, using the checklist below.
- **In collective bargaining:** Use precise, respectful language in formal agreements. Avoid vague or condescending terms in clauses related to disability, health, and inclusion.
- **In meetings and trainings:** Model inclusive language as a facilitator. Address stigmatising language when it arises – briefly, calmly, and without shaming.
- **In advocacy campaigns:** Involve affected persons before finalising language and images. Ensure that the way you represent persons affected by leprosy (Hansen's disease) or disability reflects dignity and agency, not pity or heroism.

TRY THIS!

Quick Reference: Inclusive Language Checklist

Use this checklist when reviewing any union document, campaign material, or public statement before it is published or shared. usive education, ask your union to reflect on the following questions:

- ☐ Who is most affected by this issue and are they involved in shaping our response?
- ☐ Does this material use people-first language?
- ☐ Does it avoid labels, stereotypes, and euphemisms such as "special needs" or "differently abled"?
- ☐ Does it avoid implying suffering, vulnerability, or powerlessness?
- ☐ Does it use person affected by leprosy (Hansen's disease) — not leper or leprosy sufferer?
- ☐ Does it avoid the word "normal" to describe people without disabilities?
- ☐ Does it avoid framing affected persons as either pitiable victims or inspirational heroes?
- ☐ Does it avoid casual disability-related metaphors or insults?
- ☐ Does it use gender-neutral language where possible?
- ☐ Have the people this material is about been consulted on the language used?
- ☐ If it includes images, do those images represent affected persons with dignity and agency?

3.1.4 The Role of Education Unions in Advocacy[18]

Education unions play a unique role in creating more inclusive education systems. As trusted voices for educators, they help shape professional values, influence education policy, and support members to create learning environments where every learner is respected and included. Through collective action and social dialogue, unions can help ensure that stigma and discrimination have no place in schools, workplaces, or society.

Inclusive advocacy begins within the union itself. By promoting equality, accessibility, and respect in their own structures, policies, communications, and activities, unions can model the inclusive practices they advocate for in education systems.

Education unions can contribute to inclusion by:

1. **Shaping professional values and practice** – Education unions help build a shared commitment to inclusion by:
    - promoting respect, dignity, and diversity as professional values;
    - challenging myths, stereotypes, and discrimination;
    - encouraging inclusive teaching and leadership practices; and
    - raising awareness of stigma related to leprosy (Hansen's disease), disability, and other forms of exclusion.

2. **Supporting and empowering members** – Unions help members develop the knowledge and confidence to implement inclusive education by:
    - providing professional learning and resources;
    - creating opportunities for peer learning and sharing of good practice;
    - supporting members who experience discrimination or exclusion; and
    - ensuring that members from underrepresented or marginalised groups have opportunities to participate and lead.

3. **Making unions inclusive** – Inclusive advocacy starts at home. Education unions should examine whether their own organisation reflects the values they promote. This includes:
    - making meetings, events, and communications accessible;
    - using respectful and inclusive language;
    - reviewing policies and procedures to remove barriers;
    - encouraging diverse representation in leadership and decision-making; and
    - creating safe spaces where all members feel welcome and valued.

4. **Influencing schools and education systems** – Education unions work with educators, school leaders, employers, governments, and civil society to strengthen inclusive education. They can:

- promote inclusive school policies and practices;
- encourage safe and violence-free learning environments;
- advocate for teacher preparation and continuous professional development on inclusion;
- support adequate resources, staffing, and accessible learning environments; and
- encourage schools to address stigma, bullying, and discrimination.

5. **Engaging in social dialogue and policy advocacy** – Education unions are important partners in shaping education policy. Through social dialogue and collective bargaining, they can advocate for:
    - inclusive education laws, policies, and implementation plans;
    - adequate funding and resources for inclusive education;
    - equitable working conditions that enable inclusive teaching;
    - teacher training and ongoing professional development;
    - policies that protect the rights of educators and learners affected by stigma and discrimination; and
    - discussions on working conditions, professional development, recruitment, funding, and all aspects of implementing inclusive education through meaningful social dialogue.

6. **Building partnerships for change** – Education unions do not advocate alone. Working together helps ensure that advocacy reflects lived experience and leads to sustainable change. They work with:
    - organisations of persons affected by leprosy (Hansen's disease) and persons with disabilities;
    - parents and community organisations;
    - education authorities;
    - civil society organisations;
    - health and social services; and
    - international education and human rights networks.

Education unions are more than representatives of educators. They are trusted leaders who shape professional norms, strengthen inclusive practice, influence education policy, and ensure that both educators and learners can participate with dignity. By making their own organisations inclusive and advocating through social dialogue and collective action, unions help build education systems where stigma and discrimination have no place.

Practice and Application

Language Audit

Choose one document your union or school has produced recently — a meeting agenda, a newsletter, a campaign flyer, or a letter to parents. Read through it using the inclusive language principles and checklist you have learned in this unit.

1. Identify any language that could be more inclusive.
2. Using the table on language to avoid and use, note the recommended replacement for each term you found.
3. Rewrite one paragraph or section using inclusive language.
4. Reflect: Was any of the language surprising? Were there terms you used without realising they could cause harm?

Unit Summary

- **Inclusive advocacy must be rights-based and evidence-based.** Advocacy should be grounded in human rights, reliable data, and the lived experiences of persons affected by leprosy (Hansen's disease), disability, and exclusion.
- **Credibility matters.** Education unions strengthen their advocacy when they use accurate information, avoid exaggeration, cite reliable sources, and are honest about what is known and unknown.
- **Advocacy should be transparent and accountable.** Unions should be clear about their messages, plans, and actions, and should report back to members and affected communities on what has been done and what has changed.
- **Meaningful participation is essential.** The principle "nothing about us without us" means that affected persons should help identify issues, shape messages, make decisions, and evaluate advocacy efforts.
- **Participation must be safe and respectful.** Advocacy should protect privacy, dignity, consent, and confidentiality, especially when involving persons affected by stigmatised conditions or children and young people.
- **Inclusive advocacy must recognise intersectionality.** Leprosy (Hansen's disease)-related stigma may overlap with discrimination based on disability, gender, age, poverty, location, or other factors, so advocacy must reflect diverse experiences.
- **Language can either challenge or reinforce stigma.** Advocacy materials should use person-first, respectful, gender-neutral, and non-stigmatising language, avoiding labels such as "leper," "victim," "normal," or "special needs."
- **Messages should avoid pity and false heroism.** Persons affected by leprosy (Hansen's disease) or disability should be presented as rights holders and agents of change, not as helpless victims or inspirational heroes.
- **Education unions have a unique advocacy role.** They can shape professional values, support members, influence policy, promote inclusive school practices, and model inclusion within their own structures.
- **Advocacy should be strategic and communicative.** Effective advocacy identifies a clear goal, audience, message, channel, and partners, while using accessible communication that listens as well as informs.

Additional Resources

1. **Guidelines to organize accessible meetings** (Short guide), see Annex 1 of the Guideline: Meaningful Participation of Persons with Disabilities in Decision-Making Processes: https://www.undp.org/georgia/publications/pwds-participation-in-decision-making
2. **Full guide in Guide for Accessible Meetings for All by the European Disability Forum (EDF):** https://www.edf-feph.org/content/uploads/2019/04/EDF-guide-for-accessible-meetings.pdf
3. **Accessibility Checklist:** https://unosd.un.org/sites/default/files/accessibility_checklist_acap.pdf
4. **Physical accessibility scan checklist:** https://www.advocacynetwork.org/wp-content/uploads/2022/03/AND-Physical-Accessibility-Scan-Checklist.pdf
5. **Best Practice: Education Focused on Family Reunification and the Correct Use of Words:** https://zeroleprosy.org/wp-content/uploads/2020/04/4.16-Education-and-Family-Reunification-final.pdf
6. **UN Disability-Inclusive Communications Guideline:** https://digitallibrary.un.org/record/4042358?v=pdf
7. **American Psychological Association Inclusive Language Guide (2nd ed.):** https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines.pdf
8. **Brief Guide to Bias-Free and Inclusive Language:** https://apastyle.apa.org/instructional-aids/inclusive-language.pdf

Unit 3.2. Strengthening Inclusion within Education Unions

Unit Overview

Inclusive advocacy begins with inclusive organisations. This unit helps education unions examine their own policies, practices, leadership, communications, and accessibility to identify barriers to participation. Through a practical self-assessment and action planning process, participants will learn how to strengthen inclusion within their union by making realistic, sustainable improvements that reflect the values they promote in education systems.

Unit Learning Objectives

1. Identify barriers to inclusion within union systems, practices, and communications.
2. Assess the inclusiveness of their own union environment using a simple, practical tool.
3. Develop a practical action to strengthen inclusion within their union.

Unit Outline

3.2.1 Common Barriers within Union Systems

3.2.2 How Inclusive Is Our Union: Self-Assessment Tool

3.2.3 Developing Internal Action on Inclusion

3.2.1 Common Barriers within Union Systems

Unit 3.1 highlighted the important role education unions play in advancing inclusive education and challenging stigma and discrimination. To do this credibly, unions also need to look inward. Their own structures, systems, language, and ways of working should reflect the inclusive values they promote externally. When a union models inclusion in its everyday practice, it strengthens members' trust and demonstrates that inclusion is not only an advocacy message, but a shared organisational commitment.

The barriers below are common issues that can prevent some members from participating fully in union life. They are not presented to assign blame, but to help unions identify where change may be needed. After each set of examples, the practical tips that follow offer simple starting points for addressing these barriers in realistic and achievable ways.

Common barriers to inclusion in education unions

Attitudes and Assumptions

- Assuming members affected by leprosy (Hansen's disease), disability, or other health conditions cannot lead, represent others, or participate fully.
- Allowing stereotypes about leprosy (Hansen's disease), disability, gender, ethnicity, religion, age, or other identities to shape how members are treated.
- Using jokes, labels, or informal comments that reinforce stigma or exclusion.
- Assuming all members have the same needs, confidence, time, resources, or opportunities to participate.
- Overlooking the perspectives of women, persons with disabilities, young educators, and members from minority groups in discussion and decision-making.
- Treating inclusion as the responsibility of a few people rather than a shared union commitment.

Access and Communication

- Union offices, meeting venues, or events that are not physically accessible.
- Materials that are not available in accessible formats, such as large print, plain language, captioning, sign language interpretation, or screen-reader compatible documents.
- Meetings scheduled at times or locations that make participation difficult for some members.
- Digital platforms, websites, or online meetings that are difficult to access or navigate.
- Information shared through only one channel or in only one language.

Policies, Structures, and Representation

- No clear union policy or public commitment on diversity, equity, inclusion, or non-discrimination.
- Limited representation of women, persons with disabilities, young members, or other

underrepresented groups in leadership and committees.

- Election, nomination, or appointment processes that unintentionally exclude some members.
- No clear procedure for reporting and addressing discrimination, harassment, or bullying within the union.
- Limited training or professional development on inclusive education, disability inclusion, health-related stigma, or discrimination.
- Advocacy priorities that do not reflect the needs of educators and learners affected by leprosy (Hansen's disease), disability, or other forms of exclusion.
- Weak or absent partnerships with organisations representing persons affected by leprosy (Hansen's disease), persons with disabilities, or other marginalised groups.

TRY THIS!

Practical Tips for Addressing Barriers within Unions

1. **Challenge attitudes and assumptions**
    - Model respectful, non-stigmatising language in meetings, publications, trainings, and informal spaces.
    - Address myths and stereotypes through dialogue, awareness sessions, and member education.
    - Invite members with diverse experiences to contribute to discussions, planning, and decision-making.
    - Make inclusion a shared responsibility across the union, not a task assigned to one person or committee.
2. **Improve access and communication**
    - Choose accessible venues, meeting formats, and schedules whenever possible.
    - Provide information in accessible formats and plain language when needed.
    - Use several communication channels and languages to reach different members.
    - Actively invite participation from members who are less likely to speak, attend, or engage.
    - Review websites, newsletters, and social media for accessible design and inclusive language.
    - development.

3. Strengthen policies, structures, and representation

- Review policies, procedures, elections, and governance through an inclusion lens.
- Set clear procedures for preventing and responding to discrimination, harassment, and bullying.
- Create fair opportunities for leadership, committee participation, and professional
- Build partnerships with organisations representing persons affected by leprosy (Hansen's disease), persons with disabilities, and other marginalised groups.
- Repeat the self-assessment regularly and track progress over time.

4. Connect internal inclusion to external advocacy

- Use social dialogue with governments and education authorities to promote inclusive education and non-discrimination.
- Include inclusion, accessibility, and non-discrimination in policy positions and collective bargaining where appropriate.
- Share practical examples of inclusive union, school, and classroom practice to encourage wider change.
- Support members to become advocates for inclusion in their schools, workplaces, and communities.

Remember: Inclusion is built through sustained, practical action. Small changes, such as using respectful language, improving access, reviewing policies, and widening participation, can make a real difference over time. By modelling inclusion internally, education unions strengthen their credibility and their advocacy for inclusive education and equitable societies.

3.2.2 How Inclusive Is Our Union?

Creating an inclusive union begins with understanding where you are now. Before planning new initiatives, it is helpful to reflect on your union's current practices and identify both strengths and areas for improvement. The barriers discussed in Section 3.2.1 can appear in different ways – through leadership decisions, everyday attitudes, representation, workplace protections, communication, meeting spaces, and external advocacy.

The self-assessment tool below helps unions identify where inclusion is already strong and where practical improvements are needed. This is not a test, audit, or scoring exercise. It is a starting point for reflection and discussion. The most useful answers are honest ones, especially where the response is "partly," "no," or "don't know." These answers show where the union can learn more, remove barriers, or begin taking action.

Remember that becoming more inclusive is an ongoing journey rather than a one-time achievement. Meaningful change often comes through a series of small, deliberate improvements that are sustained over time. Rather than trying to address every issue at once, focus on changes that are realistic, achievable, and relevant to your union's context.

Self-assessment checklist tool

The tool can be completed individually, but it works best as a small-group discussion involving leaders, equality or inclusion focal points, and members with different experiences. After completing it, identify one or two priority areas that are realistic to address first. These priorities will form the basis of the internal inclusion action plan in the next section. Other areas identified during the assessment can be incorporated into future work plans, annual operational plans, or your union's strategic plan, ensuring that inclusion becomes a continuous part of organisational development rather than a one-off activity.

Rapid Self-Assessment Checklist for Education Unions

How to use this tool: This is a quick, informal starting point and not a full audit. It takes about 20–25 minutes and works best completed by a small group (e.g., leadership team, equality officer, and a few members) rather than one person alone, since different people will notice different gaps. Answer honestly based on current practice, not intentions. At the end, you'll have a clear sense of where your union is doing well and where to focus first.

A note on Section B (Attitudes and Beliefs): Consider collecting Section B answers anonymously (e.g., written notes, an anonymous poll, or sticky notes on a wall) and only discussing the pattern of results as a group, not who said what. People are usually more honest about attitudes, their own or ones they've observed, when they don't have to say so out loud in front of colleagues.

Before You Start

For each item, mark one:

- ✓ Yes - this is genuinely in place and working
- ● Partly - something exists but it is incomplete, inconsistent, or untested
- × No - this isn't in place yet
- ? Don't know - worth finding out

There are no "pass" or "fail" scores. The goal is simply to see the pattern of ✓/ ● / × / ? across the areas below, so you know where to start.

#	A. Leadership Commitment	✓/ ● / × / ?
A1	Union leadership has publicly stated a commitment to inclusion and non-discrimination, covering disability, leprosy (Hansen's disease), and other health conditions, gender, sexual orientation and gender identity, and ethnicity/race, not just one of these.	
A2	At least one person or committee has clear responsibility for equality and inclusion issues across all of these grounds.	
A3	Leadership has discussed leprosy (Hansen's disease)-related stigma specifically, not just disability or health in general terms.	
A4	New elected leaders or officers receive some orientation on the union's inclusion and non-discrimination commitments.	

#	B. Attitudes and Beliefs[a]	✓/ ● / × / ?
B1	The union openly acknowledges that negative attitudes about disability, leprosy (Hansen's disease), gender, sexual orientation, or ethnicity can exist among its own members and leaders – rather than assuming the union is automatically exempt.	
B2	At least one person or committee has clear responsibility for equality and inclusion issues across all of these grounds.	
B3	Stereotyping comments or "jokes" about disability, leprosy (Hansen's disease), gender, sexual orientation, or ethnicity are challenged when they happen in union spaces, rather than being ignored or laughed off.	
B4	Assumptions about who is suited to leadership roles (e.g., that leadership "naturally" skews toward men, a particular ethnic group, or people without visible disabilities) have ever been openly discussed.	
B5	Members from groups that commonly face stigma (disability, leprosy (Hansen's disease)-affected, LGBTQI, ethnic or religious minority) say they feel genuinely able to name discriminatory attitudes without being dismissed or facing backlash.	
B6	The union distinguishes between formal non-discrimination policy ("we don't discriminate") and the everyday attitudes and assumptions that shape how people are actually treated.	

#	C. Membership Composition and Representation	✓/ ● / × / ?
C1	The union has some sense of the diversity of its own membership (even informally) – including gender balance, disability, and ethnic composition – not just the sector it represents.	
C2	Women are represented in union leadership roughly in proportion to their share of the membership, not concentrated in support or administrative roles only.	

a Section B is about surfacing attitudes honestly, not assigning blame. Negative attitudes exist in every organisation. The question is whether your union recognises and addresses them, or assumes they aren't a problem "here".

#	C. Membership Composition and Representation	✓/ ● / × / ?
C3	Members affected by leprosy (Hansen's disease), with disabilities or visible health conditions, LGBTQI members, and members from ethnic or minority backgrounds are represented in leadership, committees, or delegate positions.	
C4	There is a way for members from marginalised or stigmatised groups to raise concerns directly, e.g. a contact person, working group, or peer network (for example, an LGBTQI members' group or a disability members' network).	
C5	Younger or newer members know what the union's position is on inclusion and non-discrimination across all grounds, rather than being left to assume.	

#	D. Workplace Protections and Accommodation	✓/ ● / × / ?
D1	The union has raised or negotiated non-discrimination protections that would clearly cover a member affected by leprosy (Hansen's disease) and disability– not left implicit under generic "health conditions" language.	
D2	The union has raised or negotiated protections covering gender-based discrimination and harassment (including in recruitment, promotion, and pay).	
D3	Stereotyping comments or "jokes" about disability, leprosy (Hansen's disease), gender, sexual orientation, or ethnicity are challenged when they happen in union spaces, rather than being ignored or laughed off.	
D4	The union has raised or negotiated protections covering racial, ethnic, or religious discrimination.	
D5	The union knows how reasonable accommodation requests are handled in member workplaces, and can support members through that process.	
D6	Grievance or casework staff/volunteers have had any training on stigma and discrimination – including leprosy (Hansen's disease)-related stigma, gender-based discrimination, and discrimination based on disability, sexual orientation, gender identity, or ethnicity.	

#	E. Communications and Language	✓/ ● / × / ?
E1	Union communications (newsletters, website, social media) use respectful, accurate, non-stigmatising language about leprosy (Hansen's disease), disability, gender, sexual orientation/gender identity, and ethnicity.	
E2	The union has ever proactively communicated accurate facts about leprosy (Hansen's disease) (e.g., that it is curable and not highly contagious) to counter myths, rather than waiting to be asked.	
E3	Materials are available in accessible formats when needed (e.g., large print, plain language, screen-reader compatible).	
E4	Assumptions about who is suited to leadership roles (e.g., that leadership "naturally" skews toward men, a particular ethnic group, or people without visible disabilities) have ever been openly discussed.	

#	F. Meetings, Events, and Union Spaces	✓/ ● / × / ?
F1	Meeting venues and events are checked for physical accessibility in advance, not just assumed to be fine.	
F2	Meeting formats and scheduling take into account members with health-related constraints (e.g., fatigue, mobility, treatment schedules) and religious or cultural observances.	
F3	Members with visible impairments or disabilities, LGBTQI members, and members from ethnic or minority backgrounds report feeling comfortable participating fully in union spaces (this may require simply asking them).	

#	G. Policy Influence and External Advocacy	✓/ ● / × / ?
G1	The union has raised inclusive education or non-discrimination issues with education authorities in the past two years, covering more than one of: disability, leprosy (Hansen's disease)/health, gender, LGBTQI inclusion, ethnicity.	
G2	The union has ever partnered with, or sought input from, organisations representing persons affected by leprosy (Hansen's disease), disability-rights groups, women's organisations, LGBTQI organisations, or ethnic/minority-rights organisations.	
G3	The union's professional development offer includes anything on stigma, disability, gender equality, LGBTQI inclusion, or anti-racism – for members' own awareness, not only for classroom use.	

Reading Your Results

Mostly ✓	Your union has real foundations to build on. Focus on turning informal good practice into documented, sustainable policy (Unit 3.3 onward).
Mostly ●	Common starting point. Pick two or three items to turn into □ over the next few months rather than trying to fix everything at once.
Mostly × or ?	Also a completely normal starting point – this simply tells you where to begin. Start with Section A (leadership commitment) and Section B (attitudes and beliefs), since these tend to unlock progress elsewhere.

Two Patterns Worth Watching For:

1. **Outward vs. Inward Gap.** Unions often score well on Section G (external advocacy) while scoring lower on Sections C, D, and F (internal practice). It's easier to advocate outward than to look inward.
2. **Policy vs. Attitude Gap.** A union can score well on Section D (formal protections exist on paper) while scoring poorly on Section B (attitudes that shape how those protections are actually applied day to day). Policies and attitudes need to be worked on together – a non-discrimination clause doesn't change a colleague's assumptions on its own.

3.2.3 Developing Internal Action on Inclusion

Completing the self-assessment is only the first step. The next step is deciding what your union will do to become more inclusive. You do not need to address every issue at once. Start by choosing one or two priority areas where your union can make realistic improvements over the next 6–12 months. Small, achievable actions are often more sustainable than trying to make many changes at the same time.

Your action plan can later be integrated into your annual work plan, strategic plan, committee plans, or collective bargaining priorities.

Planning Process[19]

Step 1. Identify Your Priorities - Review the results of your self-assessment.

Ask:

- Which barriers have the greatest impact on members?
- Which improvements are most urgent?
- Which actions are realistic with the resources we have?

Examples:

- Improve accessibility of union meetings.
- Review the union's language and communications.
- Develop an inclusion policy.
- Increase participation of underrepresented members in leadership.

Step 2. Define Your Goal - A goal describes the change you want to achieve.

Example: Make the union more inclusive and accessible for all members.

Step 3. Set Objectives - Objectives describe what you will accomplish to achieve the goal. Good objectives are specific and achievable.

Examples:

- Review and update union policies to promote inclusion.
- Improve accessibility of meetings and events.
- Build members' awareness of disability inclusion and stigma.
- Increase participation of underrepresented groups in union activities.

Step 4. Plan Your Activities - Identify the practical actions needed to achieve each objective.
Example:

Objective	Possible Activities
Improve accessibility	Conduct an accessibility review of meetings and venues; provide accessible meeting materials.
Build awareness	Organise a workshop on inclusive language and disability inclusion.
Review policies	Form a small working group to review union policies and recommend improvements.
Increase participation	Invite underrepresented members to join committees or leadership development activities.

Step 5. Decide How You Will Measure Progress - Indicators help you know whether your actions are making a difference.

Examples:

- number of meetings held in accessible venues
- inclusion policy developed and approved
- number of members trained on inclusive practices
- increase in participation of women, persons with disabilities, or other underrepresented members
- member feedback on whether they feel welcomed and included

Think about how you will collect this information, such as attendance records, surveys, meeting reports, or policy documents.

Step 6. Allocate Resources - Consider what you need to put your plan into action.

This may include:

- budget
- staff or volunteer time
- training materials
- accessible venues
- sign language interpretation or captioning
- partnerships with organisations of persons with disabilities (OPDs) or organisations of persons affected by leprosy (Hansen's disease)

A practical inclusion action needs time, people, and budget. Before finalising your action plan, identify what resources your union can use and what additional support may be needed. This does not have to be complicated. The aim is to make sure accessibility, participation, and inclusion are planned from the start, not added later if money is left over.

Guide question	What to consider	Union examples
Who are needed?	Identify who will lead, support, and participate.	■ union officers ■ branch representatives ■ equality committee members ■ volunteers ■ partner organisations
What time is needed?	Be realistic about meeting time, preparation, follow-up, and reporting.	■ committee meetings ■ member consultations ■ training sessions ■ policy review time
What budget is needed?	Include both direct activity costs and accessibility costs.	■ venue hire ■ transport support ■ printing ■ interpretation ■ captioning ■ accessible materials ■ refreshments
What materials or tools are needed?	Prepare materials in formats members can use.	■ plain-language handouts ■ large-print materials ■ translated summaries ■ online forms ■ meeting checklists
What partners can help?	Ask who can provide advice, training, or lived-experience input.	■ Organisations of Persons with Disabilities ■ Organisations of Persons Affected by Leprosy (Hansen's disease) ■ community groups ■ health or human rights organisations
How will resources be tracked?	Agree who records spending, participation, and lessons learned.	■ simple budget tracker ■ attendance records ■ meeting notes ■ member feedback

When allocating resources, prioritise costs that help remove barriers to participation. Accessibility is not an optional extra; it is part of making union activities fair, inclusive, and effective.

- Ask members and partner organisations what support is actually needed before setting the budget.
- Plan for hidden costs, such as extra preparation time, accessible formats, transport support, or interpretation.
- Review spending after the activity and note what should be budgeted for next time.

TRY THIS!

Tips for Inclusive Planning

As you develop your action plan, ask:

- Have we involved members with different backgrounds and experiences?
- Have we consulted members with disabilities, members affected by leprosy (Hansen's disease), or organisations representing them?
- Are our planned activities accessible to everyone?
- Does our budget include accessibility and reasonable accommodations?
- Will our actions help remove barriers to participation?
- How will we know if we have become more inclusive?

Practice and Application

One Barrier, One Small Change

Think about your own experience of union meetings, communications, activities, or decision-making. Choose one barrier that may make it harder for some members to participate fully.

1. Name one barrier you have noticed or think may exist in your union.
2. Write one sentence explaining who might be affected by this barrier.
3. Identify one small change that could make participation easier.

Reflection question: What could you personally do to raise this small change in a respectful and constructive way?

Unit Summary

- **Credible advocacy starts at home.** Unions strengthen their external advocacy for inclusive education when their own structures, language, and practices reflect the values they promote.
- **Barriers to inclusion are rarely deliberate.** They commonly show up as unexamined attitudes and assumptions, gaps in access and communication, and weaknesses in policies, structures, and representation.
- **Self-assessment is a starting point, not a test.** The rapid self-assessment tool is meant for honest reflection and discussion, not scoring, and "partly," "no," and "don't know" are the most useful answers because they show where to focus.
- **Inclusion is built through small, sustained changes.** Becoming more inclusive is an ongoing journey rather than a one-time achievement, so unions should focus on changes that are realistic and achievable rather than trying to fix everything at once.

- **Priorities should be few and realistic.** After completing the self-assessment, unions should identify one or two realistic priority areas to act on first and carry the rest forward into future workplans or the union's strategic plan.
- **Action plans need an owner and a date.** A priority area only becomes real change once it has a specific activity, a named lead, and a realistic timeline attached to it.
- **Internal inclusion and external advocacy reinforce each other.** Unions can connect what they change internally to their external advocacy, for example through social dialogue, collective bargaining, and sharing practical examples of inclusive practice.

Additional Resources

1. **Accessibility, reasonable accommodation, and budgeting for inclusion**, by CBM: https://cbm-global.org/blog/budgeting-for-inclusion
2. **UNHCR Inclusive Budgeting Tip Sheet**: https://www.unhcr.org/sites/default/files/legacy-pdf/62962a0a4.pdf
3. **Budgeting and mobilizing resources for disability inclusion in humanitarian actions**, by UNICEF, can also be applied to Education Union contexts: https://www.unicef.org/documents/budgeting-and-mobilizing-resources-disability-inclusion-humanitarian-actions
4. **UNESCAP Guidance note on disability-inclusive project management cycle**: https://www.unescap.org/kp/2023/guidance-note-disability-inclusive-project-management-cycle

Unit 3.3. Communicating and Campaigning for Inclusion

Unit Overview

Advocacy is most effective when it is well planned, evidence-based, and centred on people. This unit explores practical strategies for engaging union members, developing key messages, planning awareness and advocacy activities, building partnerships, and monitoring progress. Participants will learn how to communicate about leprosy (Hansen's disease), disability, and inclusive education in ways that challenge stigma, build support, and encourage collective action within schools, unions, and communities.

Unit Learning Objectives

1. Use a messaging framework and talking points to communicate accurately and persuasively about leprosy (Hansen's disease) and inclusion.
2. Use myth-busting fact sheets to correct common misconceptions.
3. Plan a simple awareness or advocacy action using a ready-to-adapt template.
4. Use tools that support dialogue and engagement with union members.

Unit Outline

3.3.1 Messaging framework and talking points

3.3.2 Myth busting fact sheets

3.3.3 Engaging members in dialogue

3.3.4 Planning an awareness or advocacy action

3.3.5 Working with schools, communities, and partner organisations

3.3.6 Monitoring impact

3.3.1 Messaging Framework and Talking Points

One of the important things for education unions to do is to raise awareness on inclusive education, disability inclusion, and leprosy (Hansen's disease). To make your communication work, you must first know exactly what you want your message to achieve. Creating sharp and compelling advocacy messages is a foundational part of your strategy – these core talking points will represent your organisation and persuade decision-makers to back your cause.

This becomes important because challenges may be present in the classroom, among peers and colleagues in the faculty and staff, and among members of the education union. Awareness of leprosy (Hansen's disease) and common misconceptions is the key to mitigate challenges such as stigma against students and workplace discrimination for teachers and school support staff.

To ensure your target audience actually remembers your message, keep it clear, brief, straightforward, and focused on just a few key points. Backing your claims with hard data and research can be highly persuasive, as many people respond well to facts and figures. Similarly, using comparative examples or relatable stories can make your case much stronger.

Guide Questions

1. What do you want the audience to understand?
2. What do you want the audience to remember?
3. What do you want the audience to do?

The following have been proven effective when developing advocacy:

- Be clear, memorable and consistent
- Summarise the change you want to bring about
- Be simple, short and punchy
- Be relatively jargon-free
- Be tailored to your specific audience(s)
- Include clear deadlines and timelines for undertaking the work
- Include any actions you want the audience(s) to take in response
- Combine the policy messages with concrete examples and anecdotal evidence to support them.

Below are some of the **key messages and talking points** you may want to consider in your campaign for inclusion. This is based on the ESCAP Advocacy tool in developing advocacy messages for policy advocacy adapted from CIVICUS.[20] In considering the audience, there may be concerns that you want to address in delivering the message. These are included as well in the sample tool below. (See also Annex 2: Blank Advocacy Tool: Developing Advocacy Messages for a ready to use template)

Example 1

Developing Advocacy Messages Primary Message: Persons affected by leprosy (Hansen's disease) have the right to learn and participate fully in education.			
Audience	**Concerns**	**Possible Message**	**Call to Action**
Students	Fear of "catching" leprosy (Hansen's disease) from a classmate; may repeat playground myths without knowing the facts	Leprosy (Hansen's disease) is cured with medicine. Once treatment starts, a person can no longer spread it – it's safe to sit together, play together, and be friends.	Speak up if you hear a classmate being teased or left out because of leprosy (Hansen's disease)
Parents/Carers	Worry their own child could be at risk; may pressure the school to separate or exclude an affected classmate	With early treatment, children affected by leprosy (Hansen's disease) live full, healthy lives and pose no risk to classmates. Every child, including yours, deserves to learn without fear or exclusion.	Contact the school directly with any health concerns rather than asking that a child be excluded.
Teachers	Unsure how to answer questions from the class; worried about saying the wrong thing or missing a health concern	You don't need to be a health expert – you need accurate facts and a calm, consistent classroom approach. A student affected by leprosy (Hansen's disease) needs the same welcome as any other student.	Request a short union or school briefing on leprosy (Hansen's disease) facts before the term you need it.
Education Staff (support, admin, facilities)	May not realise leprosy (Hansen's disease) is covered by workplace non-discrimination protections; assumes it's only a "teacher issue"	Persons affected by leprosy (Hansen's disease), colleagues included, have the same right to dignity and fair treatment at work as anyone else, protected under national and international law.	Flag any exclusionary comments or practices you notice to your union representative.
School Administrators	Concerned about parent complaints, school reputation, or legal exposure if the issue is mishandled	A clear, written non-discrimination policy protects your school and your staff, and signals confident, capable leadership on a sensitive issue.	Adopt or update a written non-discrimination policy covering leprosy (Hansen's disease) and disability by the start of next term.

Example 2

Developing Advocacy Messages			
Primary Message: Every learner, regardless of health condition or disability, has the right to a quality, inclusive education alongside their peers.			
Audience	**Concerns**	**Possible Message**	**Call to Action**
Students	May worry that a classmate needing extra support means less attention for everyone else	Inclusion means every student gets the support they need to learn well – including you. Classrooms where everyone is included tend to be classrooms where everyone learns better.	Include classmates who learn differently in group work and activities.
Parents/Carers	Worry that including learners with disabilities or health conditions could slow down or lower the quality of their own child's education	Research consistently shows inclusive classrooms benefit all learners, not just those with additional needs. No child's right to a good education comes at the cost of another's.	Raise concerns directly with the school rather than requesting a child be moved or excluded.
Teachers	Feel unprepared or overloaded, without the training or support to manage a diverse classroom alone	Inclusive education is a shared responsibility, not something teachers are expected to manage alone. It means access to training, support staff, and practical, low-effort adjustments.	Identify one training gap and request it through your union's professional development channel this term.
Education Staff (support, admin, facilities)	Assume inclusion is "the teacher's job" and doesn't involve their role	Every role in a school, from librarian to bus driver, shapes whether a learner feels welcome and able to participate fully.	Learn one practical way your specific role can support an included learner.
School Administrators	Concerned about the cost and complexity of accommodations, or unsure where to start	Many effective accommodations are low-cost – flexible seating, peer support systems, accessible materials – and a written inclusion plan reduces legal risk while demonstrating leadership.	Draft or update a school inclusion plan, in consultation with staff and parents, within this school year.

3.3.2 Myth-Busting Fact Sheets

The following information will aid you in further crafting messages and talking points to your target audiences. Here are fact sheets for:

1. addressing common myths about leprosy (Hansen's disease);
2. disability;
3. inclusive education;
4. Universal Design for Learning; and
5. assistive technologies.

Myths and misconceptions about leprosy (Hansen's disease)[21]

Stigma and discrimination against persons with leprosy (Hansen's disease) are often rooted in myths and misinformation. Through years of research, we now have clear and evidence-based answers to these myths and reduce stigma. See Module 1, Unit 1.1.5 Common Myths and Misconceptions for common myths about leprosy (Hansen's disease).

Myth vs. Fact: Understanding Disability[22]

Misconceptions about disability can lead to stigma, discrimination, and exclusion. Learning the facts helps create more inclusive schools, workplaces, and communities.

Myths	Facts
Disability defines who a person is.	A disability is only one part of a person's identity. People with disabilities have their own strengths, interests, talents, and aspirations, just like everyone else.
People with disabilities are always sick or in pain.	Disability does not necessarily mean illness. Many people with disabilities are healthy and active. Like everyone else, they may sometimes become ill, but their disability does not mean they are always unwell.
People with disabilities deserve pity.	People with disabilities deserve respect, equal opportunities, and inclusion—not pity. Barriers in society, rather than a person's impairment, are often what limit participation.
People with disabilities always need help.	Everyone needs support at times. Many people with disabilities live independently, make their own decisions, and contribute actively to their families, workplaces, and communities. Offer assistance when needed, but do not assume it is always required.
All people with disabilities have the same needs.	People with disabilities are diverse. Their experiences, abilities, preferences, and support needs vary from person to person.
People with disabilities cannot learn, work, or contribute to society.	With equal opportunities and appropriate support, people with disabilities can learn, work, lead, and contribute in many different ways.

Myths	Facts
People with intellectual disabilities cannot participate in sports or physical activities.	Many people with intellectual disabilities participate successfully in sports, recreation, and physical activities. Around the world, millions of athletes with intellectual disabilities compete through the Special Olympics and other sporting organisations.
Including learners with disabilities lowers the quality of education.	Inclusive education benefits everyone. Learning together helps build respect, empathy, cooperation, and understanding while improving teaching and learning for all learners.

Demystifying Inclusive Education[23]

Inclusive education is about ensuring that every learner can access, participate in, and succeed in quality education. It is a continuous process of identifying and removing barriers to learning and participation. Below are some common misconceptions about inclusive education.

Myths	Facts
Inclusive education is only for learners with disabilities.	Inclusive education benefits all learners. It aims to remove barriers related to disability, health conditions, gender, poverty, language, ethnicity, displacement, and other factors that may affect learning and participation.
Inclusive education means every learner must stay in the same classroom all the time.	Inclusion is not a one-size-fits-all approach. Learners should receive the support they need in the least restrictive environment, with decisions based on their individual strengths, needs, and best interests.
Inclusive education lowers academic standards.	Inclusive education maintains high expectations for every learner. It uses flexible teaching approaches, accommodations, and support so that all learners can work toward the same learning goals.
Learners with disabilities learn better in separate schools or classrooms.	Research shows that many learners with disabilities benefit academically and socially when they learn alongside their peers, provided they receive appropriate support. Inclusion promotes participation, belonging, and meaningful learning.
Learners without disabilities are disadvantaged in inclusive classrooms.	Inclusive education benefits everyone. Learning in diverse classrooms helps develop empathy, cooperation, problem-solving, and respect for diversity while supporting positive learning outcomes for all learners.
Inclusive education is only about placing children in regular schools.	Being present is only the beginning. True inclusion means that every learner is welcomed, participates actively, learns, and feels a sense of belonging.
Inclusive education is too expensive.	Many inclusive practices require changes in teaching rather than expensive resources. Flexible instruction, positive attitudes, accessible materials, and collaboration can often make a significant difference.
Inclusive education is only the responsibility of specialist teachers.	Creating inclusive schools is everyone's responsibility. Teachers, school leaders, families, education unions, communities, and governments all play important roles in removing barriers and supporting learners.
Inclusive education is a programme that schools can complete.	Inclusive education is an ongoing process. Schools continuously reflect on their policies, practices, and culture to make learning more accessible and inclusive for everyone.

Addressing Misconceptions about Universal Design for Learning (UDL)[24]

Universal Design for Learning (UDL) is an approach to designing learning so that all learners can access, participate in, and succeed in the same lesson. Here are some common misconceptions about UDL.

Myths	Facts
UDL takes too much time.	Planning inclusive lessons may take more time at first, but it becomes easier with practice. Small changes can make learning more accessible and engaging for all learners.
UDL is expensive and requires special technology.	UDL does not have to be expensive. Many UDL strategies use simple, low-cost, or no-cost resources. Effective UDL is based on flexible teaching, not expensive equipment.
Only specialists can implement UDL.	Every teacher can use UDL. It is a way of thinking about teaching that helps all learners participate and learn, regardless of their abilities or backgrounds.
UDL lowers academic standards.	UDL keeps the same learning goals for everyone. It simply provides different ways for learners to access information, engage in learning, and demonstrate what they know.
UDL means "anything goes" in the classroom.	UDL provides choice and flexibility, not lower expectations. Learners may use different pathways to achieve the same learning outcomes.
Some learners gain an unfair advantage through UDL.	UDL benefits everyone. Giving learners different ways to learn and show their understanding helps remove barriers and creates fair opportunities for all.
UDL is just another education trend.	UDL is an evidence-based framework grounded in inclusive education. It supports learner-centred teaching and aligns with the goal of providing equitable learning opportunities for every learner.
I can't use UDL because I follow a prescribed curriculum.	UDL can be used with any curriculum. Teachers can still offer different ways for learners to engage, access information, participate, and demonstrate learning while teaching the required content.
I already differentiate my teaching, so I don't need UDL.	Differentiation and UDL complement each other. UDL proactively designs lessons to be accessible to all learners from the start, while differentiation often involves making adjustments after barriers have been identified.

Misconceptions About the Use of Assistive Technologies[25]

Assistive technology includes products, equipment, software, and simple tools that help persons with disabilities participate more fully in learning, work, and everyday life. Many misconceptions prevent schools from using these tools effectively.

Myths	Facts
Using assistive technology is cheating.	Assistive technology removes barriers—it does not give an unfair advantage. It helps learners access the curriculum, participate in learning, and demonstrate what they know on an equal basis with others.
Assistive technology is too expensive.	Not all assistive technology is costly. Many effective solutions are low-cost or no-cost, including adapted classroom materials, recycled resources, and free or built-in digital accessibility features.
Using assistive technology creates more work for teachers.	Assistive technology can make teaching more effective. It gives learners more ways to access information and complete tasks, helping teachers support diverse learning needs.
Assistive technology is only for learners with severe disabilities.	Many learners can benefit from assistive technology. Some tools are designed for learners with disabilities, while others—such as graphic organisers, audiobooks, captioning, or pencil grips—can support learning for everyone.
Assistive technology is only used in the classroom.	Assistive technology supports participation in all areas of life. Learners can use it at home, in the community, and later in the workplace to improve independence and participation.
Assistive technology makes learners dependent or less motivated.	Appropriate assistive technology often increases independence and confidence. When learners can participate successfully and complete tasks on their own, they are more likely to stay engaged and motivated.

3.3.3 Engaging Members in Dialogue

Education unions are trusted voices within the education community. By engaging members in open dialogue, unions can challenge myths about leprosy (Hansen's disease), reduce fear and stigma, and build support for inclusive education and the rights of persons affected by leprosy (Hansen's disease).

Dialogue is most effective when it begins with what participants already know, believe, or have experienced. Rather than starting with facts alone, encourage members to reflect on their own assumptions and explore how stigma affects learners, teachers, families, and communities. Use evidence, personal stories, and respectful discussion to gradually replace misconceptions with accurate information.

Dialogue can be integrated into:

- Union meetings and assemblies
- Professional development sessions
- School visits
- Health and well-being activities
- International awareness days (e.g., World Leprosy (Hansen's disease) Day, International Day of Persons with Disabilities, Human Rights Day)
- Social media discussions and online learning sessions
- Remember that changing attitudes takes time. One conversation rarely changes beliefs completely. Regular opportunities for discussion and reflection are more effective than one-off awareness activities.

Guide Questions

Use open-ended questions that encourage reflection rather than testing knowledge.

1. What comes to mind when you hear the word leprosy (Hansen's disease)?
2. Where did you learn these ideas?
3. Which of these beliefs are based on facts? Which might be myths?
4. How might stigma affect a learner or teacher affected by leprosy (Hansen's disease)?
5. How would you respond if a learner or colleague disclosed that they have leprosy (Hansen's disease)?
6. What role can our union play in creating safe and inclusive schools?

TRY THIS!

Practical Tips for Engaging Members in Dialogue

- **Create safe and respectful spaces** where members can ask questions, share experiences, and discuss difficult issues without fear of judgement or discrimination.
- **Use stories and lived experiences alongside facts.** Personal stories often help challenge stereotypes and make advocacy messages more meaningful and memorable.
- **Invite persons affected by leprosy (Hansen's disease) and representatives from organisations of persons affected by leprosy (Hansen's disease), organisations of persons with disabilities (OPDs), or relevant health organisations** to share their experiences whenever appropriate. Follow the principle of "Nothing about us without us."
- **Make meetings, training, and advocacy activities accessible.** Choose accessible venues, provide materials in accessible formats (e.g., large print or digital copies), use microphones where available, and arrange seating to support participation. Consider providing sign language interpretation, captioning, or other reasonable accommodations when needed.
- **Apply UDL principles during training and awareness activities.** Present information in multiple ways (e.g., presentations, videos, discussions, visuals, and printed materials), encourage different ways for participants to engage, and provide multiple options for expressing ideas, such as speaking, writing, drawing, or small-group discussions.
- **Ask participants about accommodation needs in advance rather than making assumptions.** Reasonable accommodations should be planned collaboratively with participants whenever possible.
- **Encourage members to become Inclusive Education Champions** who can facilitate discussions, model inclusive practices, and promote disability inclusion and non-discrimination within schools and local union branches.
- **Use inclusive language and images** in presentations, publications, and social media. Avoid language or visuals that reinforce stereotypes, pity, or stigma.
- **Repeat key messages consistently** through meetings, newsletters, social media, professional development activities, and school visits. Lasting attitude change happens through ongoing engagement rather than one-off events.
- **Lead by example.** Ensure that union meetings, events, committees, and leadership opportunities are themselves inclusive, accessible, and welcoming to members with diverse backgrounds, disabilities, and lived experiences.

3.3.4 Planning an Awareness or Advocacy Action

In order to maximise the impact of the union's efforts, it will be useful to develop a written plan of action which will help clarify what needs to be done and how to do it. Before organising activities, be clear about what change you want to achieve, who needs to be influenced, and what action you want them to take. Effective advocacy combines awareness raising with practical actions that lead to changes in attitudes, policies, or practices.[26]

Start with one realistic objective. For example:

- Improve teachers' understanding of leprosy (Hansen's disease).
- Encourage schools to adopt non-discrimination policies.
- Increase referrals for children showing early signs of leprosy (Hansen's disease).
- Include disability and leprosy (Hansen's disease) inclusion in union professional development programmes.

Different audiences require different messages. Members, school leaders, parents, policymakers, and the media may each need different information and approaches. Similarly, different groups and organisations may have varying approaches to advocacy.

Approaches to advocacy include:[27]

1. **Awareness raising, communications, and media work** – Builds public understanding and visibility through clear, evidence-based messages.
2. **Communication for behaviour change** – Supports shifts in attitudes and practices by reinforcing practical, rights-based messages over time.
3. **Partnerships, coalitions, and alliances** – Brings organisations and advocates together to share influence, resources, and momentum.
4. **Lobbying and negotiating** – Engages decision-makers directly to influence policy, practice, or behaviour.
5. **Campaigning** – Mobilises public support around a clear issue, message, and call to action.
6. **Research and publications** – Uses evidence, analysis, and recommendations to define problems and propose solutions.
7. **Working with children and young people** – Creates safe, meaningful ways for young people's views to inform advocacy.
8. **Social mobilization** – Engages communities, including marginalised groups, as active partners in change.
9. **Conferences and events** – Brings stakeholders together to highlight issues, agree solutions, and commit to follow-up action.

TRY THIS!

Practical Tips for Planning Awareness-Raising Activities

- Keep your message simple and consistent.
- Focus on one or two advocacy objectives at a time.
- Combine facts with local stories and examples.
- Use existing union meetings and communication channels before creating new ones.
- Review what worked after each activity and improve your next advocacy action.

Use the planning template below to organise awareness activities and internal or small-scale advocacy actions. It will help you define the target audience, key message, communication channels, activities, and timeline. National or policy-level advocacy is discussed in Unit 3.4, Policy Engagement, Social Dialogue, and Collective Bargaining. Plan activities over a 3- or 6-month period, then review what worked, assess results, and plan the next action.

Planning template

Planning an Awareness or Advocacy Action				
Goal/Primary Message: Persons affected by leprosy (Hansen's disease) have the right to learn and participate fully in education.				
Target audience	**Message**	**Channels**	**Activities**	**Timeline**
Education Union Members	Educators play a key role in preventing stigma and promoting inclusive education.	Union training, branch meetings, newsletters	Conduct a workshop on leprosy (Hansen's disease), disability inclusion, and inclusive education.	Month 1
	Leprosy (Hansen's disease) is curable, not highly contagious after treatment begins, and should never be a reason for exclusion.	Social media, email, posters	Share a weekly "Myth vs. Fact" campaign using union communication channels.	Months 1–2

Planning an Awareness or Advocacy Action				
Goal/Primary Message: Persons affected by leprosy (Hansen's disease) have the right to learn and participate fully in education.				
Target audience	**Message**	**Channels**	**Activities**	**Timeline**
School leaders and administrators	Schools should provide safe, inclusive learning environments for all learners.	School meetings, policy dialogue	Present practical strategies for preventing stigma and strengthening inclusive school policies.	Month 2
Teachers	Every teacher can help identify and remove barriers to participation.	Professional learning communities, webinars	Share classroom strategies on UDL, reasonable accommodations, and responding to stigma.	Months 2–3
Parents and community members	Every child has the right to belong, learn, and participate.	Parent meetings, community forums	Organise a community awareness session with local health or disability organisations.	Month 3
Union leadership	Inclusion should be reflected in union policies and activities.	Executive meetings	Review the union's inclusion self-assessment and agree on priority actions.	Month 3

3.3.5 Working with Schools, Communities, and Partner Organisations

Once you have developed the main goals and key messages for your campaign, it is strategic to identify allies and champions that will contribute to delivering your message and achieving your goal. Education unions can achieve greater impact by working with partners who bring different expertise, influence, and resources. Partnerships also strengthen advocacy by demonstrating broad community support for inclusion. There are various local and international organisations of persons affected by leprosy (Hansen's disease) around the world and education unions would benefit in partnering and collaborating with them.

Begin by identifying stakeholders who:

- influence education policy or school practice
- work directly with persons affected by leprosy (Hansen's disease) or disabilities
- can help spread accurate information
- have strong connections with local communities

Potential partners may include:

- Schools and school leaders
- Parent-teacher associations
- Organisations of persons affected by leprosy (Hansen's disease)
- Organisations of persons with disabilities (OPDs)
- Community leaders
- Ministries of Education and Health
- Teacher education institutions
- Child protection agencies
- Human rights organisations
- Local media
- United Nations agencies and international NGOs

Not every stakeholder has the same influence. Prioritise those who have both the interest and ability to support your advocacy goals.

Partnering with Persons Affected by Leprosy (Hansen's disease): Jyothi's Story

This example shows how the Damien Foundation worked in partnership with Jyothi, a person affected by leprosy (Hansen's disease), to raise awareness and support early response in her community. Jyothi provides essential first aid to people in Amancharla, a village in southeastern India. After being diagnosed with leprosy at the age of 12 and completing six months of treatment, she now draws on her lived experience to help others.

With training from the Damien Foundation, Jyothi is able to recognise possible symptoms of leprosy, provide basic first aid, and share accurate information with community members. The accompanying video captures both the impact of Damien Foundation's work and the important role of persons affected by leprosy as advocates, educators, and trusted community resource persons. It is also a strong example of how media, such as short video storytelling, can communicate lived experience, reduce stigma, and show community-level change in a respectful and engaging way.

Link: https://actiondamien.be/agissez-avec-nous/sensibilisez-via-l-education/
Language: French

Stakeholder Analysis Matrix

The Stakeholder Analysis Matrix[28] below is a tool used to identify actors and organisations that will have the most influence and/or can be engaged as an effective partner in your advocacy.

Ask yourself two questions about each stakeholder:

1. How much influence do they have to bring about change?
2. How interested are they in inclusive education and reducing stigma?

	HIGH INTEREST Works closely on inclusion or is directly affected	**LOW INTEREST** Has limited involvement or interest
HIGH INFLUENCE	**Partner and Influence** These are your priority partners. Work closely with them, involve them in planning, and build long-term relationships. *Examples:* ■ Ministry/Department of Education ■ Education union leadership ■ School leaders ■ Teacher education institutions ■ Organisations of persons affected by leprosy (Hansen's disease) ■ OPDs	**Raise Awareness and Build Support** These stakeholders have influence but may not yet see inclusion as a priority. Share evidence, success stories, and practical recommendations to gain their support. *Examples:* ■ Parliamentarians or local government officials ■ Education authorities ■ Employer organisations ■ National media
LOW INFLUENCE	**Inform, Consult, and Involve** These stakeholders are important allies and can help raise awareness, share experiences, and strengthen community support. *Examples:* ■ Union members ■ Teachers ■ Parents' associations ■ Learners and youth groups ■ Community organisations ■ Local health workers	**Keep Informed** These groups are not immediate priorities but may become important partners in the future. Share updates when appropriate and engage them as opportunities arise. *Examples:* ■ Other unions ■ Local businesses ■ Community groups not yet involved in education or disability issues

TRY THIS!

Practical Tips for Partnerships for Advocacy

- Start with a small number of priority partners rather than trying to engage everyone at once.
- Look for champions inside government, schools, and communities who already support inclusion.
- Involve organisations of persons affected by leprosy (Hansen's disease) and OPDs from the beginning. Their lived experience will strengthen your advocacy.
- Build on existing relationships, such as school networks, education authorities, parent associations, and community groups.
- Build partnerships around shared goals, even when organisations have different mandates.
- Clearly define each partner's role before beginning joint activities.
- Keep partners informed about progress and celebrate shared successes.
- Tailor your message to each audience. Policymakers may respond to evidence and policy recommendations, while teachers and parents may respond better to practical examples and personal stories.
- Review your stakeholder map regularly. As your advocacy grows, new partners and champions may emerge, while others may require different levels of engagement.

Practice and Application

Mapping Your Stakeholders

1. Think about your own context.
2. List the organisations, groups, or individuals who could influence inclusive education or help reduce stigma and discrimination against persons affected by leprosy (Hansen's disease).
3. Place each stakeholder in the appropriate box of the matrix.

	HIGH INTEREST Works closely on inclusion or is directly affected	**LOW INTEREST** Has limited involvement or interest
HIGH INFLUENCE	**Partner and Influence** Stakeholders: 1. 2. 3. 4.	**Raise Awareness and Build Support** Stakeholders: 1. 2. 3. 4.
LOW INFLUENCE	**Inform, Consult, and Involve** Stakeholders: 1. 2. 3. 4.	**Keep Informed** Stakeholders: 1. 2. 3. 4.

Reflection Questions

1. How will we engage the stakeholders?
2. Which stakeholders should we work with first?
3. Who could become a champion for inclusive education?
4. Which organisations represent persons affected by leprosy (Hansen's disease) or persons with disabilities that we should involve?
5. Who should be consulted before planning our advocacy activities?
6. Are there any stakeholders we have overlooked?

3.3.6 Monitoring Impact[29]

Monitoring helps education unions understand whether advocacy efforts are making a real difference, and how future activities can be improved. It's tempting to measure success by activity alone – how many workshops were held, how many leaflets were handed out – but that only tells you the union was busy, not whether anything actually changed. Good monitoring looks beyond activity counts to changes in knowledge, attitudes, policies, and practice.

This matters more than it might seem. Advocacy work is often assumed to be "too complex and too difficult to measure impact and define indicators", but that assumption, left unchallenged, means unions keep investing time and resources into activities without ever finding out what is actually working.[30]

Advocacy Result Indicators[31]

Advocacy results are usually described at four levels, moving from what you did to what actually changed:

Result Indicator	Measurement	Examples
Activity Indicators	The extent to which planned tasks were implemented as planned, on time, and within budget	Capacity-building sessions held; research reports completed and disseminated; lobby meetings held; letters, emails, or petitions sent and received; news releases issued
Output Indicators	The extent to which services, processes, products, or events were actually delivered as a result of those activities	New relationships formed with allies; people mobilised; campaign actions taken; media coverage or public references to research reports; opinion pieces published
Outcome Indicators	Short- and medium-term changes achieved because of those outputs	Short-term: the issue being debated publicly; decision-makers considering it in policy forums; relationships established with officials; draft legislation opened for consultation. Medium-term: a new law created; an existing policy amended; a framework reformed
Impact indicators	The contribution made toward long-term change	Implementation of a changed policy or practice in daily life. For example, a school system that has genuinely adopted inclusive enrolment practices, or a workplace where leprosy (Hansen's disease)-related discrimination complaints have measurably declined.

Activity and output indicators are the easiest to count, and the least useful on their own. Outcome and impact indicators are what actually tell you whether attitudes and policies are shifting, but they are also harder to attribute directly to any one union's efforts, since policy change is rarely the result of a single campaign. Objectives and indicators are best developed together with the people best placed to judge them, not decided in isolation by whoever is doing the monitoring.[32]

One practical way to capture this kind of change, especially when it's gradual or comes from an unexpected direction, is **Outcome Harvesting.** It is a method that works backwards from an observed change (in behaviour, relationships, policy, or practice) to ask how your union's work plausibly contributed to it, rather than only tracking whether a pre-set target was hit.[33] This is particularly useful for work on stigma-reduction, where meaningful change (a colleague speaking up, a school quietly updating an enrolment form) often doesn't show up neatly in an activity log.

Keep It Simple: Choose a Few Indicators You Can Actually Collect

A union does not need to track everything in the table above. Pick a small number of indicators that are realistic to collect and directly tied to what you're trying to change:

Activity Indicators

- Number of workshops conducted
- Number of union members trained
- Number of schools reached
- Number of advocacy materials distributed

Learning Indicators

- Participants who can correctly identify myths and facts about leprosy (Hansen's disease)
- Participants reporting improved confidence in responding to stigma

Practice Indicators

- Schools adopting inclusive or anti-discrimination policies
- Union branches including inclusion in annual work plans
- Members conducting awareness sessions in their own schools

Influence Indicators

- Meetings held with education authorities
- Partnerships established
- Policy recommendations submitted or adopted
- Media stories or social media engagement

A Note on Monitoring Stigma Sensitively

When your indicators involve tracking attitudes toward leprosy (Hansen's disease) or asking about members' or students' experiences of stigma, handle this data with care. Avoid collecting information in ways that could identify or expose a person affected by leprosy (Hansen's disease). For example, a show of hands in a group setting is rarely appropriate for this kind of question; an anonymous survey usually is. The International Federation of Anti-Leprosy Associations/Neglected Tropical Disease NGO Network (ILEP/NNN) Guides on Stigma and Mental Wellbeing[34] include a dedicated guide on assessing health-related stigma, with practical guidance on qualitative and quantitative methods and how to interpret and report findings responsibly. It's a useful reference if your union wants to go beyond the simple indicators above.

Ensuring Inclusive Monitoring and Evaluation

Monitoring and evaluation (M&E) is not just a technical exercise. How you monitor and evaluate can itself include or exclude people. It's possible to run a technically sound M&E process that still gets this wrong: collecting data about persons affected by leprosy (Hansen's disease) or persons with disabilities without ever asking them what should be measured, or reporting results in formats that some of your own members and stakeholders can't actually access or understand. It is important to keep the M&E process itself inclusive, not just the advocacy work it's measuring.[35]

Nothing About Us, Without Us

This principle, while closely associated with the disability rights movement and we have previously discussed, applies directly to leprosy (Hansen's disease). The UN Special Rapporteur on the elimination of discrimination against persons affected by leprosy (Hansen's disease) has placed a "strong focus on the views of persons affected" at the centre of the mandate, rather than treating them only as the subject of reports written by others.[36]

For a union's M&E process, this means one simple but often-skipped step: before finalising what you're going to measure, ask the people the work is meant to benefit what actually matters to them. A member affected by leprosy (Hansen's disease) may care more about whether colleagues stopped avoiding them in the staff room than about whether a policy document was formally adopted, and your indicators should be able to capture that.

Practical Ways to Keep M&E Inclusive

1. **Involve affected people in designing what you measure, not just in providing data.** Where possible, ask a small group of members or students affected by leprosy (Hansen's disease) or disability to help shape your indicators before data collection begins, not just to review results afterward. Even one short consultation session at the design stage tends to surface questions and concerns a well-meaning outsider wouldn't think to ask.
2. **Use validated, respectful tools to disaggregate data.** If you want to know whether your advocacy is reaching people with disabilities specifically, avoid vague or intrusive homemade questions like "do you have a disability?" asked bluntly, this can produce unreliable answers, partly because people may be reluctant to disclose due to stigma.[37] The Washington Group

Short Set of Questions is a brief, internationally tested set of six questions designed specifically to identify functional difficulties for exactly this kind of disaggregation, and is free to use.[38]

3. **Offer more than one way to participate.** Surveys assume a level of literacy, language fluency, and comfort with written forms that not everyone shares. Offer alternatives such as a short verbal interview, a discussion in a small trusted group, plain-language or translated versions of any written tool so that the format itself isn't a barrier to being heard.
4. **Protect privacy, especially around stigma-sensitive topics.** Data about experiences of leprosy (Hansen's disease)-related stigma needs to be collected and reported in ways that can't identify an individual, particularly in a small school or branch where a "disaggregated" answer might make someone instantly recognisable. Anonymous or small-group aggregated methods are almost always safer than asking individuals to identify themselves in front of colleagues.
5. **Report results back to the people who gave you the data.** It's common for M&E findings to travel upward like to funders, leadership, or external partners, and never back down to the members, students, or affected persons who contributed to them. Sharing even a short, plain-language or easy-read summary of what was found and what will happen next closes the loop and signals that their input mattered.
6. **Treat this as ongoing, not a one-off consultation.** A single consultation at the start of a project can become a box-ticking exercise if it's never revisited. Build in a light-touch way to check back in, even briefly once a year, so that affected members can flag if the indicators you chose have stopped reflecting what matters to them.

TRY THIS!

Quick Self-Check: Is Our M&E Process Inclusive?

- Did we ask affected members or students what should be measured, or did we only decide this ourselves?
- Are we using a recognised tool (like the Washington Group Short Set) for any disability disaggregation, rather than an improvised question?
- Can someone with limited literacy, a different first language, or a communication disability actually take part in our data collection as it's currently designed?
- Could any individual be identified from how we report disaggregated or stigma-related data?
- Will the people who gave us information actually see what we found?

If the honest answer to any of these is "no" or "we're not sure," that's a reasonable place to start, not a reason to abandon the M&E work already underway.

Practice and Application

Measure Success

1. Review your advocacy plan.
2. Choose three indicators that will tell you whether your activities were successful.
3. Then decide:
    - What information will you collect?
    - Who will collect it?
    - When will you review your progress?
4. Use the findings to celebrate successes, identify lessons learned, and improve your next advocacy cycle.

Unit Summary

- **Advocacy is about influencing positive change.** It involves raising awareness, promoting rights, strengthening inclusive practices, and influencing policies and systems that support inclusive education.
- **Education unions are trusted advocates for inclusion.** They can shape professional values, support members, influence education policy, and promote the rights of learners and educators affected by leprosy (Hansen's disease), disability, and other forms of exclusion.
- **Inclusive advocacy begins within the union.** Before advocating externally, unions should reflect on their own policies, practices, communications, accessibility, and organisational culture to ensure they model the inclusion they promote.
- **Creating an inclusive union is an ongoing process.** Simple tools such as self-assessments and internal action plans can help identify strengths, address barriers, and guide continuous improvement.

- **Awareness and dialogue are powerful advocacy tools.** Engaging members in respectful conversations, addressing myths and misconceptions, and sharing accurate information can help change attitudes and reduce stigma.
- **Successful advocacy requires planning.** Clear goals, key messages, target audiences, communication channels, activities, and timelines help ensure that advocacy efforts are coordinated and effective.
- **Different audiences require different messages.** Tailor your communication to the interests, responsibilities, and level of influence of teachers, school leaders, policymakers, parents, community members, and union members.
- **Partnerships strengthen advocacy.** Working with organisations of persons affected by leprosy (Hansen's disease), OPDs, schools, governments, communities, and other partners increases the reach, credibility, and impact of advocacy efforts.
- **Stakeholder analysis helps prioritise engagement.** Identifying who has the greatest influence and interest allows unions to build strategic partnerships and use their resources effectively.
- **Monitoring helps improve advocacy.** Tracking activities, participation, policy changes, partnerships, and other outcomes helps unions understand what is working, demonstrate impact, and strengthen future advocacy efforts.

Additional Resources

1. Transparency, Accountability, and Participation for 2030 Agenda (TAP) Network **Goal 16 Advocacy Toolkit: A practical guide for stakeholders for national-level advocacy around Peaceful, Just and Inclusive Societies**: https://tapnetwork2030.org/goal-16-advocacy-toolkit/
2. **Advocacy and Campaigning Course** by Save the Children: https://www.open.edu/openlearncreate/course/view.php?id=1690
3. **Using video as a tool for storytelling and advocacy on Education in Emergencies (EIE)**, by INEE: https://inee.org/resources/using-video-tool-storytelling-advocacy-eie?
4. **Article: Promoting Inclusivity for People with Disabilities in M&E Systems**, by Nicola Musa, 25 April 2023: https://www.linkedin.com/pulse/promoting-inclusivity-people-disabilities-me-systems-nicola-musa
5. **Guide on monitoring and evaluating advocacy**, by Julia Coffman for UNICEF: https://www.betterevaluation.org/tools-resources/monitoring-evaluating-advocacy-companion-advocacy-toolkit

Unit 3.4. Policy Engagement, Social Dialogue, and Collective Bargaining

Unit Overview

This unit explores how unions can integrate disability inclusion and the elimination of stigma and discrimination into their existing advocacy through social dialogue, policy engagement, collective bargaining, and partnerships. It introduces practical tools for identifying advocacy opportunities, engaging decision-makers, building coalitions, and developing an advocacy and policy engagement plan that supports lasting change.

Unit Learning Objectives

1. Identify opportunities to advance inclusion through social dialogue, policy engagement, and collective bargaining.
2. Conduct a simple gap analysis to identify advocacy priorities and policy entry points.
3. Engage government, education authorities, and other stakeholders using evidence-based and solutions-focused advocacy.
4. Build partnerships and coalitions that strengthen inclusive education advocacy.
5. Develop a practical advocacy and policy engagement plan to support sustained union action.

Unit Outline

3.4.1 Identifying policy and advocacy entry points

3.4.2 Raising inclusion issues in meetings with government and education authorities

3.4.3 Integrating inclusion into collective bargaining

3.4.4 Using evidence and member experience in advocacy

3.4.5 Building partnerships and coalitions

3.4.6 Union advocacy and policy engagement plan

3.4.1 Identifying Policy and Advocacy Entry Points

Once your union has identified its advocacy priorities, the next step is deciding where and how to influence change. Education unions can promote inclusion by integrating issues related to leprosy (Hansen's disease), disability, and stigma into their existing policy and labour advocacy, including social dialogue, collective bargaining, policy consultations, and engagement with education authorities.

Rather than creating new advocacy processes, look for opportunities to strengthen existing policies, programmes, and decision-making processes. A useful starting point is to conduct a simple gap analysis[39] to identify what already exists, what is working well, and where further action is needed. A gap analysis compares the current situation with the desired situation. It helps identify missing policies, weak implementation, or barriers that prevent persons affected by leprosy (Hansen's disease) and other marginalised groups from participating fully in education. The findings can guide your advocacy priorities and help identify who needs to be engaged to bring about change.

Conducting a Simple Gap Analysis

1. **Review the current situation.** Identify the existing laws, policies, guidelines, and practices related to inclusive education, disability, non-discrimination, and school health. Consider both national policies and local school or workplace practices.
2. **Identify the gaps.** Ask what is missing or not working. For example:
    - Are there policies that protect learners and educators affected by leprosy (Hansen's disease)?
    - Are existing policies being implemented consistently?
    - Are there gaps in accessibility, reasonable accommodation, teacher training, or anti-discrimination measures?
3. **Prioritise the issues.** Not every gap needs to be addressed immediately. As a union, identify one or two priority issues that are realistic, achievable, and likely to have the greatest impact.
4. **Identify who can influence change.** Determine who is responsible for addressing each issue. This may include ministries of education, school leaders, local authorities, teacher education institutions, or the union itself. Also identify potential partners who can strengthen the advocacy effort.
5. **Identify the resources needed.** Consider the people, expertise, partnerships, evidence, and budget required to support the proposed actions. Remember that many advocacy activities rely more on collaboration and good planning than on large financial resources.
6. **Use the findings to guide advocacy.** Share the results of the gap analysis during meetings with government agencies, school leaders, and other stakeholders. A well-prepared analysis demonstrates that your recommendations are evidence-based and focused on practical solutions.

TRY THIS!

Practical Tips for Identifying Policy and Advocacy Entry Points

- Focus your advocacy on one or two achievable priorities rather than trying to address every issue at once.
- Support every recommendation with evidence, examples from schools, or members' experiences.
- Whenever possible, propose practical solutions, not only the problems that need to be addressed.

3.4.2 Raising Inclusion Issues with Government and Education Authorities

Education unions have regular opportunities to influence education policy through social dialogue, policy consultations, school governance structures, and collective bargaining. These meetings provide valuable opportunities to promote inclusive education and address stigma and discrimination affecting persons affected by leprosy (Hansen's disease) and other marginalised groups.

Effective advocacy depends not only on what is said, but also how it is communicated. Union representatives should use accurate information, respectful and non-stigmatising language, and practical recommendations. (See Unit 3.1.3: Using Inclusive and Non-Stigmatising Language)

Before any meeting, prepare a small number of clear messages that are supported by evidence and linked to existing education priorities. Where possible, connect your recommendations to national education policies, disability legislation, teacher standards, or international human rights commitments such as the CRPD.

When engaging with government officials or education authorities:

- Present evidence alongside practical recommendations.
- Emphasise how inclusive education benefits all learners, not only those affected by leprosy (Hansen's disease) or disability.
- Highlight both the rights of learners and the support teachers need to implement inclusive education successfully.
- Identify opportunities for collaboration rather than focusing only on problems.
- Agree on clear follow-up actions before the meeting ends.

At the school level, union representatives can also raise inclusion during staff meetings, school improvement planning, governing board meetings, professional learning sessions, and other decision-making processes. These discussions can encourage schools to strengthen inclusive policies, improve accessibility, prevent stigma and discrimination, and provide appropriate support for both learners and educators.

TRY THIS!

Practical Tips for Meetings with Government and Education Authorities

Before every advocacy meeting, prepare three things:

- **Evidence** – What information or examples support your recommendation?
- **One clear request** – What specific action do you want the decision-maker to take?
- **A practical solution** – How can the union help make this recommendation possible?

Decision-makers are often more responsive when advocacy includes realistic, collaborative solutions alongside clearly identified challenges.

3.4.3 Integrating Inclusion into Collective Bargaining

Collective bargaining is one of the most powerful ways education unions can promote inclusive education and protect the rights of educators. Beyond negotiating salaries and working conditions, collective bargaining provides an opportunity to address issues such as non-discrimination, accessibility, reasonable accommodation, professional development, workplace safety, and support for educators and learners affected by leprosy (Hansen's disease), disability, and other forms of exclusion.

Collective bargaining is a form of social dialogue in which education unions negotiate with employers to reach agreements on employment conditions and other matters affecting the education sector. Other forms of social dialogue, such as consultations and discussions with governments and education authorities, also provide valuable opportunities to raise inclusion issues and influence education policy.[40]

By bringing disability inclusion and stigma reduction into these discussions, education unions can help ensure that inclusive practices are reflected not only in classrooms but also in workplace policies, professional standards, and education systems. The following examples illustrate how inclusion can be integrated into collective bargaining agreements and other policy discussions.

These templates are informed by a 2025 review of collective bargaining agreements from 56 public service unions worldwide, conducted jointly by Public Services International (PSI) and the International Labour Organization (ILO).[41] They are written as adaptable model language, not as a verbatim clause from any single agreement. Your union's legal advisor should review and adapt the wording to your national labour law and existing agreement structure before use.

1. Non-Discrimination Clause

"The Employer and the Union agree that no employee or applicant for employment shall be discriminated against, harassed, or disadvantaged in recruitment, hiring, promotion, training, compensation, or termination on the basis of an actual, past, or perceived disability or health condition, including leprosy (Hansen's disease). This includes discrimination by association with a person affected by leprosy (Hansen's disease) or disability, including a family member."

Nearly two-thirds (62%) of the collective agreements reviewed by PSI and ILO contained clauses of this kind, prohibiting discrimination on grounds including race, sex, religion, ethnicity, disability, HIV status, sexual orientation, and gender identity. [42] Naming leprosy (Hansen's disease) explicitly, rather than leaving it implied under "disability" or "health condition," helps ensure the clause is actually understood to cover it.

2. Reasonable Accommodation and Health-Related Leave

"(a) The Employer shall provide reasonable accommodation to any employee affected by leprosy (Hansen's disease) or disability – including flexible working hours, modified duties, assistive devices, or remote work arrangements – upon request or when the need is identified, unless doing so would impose a disproportionate or undue burden on the Employer. (b) Employees affected by leprosy (Hansen's disease) or disability requiring medical treatment, rehabilitation, or therapy shall be entitled to paid leave for such purposes, in addition to standard sick leave entitlements, and shall be supported in their

return to work following treatment."

Unions including UNITE and UNISON (UK), APOC and APSEE (Argentina), AFT (USA), CPSU (Australia), and Canadian Union of Public Employees (CUPE) (Canada) have secured disability-related leave entitlements through bargaining. [43] One negotiating consideration, raised by the Uganda Medical Workers Union, is worth weighing carefully: rather than creating an entirely new, separate leave category, it can be more effective to campaign for better implementation and flexibility of existing leave entitlements. This is because a highly specific new requirement can sometimes become an additional barrier employers weigh against hiring a person affected by leprosy (Hansen's disease) or disability in the first place. [44]

Collective bargaining is more than negotiating employment conditions. *It is an opportunity for education unions to promote dignity, equality, accessibility, and inclusive education by embedding these principles into workplace agreements, professional standards, and education policies.*

Source: Adapted from ILO (2022), Collective Bargaining: A Policy Guide. https://www.ilo.org/publications/collective-bargaining-policy-guide, Education International (2020); Promoting Inclusion in Education: Guidelines for Education Unions. https://www.ei-ie.org/en/item/23281:promoting-inclusion-in-education-guidelines-for-education-unions)

3. Safe, Inclusive Workplace and Protection from Harassment

"The Employer and Union commit to maintaining a workplace free from violence, harassment, and stigmatising treatment of any employee or student on the basis of leprosy (Hansen's disease), disability, or other protected characteristic, consistent with the ILO Violence and Harassment Convention, 2019 (No. 190). The Employer shall establish accessible, confidential, and timely complaint mechanisms, and shall provide training to all staff on recognising and responding to stigma and discrimination related to leprosy (Hansen's disease) and disability."

This language draws on ILO Convention No. 190, which defines workplace violence and harassment broadly enough to cover stigmatising treatment, not only physical acts.[45] Effective complaint mechanisms should be designed with input from affected workers themselves so they are genuinely accessible and do not risk exposing the complainant.[46]

4. Accessible Workplace

"The Employer shall ensure that physical workplaces, including classrooms, staff rooms, and common areas, are accessible to employees and students with disabilities, incorporating universal design principles wherever feasible. This includes accessible entrances, restrooms, signage, and emergency evacuation procedures that account for employees and students with mobility, sensory, or other disabilities."

CUPE has published a practical Health and Safety Fact Sheet and a virtual-meetings accessibility checklist[47] that unions can adapt for their own accessibility audits.[48]

Negotiating tip: whichever clauses you take forward, involve workers affected by leprosy (Hansen's disease) or disability directly in drafting them. As one union negotiator put it: "it is important to have workers with disabilities present in the drafting of the clauses, as they are stakeholders".[49]

3.4.4 Using Evidence and Member Experience in Advocacy

Your messages shall be communicated powerfully if there are compelling examples or case studies that can be shared to your target audience. There are publications and examples of case studies for inclusive education[50]. While it will be good to have a case study at hand or conduct a deep dive within your context to use in your advocacy, you may also feature actual stories of your members or your union that shows persons affected with leprosy (Hansen's disease) has been successfully supported.

The case study may build on the following topics:

- What are hindering factors for the cases of persons affected with leprosy (Hansen's disease) in your social context?
- What are the facilitating factors that gave way to support for persons affected with leprosy (Hansen's disease)?
- How has the education union contributed to the success of the story?

Illustrative Case Studies

While your union develops its own stories, the four documented cases below can be used as a starting reference point or shared directly with members and decision-makers. The first three come from a global review of public service union practice; the fourth is specific to leprosy (Hansen's disease) and shows advocacy working outside the bargaining table entirely.

Case Study 1: UNISON (UK) – Building an Internal Structure for Disability Inclusion

UNISON's national disability committee includes 24 regional representatives and is designed to reflect intersecting identities, including Black, LGBT+, and Deaf members who are native users of British Sign Language. The union has also produced a suite of practical guides for collective bargaining negotiators and shop stewards, including a Guide on Disability Leave, a Guide for Shop Stewards, and a Guide on Reasonable Accommodations.[51] This shows how internal representation and external bargaining guidance can reinforce each other.

Case Study 2: CCOO (Spain) – Linking Disability to Occupational Health

The Comisiones Obreras (CCOO) trade union confederation in Spain incorporated disability directly into its occupational safety and health materials through its Guide to Occupational Health and Disability, treating disability inclusion as a workplace safety issue rather than a separate, siloed concern.[52] Education unions could apply the same logic by folding leprosy (Hansen's disease)-related accommodation and stigma into existing occupational health and safety structures, rather than creating a new, easily overlooked category.

Case Study 3: Brazil – Employment Quotas and Union Monitoring

Brazilian law reserves 2-5% of positions in public and private workplaces for workers with disabilities. As Andrea Barcelos of the Sindicato dos Enfermeiros do Estado de São Paulo (SEE-SP)

explains, unions play a critical role not only in achieving compliance with the quota but in "supporting workers with disabilities [to] receive the fundamental supports required to do their jobs".[53] This illustrates a union role that goes beyond negotiating a policy: actively monitoring whether it is implemented in practice.

Case Study 4: Strategic Litigation Against Discriminatory Leprosy (Hansen's disease) Laws (India)

Outside the bargaining context, the Vidhi Centre for Legal Policy's public interest litigation in India – including the case Pankaj Sinha v. Union of India, challenged laws that discriminated against persons affected by leprosy (Hansen's disease). Courts held that such stigmatisation violates human dignity, and that since leprosy (Hansen's disease) is curable, affected persons should be treated and supported rather than shunned.[54]

This shows that evidence-based legal advocacy, even outside a workplace agreement, can shift how institutions treat persons affected by leprosy (Hansen's disease) – a strategy education unions can support by partnering with legal advocacy organisations, as discussed in Unit 3.4.5 below.

3.4.5 Building Partnerships and Coalitions

Creating inclusive education systems and ending stigma cannot be achieved by one organisation alone. Lasting change requires collaboration among education unions, governments, schools, communities, OPDs, organisations of persons affected by leprosy (Hansen's disease), civil society organisations, and other partners.

Partnerships help bring together different expertise, resources, and perspectives. They also strengthen the credibility of advocacy efforts and increase opportunities to influence policy and practice. By working together, partners can share responsibilities, amplify key messages, and reach wider audiences.

Use the Stakeholder Analysis Matrix (see Module 3, Unit 3.3.5) to identify organisations and individuals who can support your advocacy. Consider both existing partners and new allies who share a commitment to inclusive education, disability inclusion, human rights, or public health.

When building partnerships:

- Identify shared goals and common interests.
- Clearly define each partner's role and responsibilities.
- Involve organisations of persons affected by leprosy (Hansen's disease) and organisations of persons with disabilities from the beginning.
- Maintain regular communication and share progress throughout the advocacy process.
- Celebrate achievements together and continue strengthening relationships beyond individual projects.

In some contexts, education unions may also need to engage regional or international organisations to support their advocacy. Education International provides additional guidance on international solidarity and advocacy where education unions face restrictions in carrying out their work or defending the rights of their members.[55]

TRY THIS!

Practical Tips for Building Partnerships for Advocacy*:*

- Build partnerships based on shared goals rather than identical mandates.
- Involve persons with lived experience whenever possible. Their voices strengthen advocacy and help ensure that proposed solutions are relevant.
- Identify champions within government, schools, academia, civil society, and the media who can help influence change.
- Maintain partnerships beyond individual campaigns. Strong relationships make future advocacy more effective.
- Keep partners informed of progress and acknowledge their contributions.

3.4.6 Union Advocacy and Policy Engagement Plan

A written advocacy plan helps turn ideas into coordinated action. It brings together the work completed throughout this module – your gap analysis, stakeholder analysis, key messages, and advocacy priorities –into one practical plan.

Your advocacy plan does not need to be long or complicated. A simple plan with clear objectives, responsibilities, and timelines is often more effective than a detailed plan that is difficult to implement.

Before developing your plan, review the work you have already completed:

- Gap analysis identifies what needs to change.
- Stakeholder analysis identifies who can influence that change and who should be engaged.
- Key messages define what you want different audiences to know, believe, or do.
- Advocacy priorities help you focus your efforts on the most achievable and impactful actions.

As you develop your plan, ask:

- What change are we trying to achieve?
- Who has the authority or influence to make this change happen?
- What action do we want them to take?
- What activities will help us influence them?
- Who within the union will lead each activity?
- How will we know whether our advocacy is making a difference?

Remember that advocacy is rarely a one-time activity. Building relationships, influencing policy, and changing attitudes often require sustained engagement over time. Review your plan regularly, celebrate progress, and adjust your approach based on what you learn.

TRY THIS!

Practical Tips for Planning Advocacy and Policy Engagement

- Start with one clear advocacy objective rather than trying to influence many issues at once.
- Make sure every activity contributes directly to your advocacy goal.
- Assign clear responsibilities so everyone knows their role.
- Build regular opportunities to review progress and adjust your plan when needed.
- Document successes, challenges, and lessons learned to strengthen future advocacy.

Advocacy and Policy Engagement Plan Template[56]

Advocacy and Policy Engagement Plan Template			
Advocacy goal			
What needs to change?			
Who do we need to influence?			
What do we need them to do?			
Key Messages			
Activities 1. 2.		Lead Person/Committee	
	To do	By whom	When
Potential Partners			
Potential risks and how will we manage them?			
How will we monitor progress and success?			

Practice and Application

Develop Your Union's First Advocacy Plan

Using the Gap Analysis, Stakeholder Analysis, and Key Messages you completed in earlier units, work individually or with colleagues to prepare a simple advocacy plan.

1. Identify **one inclusion issue** your union would like to address.
2. Write **one clear advocacy goal**.
3. Identify **one or two decision-makers** or stakeholders you need to influence.
4. Develop **two or three practical advocacy activities**.
5. Identify **potential partners** who can support your work.
6. Decide **how you will measure success** (for example, a policy adopted, a meeting held, members trained, or a commitment secured).

Reflection Questions

- Is our advocacy goal realistic and achievable?
- Are we engaging the right stakeholders?
- Have we included the voices of persons affected by leprosy (Hansen's disease) and persons with disabilities?
- Are our proposed activities likely to influence change?
- What will be our first action after completing this plan?

Unit Summary

- **Education unions are important advocates for inclusive education.** They can promote the rights of persons affected by leprosy (Hansen's disease) through social dialogue, policy engagement, collective bargaining, and partnerships.
- **Advocacy is most effective when it is evidence-based and solutions-focused.** A simple gap analysis can help identify what needs to change, why it matters, and who has the responsibility to act.
- **Look for existing policy and advocacy entry points.** Inclusion can be integrated into ongoing discussions, such as education reforms, teacher professional development, school improvement planning, collective bargaining, and national policy consultations.
- **Prepare before engaging decision-makers.** Effective advocacy starts with clear objectives, evidence, practical recommendations, and respectful, non-stigmatising language.
- **Social dialogue is an opportunity to work collaboratively.** Advocacy is not only about raising concerns, it is also about identifying practical solutions and working with governments, employers, and education authorities to improve education systems.
- **Collective bargaining can promote inclusion.** Bargaining agreements can include commitments on non-discrimination, accessibility, reasonable accommodation, professional development, safe workplaces, and inclusive working conditions for educators.
- **Partnerships strengthen advocacy.** Working with organisations of persons affected by leprosy (Hansen's disease), organisations of persons with disabilities, schools, parents, community organisations, and other allies can increase the reach, credibility, and impact of advocacy efforts.
- **Inclusive advocacy begins within the union.** By modelling inclusive policies, accessible meetings, respectful communication, and meaningful participation, education unions strengthen their credibility when advocating for change.
- **A written advocacy and policy engagement plan helps turn ideas into action.** Bringing together your gap analysis, stakeholder analysis, key messages, and planned activities helps ensure that advocacy is coordinated, realistic, and sustainable.
- **Advocacy is an ongoing process.** Meaningful change takes time. Regularly monitor progress, learn from experience, strengthen partnerships, and adapt your approach as new opportunities emerge.

Additional Resources

1. **Trade Union Rights Toolkit**, by Education International: https://www.ei-ie.org/en/item/27166:trade-union-rights-toolkit
2. **Trade Union Guide on the Inclusion of Persons with Disabilities in Public Services**, by Public Services International and International Labour Organization: https://publicservices.international/resources/publications/trade-union-guide-on-the-inclusion-of-persons-with-disabilities-in-public-services?id=15946&lang=en
3. **Goal 16 Advocacy Toolkit:** A practical guide for stakeholders for national-level advocacy around Peaceful, Just and Inclusive Societies, by TAP International: https://tapnetwork2030.org/goal-16-advocacy-toolkit/
4. **Disability leave bargaining guide and model policy**, by UNISON UK: https://barts.unison.site/content/uploads/sites/140/2020/05/Disability-Leave-bargaining-guide-and-model-policy.pdf
5. **Successful practices and innovative approaches to inclusive education** in Eastern and Southern Africa region, by UNICEF ESARO: https://www.unicef.org/esa/reports/mapping-recommendations-disability-inclusive-education
6. **Best practices in inclusive education**, by inclusion Europe: http://www.inclusion-europe.eu/education/

Annexes

Annex 1: Language to Avoid and Recommended Alternatives

This table is adapted from the UN Disability-Inclusive Language Guidelines[57]. It applies to all written materials, advocacy documents, and public communications produced by education unions.

Note: Language is continuously evolving. These recommendations reflect current best practice but may change as communities develop and reclaim language in new ways. Stay in conversation with persons affected by leprosy, OPDs, and communities to keep your language current and respectful.

Avoid	✓ Use instead
■ disabled person ■ handicapped ■ person with special needs ■ handicapable ■ atypical ■ person living with a disability ■ differently abled ■ people of all abilities ■ people of determination	■ person with a disability ■ person with [type of impairment] ■ persons with disabilities ■ people with disabilities (only in Easy Read documents, informal text and oral speech)
■ normal ■ healthy ■ able-bodied ■ typical ■ whole of sound body/mind	■ person without a disability ■ the rest of the population
■ suffer from ■ afflicted by ■ stricken by ■ troubled with	■ has [condition/disability/impairment]
■ retarded ■ simple ■ slow ■ afflicted ■ brain-damaged ■ intellectually challenged ■ subnormal ■ of unsound mind ■ feeble-minded, mentally handicapped	■ person with an intellectual disability ■ person with an intellectual impairment

Avoid	Use instead
■ insane ■ crazy ■ maniac ■ psycho ■ hypersensitive ■ lunatic ■ demented ■ panicked ■ agitated ■ mentally deranged ■ mentally ill	■ person with a psychosocial disability
■ the deaf ■ hearing impaired ■ deaf and dumb ■ deaf and mute	■ deaf person ■ person who is deaf ■ person with a hearing disability ■ person with a hearing impairment ■ person with hearing loss ■ hard-of-hearing person ■ deafblind person
■ the blind ■ partially sighted	■ blind person ■ person who is blind ■ person with a vision/visual disability ■ person with a vision/visual impairment ■ person with low vision ■ deafblind person
■ crippled ■ invalid ■ deformed ■ lame ■ handicapped ■ physically challenged ■ person with physical limitations ■ limp	■ person with a physical disability ■ person with a physical impairment
■ confined/restricted to a wheelchair ■ wheelchair-bound	■ wheelchair user ■ person who uses a wheelchair ■ person with a mobility disability ■ person with a mobility impairment ■ person using a mobility device
■ midget ■ dwarf ■ stunted	■ person of short stature ■ little person ■ person with achondroplasia (only if the person has this condition)

Avoid	Use instead
■ mongoloid ■ special person ■ Down	■ person with Down syndrome ■ person with trisomy-21
■ albino	■ person with albinism
■ leper ■ leprosy patient	■ person affected by leprosy ■ person affected by Hansen's disease
■ non-verbal ■ can't talk	■ person who uses a communication device ■ person who uses an alternative method of communication
■ disabled/handicapped parking ■ handicapped bathroom	■ accessible parking ■ parking reserved for persons with disabilities ■ accessible bathroom

Annex 2: Blank Advocacy Tool: Developing Advocacy Messages[58]

Developing Advocacy Messages			
Primary Message: [Describe your statement, goal, and actions desired resulting from your advocacy]			
Audience	**Concerns**	**Possible Message**	**Call to Action**

Annex 3: Practice and Application – Facilitated Activities

These are suggested activities to process learning and check for understanding and are meant to be conducted by a facilitator.

Unit 3.1. Foundations of Inclusive Advocacy

The Language Challenge

Step 1: The facilitator reads aloud ten short sentences. Participants individually note whether each sentence uses inclusive or stigmatising language, and suggest an alternative where needed.

Sample sentences:

1. "We are proud to support our special needs learners."
2. "Maria, who is wheelchair-bound, will present at the next meeting."
3. "John has been battling leprosy for three years."
4. "The school has set up accessible parking for persons with disabilities."
5. "She is a true inspiration — she overcame her disability to become a teacher."
6. "The programme serves lepers and their families."
7. "He uses a wheelchair to get around."
8. "Despite being deaf since childhood, she has bravely mastered her life."
9. "She suffers from leprosy and can no longer work."
10. "The union advocates for the rights of persons affected by leprosy."

Step 2: Discuss as a group:

1. Which sentences were easiest to identify? Which were harder, and why?
2. Were any of these phrases familiar from your own practice?
3. What would you say instead?

Step 3: In pairs, review one union document or communication using the quick reference checklist below. Give each other feedback on what could be improved.

Unit 3.2. Strengthening Inclusion within Education Unions

Developing Your First Inclusion Action

Turn what you found in the self-assessment into one or two concrete, doable actions. This activity is about building momentum.

Who to involve: 3–6 people, enough to bring different perspectives and small enough that everyone can actually speak. Where possible, include a few people who took part in the self-assessment plus at least one who didn't, so assumptions get a fresh perspective.

Time: Allow 45–60 minutes to complete one priority area properly. Resist the urge to fill in more than one or two rows in a single session—going deep on one action matters more than covering lots of ground.

Before you start:

- Have your completed self-assessment results in front of the group.
- As a group, look at the overall pattern of results, not every single item, and agree on one priority area to start with. A useful test for choosing: does it genuinely bother people, is it realistically within the union's control, and is it small enough to complete in a few months? A modest action that actually gets finished builds far more trust and momentum than an ambitious one that stalls halfway through.
- If discussion of the self-assessment touched on sensitive ground (attitudes and beliefs, for example), remind the group that naming a gap is a sign of a healthy, self-aware union, not an accusation against anyone in the room. Keep the conversation focused on the action ahead, not on assigning blame for the problem existing.

Using the results of your self-assessment, work with your colleagues to complete the table below, one column at a time, in order:

Column	What to put here
Priority Area	Name the specific gap from the self-assessment as precisely as you can (e.g., "stereotyping comments aren't challenged," not just "attitudes").
What do we want to improve?	Describe the change in one plain sentence — from where you are now to where you want to be.
Activities	List 2–3 concrete, specific steps. "Raise awareness" is too vague; "run a 20-minute briefing on leprosy myths at the next branch meeting" is specific enough to actually do.
What resources do we need?	Be realistic about time, people, and any budget. If the honest answer is "we don't currently have this," say so now — better to know before you start than to discover it halfway through.
How will we know we succeeded?	Keep it simple and observable, not a formal evaluation framework. "We ran the briefing and at least 10 people attended" is a perfectly good measure for a first action.

Column	What to put here
Who will lead?	Name one person, not "the committee." Shared ownership without a named lead is one of the most common reasons good intentions stall.
Timeline	Set a real date, ideally within 1–3 months. If it's further out than that, it's probably not a "first action" — note it down for the strategic plan instead.

Priority	What do we want to improve?	Activities	What resources do we need?	How will we know we succeed?	Who will lead?	Timeline

Facilitator Tip

- Encourage participants to begin with one or two achievable actions rather than an extensive plan, momentum matters more than scope at this stage. If the group starts generating a long list of ideas, treat that as a good sign of energy: capture the extras on a separate "parking lot" list so they aren't lost, but keep today's table to just one or two rows.
- Watch the room, not just the table. If the self-assessment surfaced anything about attitudes or beliefs, some participants may feel exposed or defensive when it comes up again here. Acknowledge this directly rather than rushing past it, and keep the group's energy pointed at the action, not at who is or isn't responsible for the gap existing.
- Once an action is agreed, set a short, realistic check-in date, weeks away, not months, and make a point of celebrating that first completed step, however small, before moving on to the next priority. Small improvements, sustained and reviewed regularly, are what add up to meaningful organisational change over time. A single ambitious plan that's never revisited usually doesn't.

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Education International Toolkit

2026

TEACHING INCLUSION, BUILDING BELONGING

A Toolkit for Educators and Education Unions to Promote Inclusion and End Stigma Related to Leprosy (Hansen's Disease)

MODULE 3

Advocacy Tools for Education Unions

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