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Disability-Friendly Inclusive Municipality Model

From Concept to Reality

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Contents

Disability-Friendly Inclusive Municipality Model	1
Measuring Inclusion in your Community	5
Guidelines for Using the Self-Assessment Checklists	5
1. Access to Disaggregated Data - Precondition for Inclusive Policies and Services	10
Self-Assessment Checklist: Data Availability	11
2. Accessible Communities –Breaking Down Barriers to Inclusion	13
Self-Assessment Checklist: Accessible communities:	16
3. Empowering Children and Youth to Learn and Grow	19
Self-Assessment Checklist: Inclusive Education	21
4. Inclusive Labour Market and Social Services – Paving the Way for an Equitable Society	25
Self-Assessment Checklist – Inclusive Labour Markets and Social Services	27
5. Inclusive Health Services – Healthy Citizens for Healthy Municipalities	30
Self-Assessment Checklist: Inclusive health services /Health Services - Access and Delivery	32
6. Inclusive Recreation, Sports, Culture, Leisure and Media - Contributing to Social Cohesion	34
Self-Assessment Checklist: Inclusive Recreation, Sports, Culture, Leisure and Media	35
7. Inclusive Processes and Inclusive Policies: Enhancing Transparency, Accountability and Civic Participation	38
Self –Assessment Checklist: Inclusive Processes and Inclusive Policies	40
Local Inclusion Action Plan – Guide for Municipalities	43
Local Inclusion Action Plan Template (LIAP)	47
Appendix – Central Level Data and Indicators	49

What is an Inclusive and Welcoming Municipality?

Equity and inclusion in municipalities is an imperative for diverse and cohesive societies. Unfortunately, many people from disadvantaged communities and marginalized groups – including older adults, persons with disabilities and those belonging to ethnic, cultural and sexual minorities – are still facing systemic forms of discrimination and persistent barriers to access and participation. These issues have created cities, towns and villages that do not work for everyone. When not adequately addressed, these challenges grow and become more difficult to resolve, leaving many people largely excluded in their local communities.

Being the level of government closest to people, municipalities can play a key role in building inclusive communities and an inclusive society. They have a unique position to identify barriers to inclusion and – consequently - to respond with more inclusive policies and practices.

The rationale for inclusive communities is straightforward. Equity and inclusion create more sustainable communities where people from all walks of life have the right to, and can participate fully in, social, economic, political, and cultural life. The potential of all citizens in these communities is fully used for the benefit of everyone.

An inclusive and welcoming community is a community where its citizens and members feel safe, empowered and comfortable in being themselves and expressing all aspects of their identities¹.

In view of this publication, focusing on the municipality/governance context, an inclusive municipality is a liveable place where all people, including those with disability, “are able to exercise their rights, live, learn, work and play, feel safe, raise a family and grow old within their own community”². It should be designed in a way which empowers community members to make independent and informed choices regarding their living situation, health, education, employment and all other social life facets.

Attributes of an Inclusive Municipality:

The following features are helpful to seeing how municipalities can commit to engage and empower all members of their local communities:

- Sense of belonging: opportunities for contribution to the community and participation in decision-making processes (Nothing About Us, Without Us³);
- Safety and trust: reducing and preventing barriers, seeing mistakes as learning opportunities;
- Recognition: valuing and awarding participation, encouraging creativity;
- Diversity: recognizing strong identities as assets;
- Individuality: personalizing options for involvement and engagement;
- Mainstreaming: reducing the need for specialized programmes and services for different populations (older adults, persons with disabilities);
- Awareness-raising: education and trainings for developing attitudes and values of acceptance, appreciation, tolerance and support;
- Inclusiveness: taking all citizens’ demands and complaints seriously, ensuring that decisions benefit everyone.

¹ Adapted from: Multicultural Council of Saskatchewan “Welcoming and Inclusive Communities Toolkit”, (Canada, July 2017), available at: http://mcos.ca/wp-content/uploads/2017/07/wic_toolkit_final_july_2017-1.pdf

² New South Wales Disability Inclusion Action Planning Guidelines (Australia, June 2015), available at: https://www.facs.nsw.gov.au/__data/assets/file/0004/322366/NSW-DIAP-Guidelines.PDF

³ A motto coined by the disability rights movement to express a conviction that they know what is best for them and therefore should be consulted in all decisions and policies that affect them.

Measuring Inclusion in your Community

Guidelines for Using the Self-Assessment Checklists

Why Use the Checklists?

This model of inclusive municipality includes self-assessment instruments, developed to help municipalities and other interested local stakeholders, institutions, groups and individuals measure the inclusiveness of their community. The instruments are focus based, allowing local authorities to self-assess successful practices and pinpoint areas that require improvement. In addition to the instrument for the local authorities, attached to this document is also an instrument for policies and initiatives on national government level. Albeit not under the competence of the local government, they have a significant impact on local policies and practices, impacting the work of institutions, access of information and financing. This instrument, which is also focus based, is recommended to be used on state level as needed (one for all municipalities interested in self-assessment), thus providing information about the circumstances in which municipalities operate and work to achieve inclusiveness and the level to which that is achieved.

Becoming and sustaining the attribute of an inclusive municipality is a continuous and ongoing process. It is a journey with no final destination point – there is no state of perfection to be reached. Hence it takes time and requires clear vision, specific goals and concrete commitments.

An inclusive and welcoming municipality is one that is committed to improving access and inclusion for all its citizens over time, in all aspect of local life. By using the checklists on a periodic basis, municipalities will be able to measure whether their actions and interventions are actually making an impact. Beyond this, they may be used to help local stakeholders plan further steps for achieving a set goal, including for developing action plans for a determined time period.

Together with the Inclusive Community Model, the Checklists are a powerful tool designed to facilitate the change process that communities often go through to become more welcoming and inclusive. This process starts with collection of data to set baselines, identification of weaknesses, gaps and areas where action is needed, which then serve as a basis for planning local action. Local governments can then use these findings to argue for priority setting, and together with the municipal council, for securing budget allocations or donations to that end.

In addition to collection of data, the Checklists can also serve as discussion and building local skills and capacity for inducing change. By reading the real-life indicators, municipal councils and other local stakeholders can begin to understand what inclusion looks like in practice.

Who Conducts the Review Process?

To be effective, self-assessment should be conducted as a collaborative, multi-stakeholder process, coordinated by municipalities/local governments. The main actors include local government authorities, civil society organizations, local schools, public and private service providers, local academia, the business community and community-based organizations, with the support of national entities as needed. The involvement of local schools, health institutions, centres for social work and employment offices is essential to the success of this process. A key aspect that should not be overlooked is to include persons with disabilities, their families and organizations as direct sources of information, and to ensure their participation in subsequent discussions and processes of action plan preparation.

To facilitate the self-review process, municipalities may wish to follow these steps:

- 1) Choose one or two municipal administration staff members to coordinate the self-assessment process. It may help if this person/s has some experience in evaluations. Make sure they are also familiar with inclusion-related terms and concepts (it is well advised that they acquaint themselves with this document - the Inclusive Community Model, as well as relevant laws, state level strategies and international conventions).
- 2) Determine who else needs to be involved in the process. Assemble a team of local stakeholders to do the self-assessment together. Doing the evaluation collaboratively will not only bring together local knowledge and expertise, it can also help strengthen local networks of practitioners interested in inclusion work and connect local government to what is already happening in the community. By including multiple stakeholders, municipalities practice inclusion right from the onset of the process.

Municipalities may recruit self-review team members from existing local inclusion committees, working groups or inclusion teams (where they exist), or can specifically ask local institutions and CSOs to take part in this process with their experts, practitioners, as well as other stakeholders and interested individuals.

- 3) Set aside time (and if needed financial resources, albeit the instrument is developed in a way not to require additional financial resources) to complete the self-assessment.
- 4) Decide – as a team – on a deadline for completion of the self-review process. Depending on the team structure and data availability, the assessment can be an in-depth and time-consuming process, but one that is well worth the time and effort. Define the objective of the self-assessment in advance, since this will determine the resulting documents. Bear in mind that the insight from this process can be beneficial for the review of other processes and for developing local strategies, plans, measures and activities.

Municipal staff will need to allocate adequate time for coordination of this process. Completing the assessment does not require any other financial resources, unless municipalities incur costs to bring together a group of community or municipal stakeholders to provide input.

- 5) Compile and review the results of the assessment. Here are a few practical tips to make this process easier and more inclusive:
 - Work through each self-review Checklist together in the assessment team/working group. Ask each team member to fill out the checklists separately and then discuss the results as a group.
 - Hold consultation meetings with a broadly representative group of community members or local agencies to collect information about the indicators contained in each checklist.
 - Set opportunities to discuss the checklists with relevant municipal staff, local institutions or community service providers. Ask staff from different municipal departments to complete the checklist/area they are familiar with and return them to the assessment coordinator who would be tasked to compile the results.
 - Identify data sources and decide on the data collection methodology (for more information see: How to Find and Collect Data). Note if information/data for a particular indicator are unavailable and cannot be found/collected

- 6) Think about how you can recognize and promote the inclusive practices already in place. Promote these successes within the community and spread the good news on the municipality's web-site and Facebook page. Document and share your best practices and examples – your community can be a role model for other communities all over the country and the globe!
- 7) Use the self-assessment checklists to identify “bottle necks” and challenges that stand in the way of full inclusion in your municipality. Work with the assessment team on the following aspects:
 - Review any relevant and available information to understand the reasons for the existing practice/s.
 - Research other alternatives by reaching out to other municipalities and consulting CSOs in your community.
 - Come up with locally-tailored strategies to increase inclusion – with focus on addressing the identified challenges.
 - Develop action plans to operationalize these target strategies, including identification of action steps, assignment of staff or volunteers, timeline, resources needed and an evaluation plan.
- 8) Set clear priorities and act on them. Make your community aware that the local government cannot solve all identified inclusion issues at once. With the assessment team, pick the ones that are the most important to your community and act on these items first. You can then incorporate any other outstanding issues into future municipal plans.
- 9) Repeat the review process at regular intervals. If your municipality has made a long-term commitment to diversity and inclusion, you might consider incorporating this tool into a regular planning cycle, either annually or once per council term. If you plan to develop and Action Plan for inclusive activities (or already have such practices) the self-review process should be done before the plan is developed, halfway through implementation (as a monitoring tool) or at the end (as an evaluation tool).

What is in the Checklists?

The Inclusive Community Model contains seven separate self-assessment checklists in the following focus/action areas:

- 1) Access to data – precondition for inclusive policies and services;
- 2) Accessible communities – overcoming barriers to inclusion (public spaces, services, buildings, housing, transport, information, communication);
- 3) Inclusive education – encouraging children and youth to learn and grow;
- 4) Inclusive labour market and inclusive social services – paving the way for social equality;
- 5) Inclusive Health services – healthy people for a healthy municipality;
- 6) Inclusive recreation, sport, culture, entertainment and media– contributing to social cohesion;
- 7) Inclusive processes and inclusive policies – improving transparency, accountability and civic participation.

Each checklist provides a set of qualitative and quantitative indicators designed to measure the level of inclusiveness in the corresponding focus area. The selection of indicators is based on an overview of available tools and research in each focus area worldwide, and review of implemented models based on self-assessment.

The same areas are covered in the instrument for national level assessment (see in attachment) for measuring inclusiveness of state policies, laws, strategies and general practices.

What are Indicators?

Indicators are measurable manifestations of change in a situation as a result of an intervention. Indicators provide the evidence to support the story you want to tell or the recommendations you want to make.

Indicators may be quantitative or qualitative. Quantitative indicators are statistical measures based on numerical or statistical facts. Qualitative indicators are language-based descriptions that are used to depict the status of an activity, process or outcome. The Self-assessment checklists include both types of indicators because together, they develop a complete picture of the state of inclusion in a local community. For instance, where quantitative indicators provide information about numbers and proportions of the local population that uses a particular service, qualitative indicators can provide information about existing policies and procedures that facilitate the existence of this service.

Where possible, the data captured by each indicator should be segregated/broken down into different categories (such as age groups, gender, disability, ethnicity). These categories and the segregation method are different depending on the scope of the indicator.

The indicators contained in the checklists are primarily designed to be used to measure the state of inclusion internally, within one municipality and community. In this way, they help municipalities identify trends in their locality that can be compared over several years.

How to Find and Collect Data?

The results of the self-review process can be influenced by the type of data available for each indicator. There are three types of data referred to in the Self-assessment checklists:

- 1) Data available from existing sources - including State Statistical Office publications and administrative records from public and private service providers and government agencies;
- 2) Data the municipality is already collecting/has available - local demographics, transportation use, educational attainment of the local population etc.;
- 3) Data the municipality may need to start collecting in order to ascertain the state of play, not included in the regular data collection processes on local level (assuming municipalities collect data for the purpose of defining local policies, activities and measures).

The municipal responses to the indicators should be based primarily on such data; it is worth recognizing that local officials know their municipality best and are in the best position to undertake a self-assessment in their communities.

What is a Baseline?

Baseline is the value that is recorded the first time something is measured. It is a benchmark – a measurement that is used as a reference for subsequent measurements. At the same time, baselines enable municipalities to assess progress toward a goal, or to assess trends that compare measures over several years.

To set a baseline for each indicator, the Self-assessment team should discuss and agree on the possible data sources, how to find and gather the available information and collect the remaining data which are currently unavailable. In order to obtain data for some indicators, municipalities may need to conduct local surveys. This process can be time and labour intensive, but is well worth the effort if the municipality is interested to find out the perceptions and experiences of the local population. Sometimes, this data can be collected as a few additional questions on an already scheduled survey instrument. To increase efficiency, all municipal departments may wish to work together to design and undertake annual local community surveys which would incorporate inclusion-related questions.

Once baselines are set, the self-review will go more smoothly as data sources would be already identified and regular data collection practices would be internalized.

1. Access to Disaggregated Data - Precondition for Inclusive Policies and Services

Data on equity and inclusion is essential for policy and decision-making, budget planning, programme design and service delivery. Municipalities that collect “disaggregated” data (broken down by different categories) are more likely to identify gaps in services and create better plans to address them.

Example: when planning a child-friendly programme, does your municipality consider the differences between female and male children? What about female children with disabilities living in poverty?

To get started, local authorities may answer the following questions:

- What current statistics or demographic data are collected to better understand the people or communities that face systemic discrimination and barriers (in general and in relation to specific issues)?
- Does the currently available data capture the diversity of the local population? Is it broken down to make differences visible?
- Does the municipality consult with representative organizations of different population groups (women, youth, persons with disabilities etc.) to ensure the reliability of the available data and findings? How does the municipality identify the groups who may be excluded and find ways to ensure that they benefit?

Collecting data about the municipal government workforce is a good starting point. This trend will help municipalities to build a workforce that represents the diversity of the population they serve.

Useful Data Sources

Municipalities can use different sources of data that can bring a unique perspective to the analysis of an issue. What is even more important – municipalities should also collect the required data on their own, and collate the existing data to make sure their policies and services work for everyone.

Here are several proposals about possible sources of information for the municipality:

- State Statistical Office: collects data on national and local level on a broad range of indicators including social welfare and healthcare, labour market, level of education, gender equality etc.⁴ They may not collect data on disability prevalence, civic participation and other areas of interest for the municipality.
- Centres for social work/welfare: collect data on recipients of social welfare benefits and services;
- Employment offices: collect data on jobseekers, their gender, education, disability status and preferred employment choice.
- Civil society organizations (national or local): collect data on topics related to their populations of interest (business opportunities for women, local services for children with disabilities etc.).

Steps Forward

- 1) Locally-relevant data-gathering plan:

⁴ Themes/areas taken from the list published by the State Statistical Office of the Republic of Macedonia, available at: http://www.stat.gov.mk/Default_en.aspx

The plan should contain clearly defined objectives, operational definitions and methodology in order to collect and produce accurate and reliable data. It should also explain the rationale for collecting the specific data and the scope of their use (what will be done with the data once collected).

The data gathering plan may identify specific areas where the municipality may unintentionally limit equity and inclusion (e.g. safety, accessibility, affordability, cultural specificity, family responsibilities, access to decision-making, minority profiling etc.).

2) Posting data on the municipality web-site:

Data should be easily available to the local population, allowing them to benefit and learn from it. Data should be presented in accessible formats: as tables and text summaries. Findings should be summarized in plain language (easy-to-understand) and infographics.

Example: The Open Data Catalogue of the City of Toronto contains a wide range of data on community services, accessible parking, contact repositories and more.⁵

Self-Assessment Checklist: Data Availability

INDICATOR	YES	NO	NO DATA
1. The municipality has a locally-relevant data collection plan with clearly defined objectives and indicators.			
2. The municipality collects demographic data and statistics at regular intervals from multiple sources (census, Statistical Office, surveys).			
3. Locally-relevant data are regularly posted on the municipality's web-site.			
4. The municipality uses collected data to identify socially excluded/disadvantaged groups.			
5. The municipality consults with civil society at regular intervals to ensure reliability of findings.			
6. The municipality consults stakeholders/families at regular intervals to ensure reliability of data			
7. Locally-relevant data are represented in accessible formats			

Data on municipality population	Total	Male	Female	Persons with Disabilities
1. Population according to age group (number)				
• 0-5,99 (up until 6 years of age)				
• 6-14,99 (up until 15 years of age)				
• 15-18,99 (up until 19 years of age)				
• 19-29,99				
• 30-39,99				
• 40-49,99				
• 50-64,9				
• Over 65 years of age				
2. Population according to ethnic affiliation (number or %)				
• Macedonians				
• Albanians				
• Turks				
• Serbs				
• Roma				

⁵ More information is available at: <https://www.toronto.ca/city-government/data-research-maps/open-data/open-data-catalogue/>

• Others				
3. Persons who belong to vulnerable groups (number) (e. g. Persons with HIV/AIDS, sexual minorities, persons in institutions, persons in risk of marginalization, migrants, etc.)				
• _____				
• _____				
4. Households (number)				

Questions to Consider

1. In the case that the municipality has a plan for data collection with clearly defined goals and indicators, and collects demographics and municipal statistics at regular intervals, please provide a brief explanation of the process.
2. In the case that this practice is non-existent, please consider how this process can be launched, or/and propose measures/steps.
3. How do you publish data?
4. In the case that data is not published, please consider how this information can be published in a local bulletin, internet web page, etc.

2. Accessible Communities –Breaking Down Barriers to Inclusion

What does it mean when we say that a community is accessible? A fully-accessible community is barrier-free and provides equal opportunities for everyone to participate in everyday life. These communities truly include persons with disabilities, older adults, children, and parents – virtually everyone who has some access requirements.

The term ‘accessibility’ here refers to private homes, buildings, public spaces, technology, programmes and support services “being free of barriers, enabling all people to use them independently”⁶.”

Ensuring that such communities exist – and thrive – is key for an inclusive society, because both persons with access requirements and their neighbours and friends benefit from living in them.

Imagine... (exercise)

To appreciate the different facets of accessibility and inclusion, imagine you are a person who uses a wheelchair and you want to visit your local library.

You drive your own car and do not have to try to use public transport which is irregular and largely inaccessible.

You call the library to ensure it is accessible. You arrive and park in an accessible parking space, however you cannot get straight to the entrance as there is no ramped curb from the parking to the paved pedestrian area.

You make a long detour through the parking area and when you get to the front door find it is too heavy for you to open – so you call someone to open the door for you.

The counter is high, but you can still partially see the librarian and address your query. You are unable to fill the membership form as your chair cannot fit under the available desks. So, you go back to wait in line until the librarian could help you fill in your form.

You are ready to pay your membership fee, but the cashier’s desk is upstairs, and, as there is no lift you have to wait while the librarian arranges for the cashier to come to you with a receipt book.

While you are waiting in the hall, you see a flyer and pamphlets promoting a local concert. You are interested to learn more, but you cannot reach the pamphlet dispenser. You also notice the concert venue is not wheelchair accessible.

How would you feel? What would you recommend to the authorities?

Accessible Community Features

- Allow for interaction and engagement of all members,
- Reduce social isolation and improve mental health for older adults and persons with disabilities, and
- Improve physical health opportunities and outcomes for all.

Removal of barriers to access and inclusion benefits the whole community. A wheelchair accessible library would be easier to navigate for a person with visual impairment, for a parent with a pram and for an older adult using a walking cane.

⁶ Definition taken and adapted from: “Planning for the Future, Age-Friendly and Disability-Friendly Official Community Plans”, Union of British Columbia Municipalities (Canada, 2010), available at: <http://www.ubcm.ca/assets/Resolutions~and~Policy/Policy/Healthy~Communities/Planning%20for%20the%20Future.pdf>

Finding creative solutions to removing access and inclusion barriers requires careful thought and informed planning. Many solutions to access and inclusion barriers, as outlined above, do not need to involve major expenditure.

One such solution is the **universal design** – making products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.⁷ „ Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.⁸

This concept implies that urban and rural areas should be accessible in all their diversity, without obstacles. The task of local governments, therefore, is to continue changing public buildings and spaces so that they can be used by everyone independently, simply, intuitively and comfortably. In practice, this may include implementing the **Seven Principles of Universal Design**⁹:

1. *Equitable use*. Providing identical programs, services or facilities where possible and where this is not possible, ensuring equivalent access. This avoids highlighting people’s impairment and assists with safety for all users.

Example: accessible seating at sports stadiums is integrated and dispersed rather than a special designated area for people using wheelchairs.

2. *Flexible use*. Providing users with choice in how they would like to use the program, service or facility and ensure that the design can adapt to different levels of accuracy and pace.

Example: several avenues are provided for people to provide feedback on various services including online forms, in writing or over the phone using a relay service, if required

3. *Simple and intuitive to use*. Reducing complexity and supporting use of intuition to accommodate varying literacy and language skills.

Example: a directory sign in the foyer of a building that includes icons as well as text.

4. *Perceptible information*. Information is communicated effectively regardless of where it is or the user’s sensory abilities.

Example: a new employee induction training video includes captioning.

5. *Tolerance for error*. Encourages design that minimises hazards and poor outcomes or accidental or unintended actions.

Example: a floating jetty includes perimeter edging to avoid people in wheelchairs rolling off the edge into the water.

6. *Low physical effort*. Design does not require undue effort and can be used efficiently.

Example: a speaker at an event is provided with a lapel microphone so they do not have to hold the microphone causing fatigue in their hands.

7. *Size and space for approach and use*. Requires a clear line of sight to important elements for people standing and seated and enough space for any assistive technology.

⁷ UN Convention on the Rights of Persons with Disabilities (UNCRPD), Article 2, available at:

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-2-definitions.html>

⁸ Ibid (UNCRPD)

⁹ “7 Principles of Universal Design”, Centre for Excellence in Universal Design (undated), available at: <http://universaldesign.ie/What-is-Universal-Design/The-7-Principles/>

Example: the top shelf in a library can be reached by a person seated in a wheelchair.

These seven principles can be used for evaluation of current practices, for improving the process of designing products and, and for educating designers, planners and contractors/subcontractors, but also beneficiaries, all with the aim of improving the efficacy of products and services.

Steps Forward

Municipalities should complete a vulnerable group-friendly and Disability-Friendly community assessment to discover what already works around accessibility and inclusion and what needs improvement. A non-exhaustive list of indicators that can be used in this assessment is provided in the Self-Assessment Checklist below. Local authorities may also consider the following specific accessibility-related recommendations:

- 1) Identify and remove barriers stemming from the lack awareness of municipal staff and the general population for delivering inclusive and accessible services or solutions:
 - Train municipal staff and local service providers (health, social, educational and other services) as well as the NGO sector and volunteers to raise awareness about the barriers that their clients face;
 - Welcome the use of service animal (and ensure access), sign language interpreters and personal assistants;
 - Offer instructions and other information in Braille with clear visual signalization.
 - Create accessible ways for people to provide feedback (oral and written service evaluations, comment cards, email questionnaires or phone survey);
 - Adopt and make public accessibility policy, so your clients, volunteers and employees could know what to expect
- 2) Identify and remove barriers to using public transport and door-to-door services:
 - Require provision of accessible taxi services. If your municipality licenses taxicabs, make sure companies always have wheelchair-accessible vehicles in stock and that drivers do not charge extra for storing mobility aids and other assisting technology.
 - Require provision of accessible transportation services. If your municipality has public transport or issues licenses for busses and vans, slowly begin to introduce (or subsidise) low-floor busses, step-free trains and special transportation services for people who cannot use public transport without assistance. Consult with clients/community organizations when planning such activities.
- 3) Procure accessible goods, services or facilities:
 - Where possible, incorporate accessibility design, criteria and features in all procurement processes;
 - When it is not possible, provide written justification in the procurement report explaining the reasons for this decision.
- 4) Provide physical access to public buildings and premises:
 - Ramps or lifts (accessible step-free entrance),
 - Wheelchair accessible counters
 - Walking trails, benches and parks
 - Recreational footpaths, playgrounds and play spaces,
 - Parking spaces,
 - Counters and waiting rooms,

- Public lavatories (in institution and outside).¹⁰
- 5) Ensure access and availability of information in accessible formats:
- Make the municipality web-site accessible in line with the widely-accepted ISO/IEC 40500:2012 of accessibility for Web content standard.¹¹ This is particularly relevant for new web-sites, old web-sites updated with new content/design.
 - Information of public interest should be accessible for all community members. Devise forms that are easy to fill, easy to read, in plain language, also accessible in electronic format.
 - Have at least one copy of all public ally available documents for your municipality or organization in Braille.
 - Have sign language interpreter on site, or an opportunity to arrange access to such services when asked.

Cities Making Strides towards Greater Accessibility

The Dutch city of Breda was the recipient of the award for Most Accessible City in Europe for 2019. Accessibility is the main feature of the four-year city development plan (2018-2021) The initiative Breda Gelijk! allows the city to follow accessibility of services, and in the past three years 800 stores and restaurants/cafes have received the sign of accessibility. This is not only a confirmation; it is also a way of raising awareness of its importance. Web pages are also recognized for their accessibility to all citizens, both in terms of language and access, which is the result of consultations with visually impaired persons. The train station, all busses and bus stops are accessible to persons with impaired mobility, as well as navigation apps. All public and private transport drivers have been trained. Particularly significant is the inclusion of persons with disabilities in the planning process of interventions and services, both public and private. The web page of the Tourism Bureau encourages access to sports and recreation, cultural institutions regularly include artists and actors with intellectual disabilities, and libraries regularly organize education and has books for persons with low levels of literacy.¹²

Self-Assessment Checklist: Accessible communities: (Public spaces, services, built environment, housing, transportation, information and communication)

INDICATOR	Yes	No	No available data
1. The municipality has strategies, action plans and other documents setting goals for improving accessibility? If yes, list them here: _____			
2. The municipality conducted/is conducting physical accessibility audit of:			
• The municipality itself			
• Public institutions– schools, employment offices, centres for social work, cadastres etc.			
• Public and recreation spaces – streets, sidewalks, parks, beaches, foot trails			
• Private facilitates			
3. The municipality organizes public transport			

¹⁰ For more information see: http://www.changing-places.org/the_campaign/what_are_changing_places_toilets_.aspx

¹¹ Web content Accessibility Manuel Review, accessible at: <https://www.iso.org/standard/58625.html>

¹² For more information see: <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=2682&furtherNews=yes>

4. The municipality provides alternative transport system for persons who cannot use public transport			
• Paratransit – shared ride system			
• Taxi ride subsidies			
• Other transport: _____			
5. The municipality has accessible:			
• Parking			
• Sidewalks			
• Entrance			
• Stairs			
• Lift			
• Counters			
• Lavatories			
6. Assistive technologies are available in the municipality			
7. Assistive technologies are available in municipal institutions (schools, libraries, health care facilities, etc.)			
8. The municipality has available information in accessible format (easy to read, simple language, audio, video, Braille, large print)			
9. The web page is accessible to visually impaired persons			
10. The municipality has in house sign interpreter, or possibilities to engage such an interpreter			
11. The municipality knows exactly how many people are challenged by limited mobility, what the limitations are and where these people live			
12. The municipality uses such information when planning emergency Responses			
13. The municipality is implementing/has implemented an awareness raising campaigns on the significance and need of accessibility			
14. The municipality carries out surveys to establish the level of satisfaction of the local population with accessibility of institutions and services			
15. The municipality carries out research to establish the level of persons with disabilities with accessibility of institutions and services			
16. The municipality sets out specific accessibility requirement for issuing construction and reconstruction permits for public building and facilitates			
17. The municipality sets out specific accessibility requirement for issuing licenses for construction/reconstruction of collective housing buildings and establishment.			
18. The municipality sets out specific accessibility requirement for issuing transport licenses			
19. The municipality offers incentives/subsidies for easier accessibility of services (housing, transport, education, media, etc.)			
20. Accessibility of polling stations for persons with disabilities			

Data on municipal accessibility	Number	Share /% of total
1. Reserved and accessible parking spaces		
• Close to public institutions (counts, centres for social work, employment agencies, etc.)		
• Close to health care facilities		
• Close to educational and cultural institutions		
• Close to banks, supermarkets, shopping malls, etc.		
2. Public institutions that meet accessibility standards (entrance, stairs, etc.). Please list them here: _____		
3. Private service buildings (banks, markets, etc.) that meet accessibility standards Please list them here: _____		
4. Collective housing buildings that meet accessibility standards		

5. Busses with makeshift ramps (in case of organized transport)		
6. Vans with makeshift ramps (if case of organized transport)		
7. Wheelchair accessible ATMs or/and accessible to persons with hearing impairments (talking ATMS)		
8. In staff sign language interpreters/otherwise engaged in public institutions		

3. Inclusive Education - Empowering Children and Youth to Learn and Grow

Inclusive education is central to achieving high-quality education for all learners, including those with disabilities, and for the development of inclusive, peaceful and fair societies. In view of the recognition of persons with disabilities as right holders, as opposed to charity recipients, inclusive and quality education was recognized as a right for all learners in all levels of education.¹³

Inclusive schools are ‘schools for all’ where children and youth with disabilities or diverse learning needs are encouraged to learn in a unique manner in an engaging classroom environment. These schools nurture a mutually-sustaining relationship with their local communities that recognize and appreciate diversity, while adhering to inclusive values and expectations such as:

- Making the school ‘student ready’ rather than students ‘school ready’ so all learners are included in the general education in the classroom, all day, every day.
- All learners are recognized and valued as full members of the school community, developing meaningful relationships with peers and able to participate in all aspects of the life of the school.
- Learners are supported through curriculum adaptations catering to their ability, potential and needs, and differentiated teaching to master core learning objectives of the curriculum;
- Learners work in naturally supportive, flexible structures allowing for an individual pace of learning and grouping with other learners regardless of individual ability, potential and needs;
- The Law on Local Governance stipulates that municipalities are responsible for founding, funding and managing primary and secondary schools. Therefore, they are in a unique position to support all schools in their local community to become inclusive learning environments. For this to happen, it is helpful to review the wrong perceptions of inclusion; when learners with disabilities or diverse learning needs are only physically present in a school. An inclusive school is **not** an environment:
 - where learners are allowed to participate in class only if they are “keeping up” academically;
 - where students are frequently pulled out or made to work separately in a corner of the classroom with the special educator or educational assistant while the teacher instructs the rest of the class;
 - where some learners are given a separate “special curriculum”, as opposed to being supported – including through curricular adjustments – to access the same core curriculum;
 - where only learners who demonstrate independence or get good grades are allowed to stay and thrive.

Steps Forward

The Law on Primary Education (2019) stipulates inclusive education system as a goal to be achieved by 2013. To make this happen, municipalities must adopt the principle of whole-of-school and whole-of-community approach and culture, which is the most effective way of ensuring equitable access to

¹³ For more information, see UN Convention on the Rights of Persons with Disabilities, Committee on the Rights of Persons with Disabilities, General comment No. 4 (2016) on the right to inclusive education, available at: <https://www.ohchr.org/EN/HRBodies/CRPD/Pages/Gc.aspx>

education and social life for children and young people. The following policies and interventions may be considered to improve access and quality of education for all in the local community:

- 1) Recognize inclusion and equity as overarching principles to guide all educational policies, plans and practices of the municipality:
 - Make a clear statement regarding the municipality's commitment to implementing an inclusive education system in the overall strategic guidance document of the municipality (local development strategy/action plan). If the pursuit towards inclusion is not connected with the mission and objectives of the municipality, or the education system in larger sense, the stakeholders might not be willing to devote their time to a process that does not seem to contribute to the development in general.
 - Prepare an action plan towards an inclusive education system within the municipality education strategy, developed in consultation with the mayor, councillors, educational institutions and community organizations/CSO (which have an understanding of the special education needs of learners and their families), and of course, in consultation with learners with disabilities and their families.
 - Commit sufficient financial and human resources to implement inclusive education. Inclusion is a process, not a project. It takes time and requires continued investment.
- 2) Identify and gradually remove barriers to inclusive education:
 - Use self-assessment findings to improve the physical accessibility of school buildings and classrooms.
 - Recall key government commitments¹⁴. Ensuring accessible, inclusive and quality education for local children, including children/learners with disabilities, is a key government task.
 - Inform schools about available sources of financing for meeting their needs (earmarked funds, block grants for infrastructural changes, assistive devices, learning support assistants, professional development of teaching and professional staff). In addition to national and international/donor support, municipalities can themselves earmark funds for this kind of activities on local level.
 - Assess the special needs that need to be supported in schools. These needs may vary; thus, the assessment is best made at the beginning of each school year. In coordination with the schools. In coordination with school management, commit resources to produce textbooks and learning materials in accessible formats and languages, (including developing materials in Braille, ink, easy-to-read/understand versions in plain language etc.).
 - Identify licensed transportation companies that could provide wheelchair-accessible transport for learners with mobility impairments.
- 3) Support teachers, student support staff and school administrators:
 - In coordination with accredited training providers, provide training in inclusive approaches in all preschools, primary and secondary schools, (such as identifying diverse needs, preparing individual education plans, universal design for learning¹⁵, differentiated teaching and individual learning, working with the family, etc.

¹⁴ Law on Primary Education (http://mon.gov.mk/images/Zakon_za_osnovnoto_obrazovanje_br_161-2019.pdf), Social Services Improvement Project (<http://www.mtsp.gov.mk/proekt-za-podobruvanje-na-socijalnute-uslugi.nspj>)

¹⁵ See: "Access to Schools and Learning Environments II: Universal Design for Learning", (UNICEF, 2014), accessible at: http://www.inclusive-education.org/sites/default/files/uploads/booklets/IE_Webinar_Booklet_11.pdf

- Promote cooperation between teachers, support staff, caretakers, special educators, parents and learners. Encourage the development of local learning communities where all important stakeholders will have an active role.
 - Initiate partnerships between specialized social care and educational institutions, including universities, mental health centres, alternative specialized schools/resource centres, assessment commissions and other professional institutions, and in particular the civic sector, to promote collaborative practices, including team teaching, study groups, joint student assessment processes, peer support, exchange visits, etc.
- 4) Involve families and community members as partners:
- Partner with parents’ and caretakers’ organizations and community leaders to identify children with disabilities and other diverse learning needs. Promote the mainstream versus the special education alternative to make sure children stay at home with their families.
 - Invest in adult education for parents and caretakers to get the most marginalized families involved in the education of their children; promote positive and responsible parenthood.
 - Encourage early childhood interventions prior to school age. Engage qualified special educators and support staff in the home, in kindergartens, early childhood development centres, and day centres to teach Braille, sign language, orientation and mobility, and social skills – depending on the needs of each child.
 - Map hard-to-reach children who are out of school system. Use all available data: survey, administrative records, data bases of disability and NGOs.

Self-Assessment Checklist: Inclusive Education

INDICATOR	YES	NO	No data
1. All educational institutions in the municipality apply the procedures for identifying learners with special educational needs (SEN) at:			
• Pre-school level			
• Primary education			
• Secondary education			
• Adult/continuing education			
2. The municipality has regular and obligatory inter-sectoral cooperation for inspection of educational, health care, social sector institutions regarding education support for SEN learners			
3. The municipality has established and encourages cooperation between the formal and non-formal education system (including training providers, civil society organizations, and private VET and skilling providers)			
4. The municipality understands and applies the causticity standards of education institutions (parking, access, doors, lavatories, lifts.			
5. The municipality takes care that vehicles for transport of learners are adjusted to the needs of SEN learners.			
6. The municipality knows precisely the number of school-age children with SEN on its territory			
7. The municipality knows precisely the specifics/type and degree of their disability, their needs and abilities.			
8. The municipality knows precisely how many SEN learners are included in the education process in			
• Preschool institutions			
• Regular primary schools			
• Regular secondary schools			

• Adult /continuing education			
• Specialized schools/classes			
9. Schools submit data regarding SEN learners at regular intervals			
10. Each child with SEN that wishes to enrol in a mainstream education institution is accepted. No child is turned away.			
11. Education institutions and staff know the procedures that need to be followed when enrolling a SEN learner			
12. All schools have a defectologist /special educator			
13. All SEN learners have accessible support/assistance from:			
• Defectologist/special educator in the school			
• Defectologist/special educator from another institution in the municipality			
• Defectologist/special educator from another municipality			
• Personal assistant			
• Education assistant			
• Assistive technology			
• Day care centre, community organization, project			
• Special support/services at home			
14. The municipality assists the enrolment of SEN learners in schools and monitors their progress in the ensuing education sub-system			
15. The municipality has a municipal inspector dedicated to education			
16. The municipal inspection service monitors the inclusion and progress of SEN learners in mainstream schools			
17. The municipality is involved in resolving problems in enrolment, regular attendance, learning and achievements of SEN learners			
18. The municipality carries out surveys to establish the level of satisfaction of children/youth/families in regards to accessibility and/or inclusion in education institutions			
19. The municipality allocates additional resources to schools with SEN learners:			
• Financial resources			
• Staff			
• Assistive devices, assistive technology			

Data on the education of SEN learners in the municipality	Total	Male	Female	Persons with disabilities
1. Total number of preschool age children				
2. Total number of children that attend preschool institutions:				
• Public kindergartens				
• Early Childhood Development Centres				
• Private kindergartens				
• Other forms of care				
3. Total number of SEN children in preschool institutions that have had a functional assessment done beforehand				
4. Number of SEN children whose special need have been assessed by the staff in preschool institutions				
5. Number of children in preschool education whose parents have rejected assessment, as a result of which the documentation on the child is incomplete				
6. Children age 6-15				
7. Number of pupils enrolled in mainstream schools				
8. Number of pupils enrolled in special primary schools				
9. Number of SEN pupils enrolled in primary schools with a functional analysis done beforehand				

10. Number of SEN pupils whose special needs have been assessed by primary school staff				
11. Pupils (primary education) where special needs have been established by the school, but whose parents have rejected functional analysis, resulting in incomplete documentation of the child				
12. SEN pupils that have dropped out of mainstream primary education and have transferred to special schools				
13. SEN pupils that have dropped out of mainstream primary education and are excluded from the education process				
14. Children age 15-19				
15. Pupils in mainstream secondary schools				
16. Pupils in special secondary schools				
17. SEN pupils enrolled in secondary schools with a functional analysis done beforehand				
18. SEN learners with special needs assessed by secondary school staff				
19. Pupils (secondary education) where special need have been established by the school, but whose parents have rejected the functional analysis, resulting in incomplete documentation of the child.)				
20. SEN pupils that have dropped out of mainstream secondary education and have transferred to special schools)				
21. SEN pupils that have dropped out of mainstream secondary education and are excluded from the education process				
22. Persons over 19 years of age without primary education (%)				
23. Primary school pupils saying they feel good in schools (%)				
24. Secondary school pupils saying they feel good in school (%)				
25. SEN pupils in primary education saying they face barriers in school life inclusion				
• Inaccessible school entrance				
• Inaccessible classroom				
• Inaccessible lavatories				
• Insufficiently accessible school books				
• Lack of assistive technologies and aids				
• Lack of support and acceptance by teachers				
• Lack of support and acceptance by peers				
26. SEN pupils in secondary education saying they are facing barriers in school life inclusion				
• Inaccessible school entrance				
• Inaccessible classroom				
• Inaccessible lavatories				
• Insufficiently accessible school books				
• Lack of assistive technologies and aids				
• Lack of support and acceptance by teachers				
• Lack of support and acceptance by peers				

Data on education intuitions in the municipality	Number
1. Preschool institutions	
2. Preschool institutions that meet accessibility standards by having:	
• Accessible ramps	
• Accessible parking	
• Lift	

• Lavatory	
• Assistive technology	
3. Preschool institutions with on staff special educators	
4. Mainstream primary schools	
5. Special primary schools	
6. Mainstream primary schools that meet accessibility standards by having:	
• Accessible ramps	
• Accessible parking	
• Lift	
• Lavatory	
• Assistive technology	
7. Mainstream secondary schools with on staff special educators	
8. Mainstream secondary schools	
9. Special secondary schools	
10. Mainstream secondary schools that meet accessibility standards by having:	
• Accessible ramps	
• Accessible parking	
• Lift	
• Lavatory	
• Assistive technology	
11. Mainstream secondary schools with on staff special educators	

4. Inclusive Labour Market and Social Services – Paving the Way for an Equitable Society

Social protection is an essential tool for advancing inclusive and equitable outcomes. It seeks to respond to different dimensions of exclusion such as gender, ethnicity, geographic location and disability status. Generally, the world today believes that dignified work is the best way for achieving full social inclusion in society.

Social protection is key for achieving the Sustainable Development Goals (SDGs)¹⁶ as they call for universal coverage with a view to ensure that no segments of the population are left behind. The prerequisites for leaving no one behind in this context are universal availability, accessibility and adequacy of social protection instruments and services¹⁷.

The working age population – regardless of background and abilities – should be able to participate in the open labour market. An inclusive community, therefore, should aim to maximize the contributing potential of these underutilized groups, by mobilising their talents and resources so that they can participate in and benefit from the driving of economic growth. In inclusive labour markets, job seekers should be provided with:

- Adequate income support to allow for a life in dignity while seeking a job, and during periods of unemployment or inactivity
- Holistic, personalized support, including active labour market measures catering to the diverse and special needs of jobseekers
- Access to quality and affordable services such as education and training, healthcare, affordable housing, counselling for indebtedness, childcare, transport etc.

Likewise, the right to social protection for all cannot be realized if it fails to reach those who need it most. All persons should be able to access social protection services without discrimination. With a view to ensuring the accessibility and effectiveness of social protection services, authorities need to facilitate regular beneficiary involvement in the process of design, delivery and feedback. Making social protection programmes more inclusive requires both robust mechanisms for consultation between government and potential beneficiaries, as well as transparent official avenues for beneficiary feedback and grievance redress.

Despite differences in the allocation of resources and responsibilities, municipalities have an important function in delivering social welfare in local communities. This is achieved through actions to improve poor neighbourhoods, such as organizing and supporting humanitarian activities, supplementing national level assistance, and boosting the local economy, leading not only to higher revenue for the municipality but also to lower unemployment rates, and thus to improved welfare of its people as dependency on social welfare drops.

Even in a context of increasing financial pressure caused among other by the global economic and political crises, local authorities around the globe are innovating and experimenting to design and deliver inclusive social welfare policies and active labour market measures. Some specific good practice examples are illustrated in the next section.

¹⁶ For more information see <https://sustainabledevelopment.un.org/?menu=1300>

¹⁷ 2018 Report on the World Social Situation (RWSS), UN Department of Economic and Social Affairs (Executive Summary), available at: <https://www.un.org/development/desa/dspd/report-on-the-world-social-situation-rwss-social-policy-and-development-division/2018-2.html>

Steps Forward

- Conduct a needs assessment to identify traditionally disadvantaged or marginalised groups in the local community. These may include short- and long-term unemployed youth, girls and women, persons with mental health issues, persons with disabilities, members of ethnic groups, older workers, etc.
- Support labour market transitions throughout the life-cycle by providing comprehensive local career information and tailored training to employment pathways. Once target groups are identified in each local context, municipalities should work with schools, local employment offices and the business community to implement life-cycle transition programmes tailored to the needs of the vulnerable groups. It is particularly important to develop employment opportunities for younger and older persons with disabilities.

Example: in Essen, Germany, the Department for Second Chance Education partners with a local foundation to establish a transition-to-work programme for early school leavers with mental health issues. The programme dubbed ‘Professor Eggers Course’ helps youth with health issues to obtain school certificates which they didn't receive during their compulsory education because of their illness and hospital stays. Upon graduation, these youth are placed in a two-week internship; some of them continue to paid work while others go on to obtain further education.¹⁸

- In coordination with local employment offices, take a proactive approach to design and provide highly-personalised employment services. One-size-fits-all approaches and measures often prove ineffective for meeting the needs of all persons within a vulnerable group.

Example: the municipality of Nacka in Sweden is implementing the ‘Vouchers for Jobs’ Programme – a coordinated response to unemployment and social exclusion where citizens use ‘Municipal Vouchers’ to choose their employment and social service provider. With a municipality-financed voucher, a programme beneficiary can choose among various activities including Swedish language courses, adult education and vocational training programmes, workplace or internship training and many others. This is an innovative approach providing a formal split between the public authority role played by the local government and the service delivery role played by other public or private actors. Each year, more than six thousand citizens benefit from the programme.¹⁹

- Use different participatory mechanisms and forums to involve the local community in identifying and combating an important social issue. Creating local-level partnerships around common goals has proven effective in many contexts.

Example: In Flanders (Belgium), the Federal government supported Public Centres for Social Welfare to launch local consultation platforms - bringing together schools, nurseries, anti-poverty and parent support associations - with an aim to preventively and proactively detect hidden child poverty. These platforms prompted the creation of Local Houses of the Child throughout Flanders – local networks of services working for and with parents-to-be and parents with children to ensure access to nursery education and child-friendly services for all children in the region.²⁰ This

¹⁸ Professor Eggers Foundation: Certificate course for Young Adults with mental illnesses at the VHS Essen, (overview) available at: <https://www.vhs-essen.de/eggert/eggert-english.pdf>

¹⁹ Vouchers for Jobs Programme: overview, (EuroCities), available at: <http://nws.eurocities.eu/MediaShell/media/Nacka.pdf>

²⁰ Peer review on prevention and early intervention services for children, Comments paper – Belgium, (2017), available at: ec.europa.eu/social/BlobServlet?docId=15145&langId=en

activity was very beneficial for children with disabilities who do not attend school and have no social and work skills.

- Promote equality and fairness by using public procurement to further social inclusion. Municipalities can use their considerable purchasing power to deliver services that benefit disadvantaged groups.

Example: For all contracts worth more than 15 thousand EUR, the municipality of Rotterdam in the Netherlands requires contractors to provide ‘Social Return’ employment opportunities for people who are furthest from the labour market – vocational school students and long-term unemployed people, including older adults and persons with disabilities. These may be long-term employments (longer than six months), temporary job placements and secondments, as well as purchase of services from a municipal social enterprise that employs people in the ‘Social Return’ target groups.²¹

Self-Assessment Checklist – Inclusive Labour Markets and Social Services

INDICATOR	YES	NO	NO AVAILABLE DATA
1. The municipality has developed and operationalized a local Social Inclusion Strategy, explicitly focusing on vulnerable groups			
2. The municipality has developed and operationalized a local inclusion Action Plan			
3. The municipality has developed and operationalized an Employment Strategy			
• With a sub-strategy for youth employment			
• With a sub-strategy for employment of women			
• With a sub-strategy for employment of persons with disabilities.			
4. There is a functional interdepartmental mechanism for collaboration within the municipality on:			
• Social protection services			
• Employment and active labour market measures			
5. There is a functional intersectoral mechanism for collaboration with other municipalities, for regional and cooperation on national level on:			
• Social protection services			
• Employment and active labour market measures			
6. The municipality has autonomy/competency to design local social protection programmes, in addition and complementary to national ones			
• Yes, developed and implemented in practice			
• Yes, developed but not implemented in practice			
• Yes, planned for the future			
• No and not planned for the future			
7. The municipality has autonomy/entitlement to design local employment programmes in addition to, and complementary to national ones			
• Yes, developed and implemented in practice			
• Yes, developed but not implemented in practice			
• Yes, planned for the future			
• No and not planned for the future			

²¹ Cities on the frontline: Local practices for active inclusion in Rotterdam (The EUROCITIES Network, 2013), available at: <http://nws.eurocities.eu/MediaShell/media/Rotterdam%20on%20the%20frontline.pdf>

8. The municipality earmarks resources for financial assistance of vulnerable groups (persons with disabilities, poor families, homeless persons).			
9. The municipality ensures practical and financial assistance for vulnerable group jobseekers to find, retain or go back to work, in the public and private sector.			
10. The municipality ensures practical and financial assistance for vulnerable group jobseekers for self-employment or developing entrepreneurial skills.			
11. The municipality ensures practical and financial assistance for vulnerable group jobseekers for setting up businesses with corporate responsibility			
12. The municipality keeps a register of companies that employ persons with disabilities (firms and shelter companies)			
13. The municipality keeps a register of persons with disabilities that are employed (in firms and shelter companies)			
14. The municipality subsidizes companies that employ persons with disabilities (e.g. shelter companies)			
15. The municipality conducts surveys to establish the level of satisfaction of persons with disabilities regarding the accessibility and inclusiveness of the labour market			
16. The municipality conducts surveys to establish the level of satisfaction of employers with the work done persons with disabilities in their companies			

Social cross-section of the municipality	Total	Male	Female	Persons with disabilities
1. Households living in poverty (number)				
2. Households living in poverty with a family member with disabilities (number)				
3. Social welfare beneficiaries (number)				
4. Homeless persons (number)				
5. Social protection services beneficiaries (number)				
• Home aid and care				
• Personal assistance				
• Other				
6. Persons with mobility issues living in inaccessible homes (no access ramps, need to negotiate stairs, no lift, no parking, etc.) (number)				
7. Employed persons (number)				
8. Persons with disabilities employed in shelter companies				
9. Unemployed persons (number)				
10. Inactive working-age population /NEET ²² (number)				
11. Level of education of working population (number)				
• No education				
• Completed primary education				
• Completed VET education				
• Completed secondary general high school education				
• Completed higher education				
12. Level of education of jobseekers/unemployed persons (number)				
• No education				
• Completed primary education				
• Completed VET education				
• Completed secondary general high school education				

²² Persons not that are neither employed nor registered as unemployed or in training - (NEET - not in employment, education or training)

• Completed higher education				
13. Level of education of inactive population (number)				
• No education				
• Completed primary education				
• Completed VET education				
• Completed secondary general high school education				
• Completed higher education				

5. Inclusive Health Services – Healthy Citizens for Healthy Municipalities

In a context where health is viewed as a fundamental human right, all people and communities should be able to use the health services they need. The World Health Organization promotes the concept of universal health coverage which implies that everyone has a right to access good quality promotive, preventive, curative, rehabilitative and palliative services close to home, at an affordable price.²³

To be inclusive, health services should be efficacious, equitable and affordable²⁴. They are provided on the basis of people's needs - those most in need can access the service as easily as those least in need.

In practice, the inclusive approach to health calls for improving the disproportionately poor health outcomes faced by people with complex health needs. This is a considerable challenge as people from socially excluded groups have greater unmet healthcare needs compared to the general population. Persons with disabilities, for example, report seeking more healthcare than persons without disabilities. At the same time, they are often denied treatment, receive poor quality services and encounter a range of barriers when attempting to access healthcare. In addition, persons with disabilities are often excluded from health promotion and prevention activities and – as a result – are more vulnerable to secondary health conditions which are often unrelated to their disability.²⁵

Local governments can improve health outcomes for everyone in their community – including the most vulnerable - by improving access to quality, affordable health care services, which make the best use of available resources. They can work together with national governments and service providers to identify priorities to reduce health inequalities and plan improvements for access and inclusion.

Steps Forward

The main task for local governments is to ensure that health services are inclusive, i.e. efficacious, equitable and affordable. Municipalities should work together with health and social service providers to coordinate a flexible response to the complex health needs of people from socially-excluded groups. In more specific terms, municipalities may wish to:

- **Identify vulnerable and marginalized groups** that frequently experience poor health outcomes across a range of indicators, including self-reported health, life expectancy and morbidity. Although socially excluded groups are not hard to find or identify within communities, the picture of their needs is often incomplete.

While data specific to the health and care needs of the socially excluded may be limited, local authorities and providers can consider alternative sources of information.

Local governments in the UK, for example, can use the Homeless Health Needs Audit toolkit developed by Homeless Link – a national membership charity for organizations working with people who become homeless in England.²⁶ Civil society organizations working with vulnerable groups should be

²³ World Health Organisation: What is Universal Coverage (overview), available at: http://www.who.int/health_financing/universal_coverage_definition/en/

²⁴ Viewpoint: Inclusive Health, in Journal of Tropical Medicine and International Health VOLUME 17 NO 1 pp 139-141 (JANUARY 2012)

²⁵ World Health Organization: Disability and Health (overview, January 2018), available at: <http://www.who.int/news-room/fact-sheets/detail/disability-and-health>

²⁶ Homeless Health Needs Audit tool, (Homeless Link), available at: <https://www.homeless.org.uk/our-work/resources/homeless-health-needs-audit>

encouraged to propose similar solutions in coordination with local authorities. This approach could also benefit persons with disabilities for which health and municipal services have very little information.

- **Identify priorities to reduce health inequalities and plan improvements for access and inclusion.** For many communities, these priorities may include addressing different barriers that make healthcare inaccessible for some groups in the society. Barriers to healthcare may include prohibitive costs, limited availability of health services, physical access to and within buildings, inaccessible medical equipment and inadequate skills and knowledge of health workers.

For **example**, women with mobility difficulties are often unable to access breast and cervical cancer screening because examination tables are not height-adjustable and mammography equipment only accommodates women who are able to stand.

- **Use financial incentives to make health services financially accessible and affordable.** Municipalities could commit financial resources to ensure that health services are affordable, especially to vulnerable groups, including comprehensive assessment, check-ups, treatment and follow-ups. One possible option used globally is reducing or removing out-of-pocket payments for people from vulnerable groups who do not have other means of financing their need for health services.

Sweden, where responsibility for healthcare is devolved to the local governments, has high-cost ceiling as a protection mechanism against high out-of-pocket health service costs.²⁷ The cost limit for medical consultations, for **example**, is cumulatively around EUR 107 in the course of a year. The remaining costs are paid from the annual local health budgets.

- **Promote community-based rehabilitation (CBR).** In simple terms, CBR refers to the delivery of basic services for vulnerable groups within their community, including all services necessary to improve the participation and functioning in daily activity. All persons with physical disability need access to physical therapy, and it should be provided close to the home, including in rural areas.²⁸

A good practice in this field is the Low-Cost Effective Care Unit, established by the Christian Medical College and Hospital in Vellore, India. The initial aim of the project was to provide comprehensive rehabilitation to persons with severe disabilities. Following extensive community involvement, the Unit now works to provide holistic and quality healthcare to the poorest inhabitants of Vellore, including children, mothers, persons living with chronic diseases, the elderly and persons with disabilities.

- **Provide training for health workers on diversity awareness and approaches to improve health outcomes for people with complex social and medical needs.** To complement this approach, municipalities could also train people from vulnerable groups that enjoy the respect of the community, who can play a role in information campaigns and preventive health.

For example, The Australian National Disability Insurance Agency has developed a three-year Rural and Remote Strategy to outline how they will engage with persons with disabilities, their families, caretakers and communities in rural and remote parts of Australia. The rural and

²⁷ Healthcare in Sweden: overview, available at: <https://sweden.se/society/health-care-in-sweden/>

²⁸ Community-Based Rehabilitation booklet, available at: <https://sarah.org.au/book/export/html/406>

remote caretakers have constant access to locally available training and resources to improve their service delivery.²⁹

Self-Assessment Checklist: Inclusive health services /Health Services - Access and Delivery

INDICATOR	YES	NO	NO AVAILABLE DATA
1. All persons in the municipality have easy access to good quality medical services when they require a check-up or a medical intervention.			
2. All persons can access appropriate preventive health programmes			
3. Public and private providers of health services in the municipality ensure full physical accessibility of their buildings and facilities			
4. Public and private health providers of health services in the municipality provide health related information in accessible format, easy to understand/plain language, video, and large print.			
5. The municipality has a strategy for improving the health of its people			
6. The municipality conducts surveys to establish the level of satisfaction of persons with disabilities regarding accessibility and/or inclusiveness of health services			
7. The municipality has an out-patient clinic on its territory			
8. Everyone living in the municipality has a family doctor			
9. Everyone living in the municipality has a family dentist			
10. All women in the municipality have their own gynaecologist			

State of health of municipality population	Total	Male	Female	Persons with disabilities
1. Preschool age children that have been vaccinated with all required vaccines (number)				
2. Primary school children that have been vaccinated with all required vaccines (number)				
3. Secondary school children/youth that have been vaccinated with all required vaccines (number)				
4. Preschool age children that have received health care services in the past 12 months (number)				
5. Primary school children that have received health care services in the past 12 months (number)				
6. Secondary school children/youth that have received health care services in the past 12 months (number)				
7. Pregnant women who go for a regular check-up (% of all pregnant women)				
8. Women and children that have received sexual and health services in the past 12 months (number)				
9. Older persons (over 65 years of age) who reported having received health services in the past 12 months (number))				
10. Persons with disabilities (functional limitations) who have reported having a secondary health problem related to their disability (number)				

²⁹ Rural and Remote Caretakers, Caretakers Australia, available at: <http://www.caretakersaustralia.com.au/ndis-and-caretakers/support-for-families-and-caretakers/remote-and-rural-caretakers/>

11. Persons with disabilities (functional limitations) who have reported having a secondary health problem unrelated to their disability (number)				
12. Persons without health insurance (number):				
• Macedonians				
• Albanians				
• Turks				
• Serbs				
• Roma				
• Others				
13. Persons with disabilities (number) who have reported to have received sufficient help in the form of:				
• Personal assistance				
• Technical aids/assistive technology				
• Home adaptation				

Health care services in the municipality	No. or %
1. Public health care facilities in the municipality -primary health care (number)	
2. Private health care facilities in the municipality -primary health care (number)	
3. Medical staff in public and private facilities in the municipality (number)	
4. Specialized staff for working with/providing health care for persons with disabilities (number)	
5. Health care facilities (public and private, specialized) who meet the conditions for accessibility to and in the institution (number)	
6. Percentage of population living within a radius of 500 meters to the closest health care facility (%)	
7. Percentage of population living within a radius of 3 kilometers to the closest health facility (%)	

6. Inclusive Recreation, Sports, Culture, Leisure and Media - Contributing to Social Cohesion

Culture, sports, arts and the mass media are everywhere. They permeate the spaces and places of all localities and regions, and even infiltrate our daily life. Hence the need to make both leisure and recreation opportunities and media content inclusive and accessible for all people.³⁰

There are many ways in which culture, arts, sport and the media can contribute to community life. Well-designed buildings, the public realm and green spaces, imaginative use of public art, sensitive treatment of historic buildings and sites, and provision of and access to a good mix of services and amenities in town and rural centres have been identified as key factors that engender a sense of belonging to the community³¹.

Smaller-scale initiatives - in which, for example, a local community might be involved in designing and looking after a play area, rejuvenating a library or reporting on local news - can play a significant role in changing the way an area is seen and in building local confidence. Moreover, participation in creative physical and mental activities enhances people's personal enjoyment, development, and fulfilment and improves their health and wellbeing.

Similarly, equal access to public information plays an important role in creating an inclusive society, as it will make popular participation possible with well-informed citizens. Information that pertains to the society, such as what a community owns, generates, or benefits from, should be made available to all – and the power of the mass media should be harnessed towards this goal.

A key task for local authorities, in this context, is to turn their communities into inclusive spaces where all citizens – regardless of their background, ability and social status – can participate equitably in leisure and recreation, while benefitting from access to public information and locally-relevant news.

Steps Forward

When planning for leisure and recreation opportunities involving culture, arts, sports and the mass media, local authorities and practitioners may wish to consider the following recommendations and good practices:

- **Adopt an inclusive partnership approach with the public, private and civil society sectors.** Universities, associations and local interest groups can provide precious resources in terms of skills, talented people, and engagement with the different communities across territories. Cooperation should be a continuous and meaningful process, and partners should aspire to produce joint strategies, policies or programmes.

Example: the city of Espoo (Finland) initiated a broad consultation process to develop the CultureEspoo 2030 strategy³². Culture is to be used as a tool to promote accessibility and safety, to safeguard peace and society and build community spirit and to encourage resident-oriented urban

³⁰ The term 'Inclusive Leisure, Culture and Media', as used in this publication, covers activities such as the visual arts, music, the performing arts, crafts, sport, leisure, and tourism, as well as the creative industries (such as advertising, architecture, design, publishing, television and radio, film and digital media,) and the provision of facilities and services such as theatres, museums, libraries, and archives.

³¹ World Class Places' the UK Government Strategy for improving quality of place (2009):

<http://webarchive.nationalarchives.gov.uk/20120919161233/http://www.communities.gov.uk/documents/planningandbuilding/pdf/1232218.pdf>

³² CultureEspoo 2030 Strategy, available at: [https://www.espoo.fi/en-US/Culture_and_sport/In_2030_Espoo_will_be_a_creative_and_bol\(86040\)](https://www.espoo.fi/en-US/Culture_and_sport/In_2030_Espoo_will_be_a_creative_and_bol(86040))

redevelopment. One of the measures to achieve the CultureEspoo 2030 Strategy is ‘Making residents’ voices heard’ and ‘working in networks and partnerships’, both inside the city administration and with local stakeholders and creative workers³³.

- **Involve citizens in both planning and producing.** Citizens should be viewed not only as service users/consumers, but also as producers/contributors.

Example: In many communities, citizens share locally-relevant news on their blogs and social media pages. Non-profit organizations, like City Bureau in Chicago - USA, seeks to gather such local community activists to cover their neighbourhoods while receiving mentorship and journalism training. City Bureau reporters of all experience levels – usually secondary school and college-aged youth – have published stories with various local media outlets and on their own web-site³⁴. The local government council in Medway (Kent/UK) has gone a step further by setting aside a row of seats at its main meetings for citizen journalists and bloggers, who are asked to share the news on the Council’s official Twitter account.³⁵

Example: The city of Rotterdam, the Netherlands, made most of its public spaces, as well as its sports and leisure facilities accessible to persons with disabilities both as participants and as spectators. These include facilities for blind people to enjoy both football (at the Feynoord soccer club) and tennis. There is also an inclusive play area at the Maritime Museum and a mobility scooter route in the Botanical Gardens. Since 2007, Rotterdam has had the most accessible beach in the Netherlands with free beach wheelchairs and walking aids, accessible toilets and a wheelchair friendly path to the high-water mark³⁶.

Consultation process

Example of good practice

A good example of a consultation process that resulted in an inclusive initiative is the Deaf Sports Network in Peterborough, UK. The 2014 Disability Consultation Survey, conducted by a local sports charity, revealed that communication is one of the main barriers to participation in sports for persons with hearing impairments. Hence why the Deaf Sports Network brings together representatives from the deaf community with leisure providers and local charities in Peterborough to increase opportunities for deaf and hard-of-hearing people to play, coach and volunteer in sport. Some of the Network activities include deaf awareness workshop for sports deliverers, as well as deaf-friendly gym and tennis coaching sessions.

Self-Assessment Checklist: Inclusive Recreation, Sports, Culture, Leisure and Media

INDICATOR	YES	NO	NO DATA
1. The municipality has a dedicated culture/sports/leisure/recreation department.			
2. The Municipal Council has developed an operational or action plan for			

³³ Ibid (CultureEspoo 2030)

³⁴ Chicago City Bureau web-site: <https://www.citybureau.org/#our-newsroom>

³⁵ ‘Council to Reserve Seats for Citizen Journalists’, (news article, the Guardian, January 2014), available at: <https://www.theguardian.com/media/greenslade/2014/jan/27/citizenmedia-localgovernment>

³⁶ Visits4U Case Studies, Barrier Free Public Spaces, Rotterdam, Netherlands (2017), available at: <http://www.visits4u.eu/wp-content/uploads/2017/09/visits4u-case-study-Barrier-Free-Public-Spaces-Rotterdam-NETHERLANDS.pdf>

culture/sports/recreation			
3. The municipality collaborates with individuals and organizations in the field of culture and leisure on a regular basis			
4. The municipality collaborates with individuals and organizations in the field of sports and recreation on a regular basis			
5. The municipality initiates cultural and leisure activities that include persons with disabilities			
6. The municipality initiates sports and recreational activities that include persons with disabilities			
7. The municipality conducts surveys to gauge the level of satisfaction of its citizens regarding the accessibility and/or inclusive of cultural, leisure, sports and recreational events and activities			
8. The municipality has built/adapted spaces (facilities, playgrounds, parks) for persons with disabilities			
9. The municipality has a plan to build/adapt spaces (facilities, playgrounds, parks) for persons with disabilities in future			
10. The municipality strives to make public and private sports and recreational spaces physically accessible and financially affordable to persons with disabilities.			

Data on citizen participation in sports, recreational, cultural and leisure activities in the municipality	Total	Male	Female	Persons with disabilities
1. Cultural workers in the municipality (number)				
2. Sports workers in the municipality (number)				
3. Citizens satisfied with the physical accessibility of sports and recreations events and activities (%)				
4. Citizens satisfied with the physical accessibility of cultural and leisure events and activities (%)				
5. Citizens who think that sports, recreational, cultural and leisure activities and financially affordable (%)				
6. Citizens who live within a radius of 500 meters from recreational and leisure spaces (%)				
7. Citizens who live within a radius of 3 kilometers from recreational and leisure spaces (%)				
8. Citizens who have reported having encountered barriers in joining sports, recreational, cultural and leisure events and activities in the past year (number):				
• Due to physical inaccessibility of the space, event, equipment (number)				
• Due to lack of accessible information for events and activities (number)				
• Due to lack of accessible transport (number)				
• Due to remoteness of the space/event (number))				

Data on sports, recreational, cultural and leisure activities in the municipality	Number
1. Spaces for cultural events owned by the municipality	
2. Spaces for cultural events owned by the municipality accessible to persons with disabilities.	
3. Other public spaces for cultural events	
4. Other public spaces for cultural events accessible for persons with disabilities	
5. Private spaces for cultural events	
6. Private spaces for cultural events accessible for persons with disabilities	
7. Public sports and recreational spaces	
8. Public sports and recreational spaces accessible for persons with disabilities	

9. Private sports and recreational spaces	
10. Private sports and recreational spaces accessible for persons with disabilities	
11. Multifunctional outdoor recreational spaces (parks, green areas, walking paths)	
12. Multifunctional outdoor recreational spaces (parks, green areas, walking paths) accessible for persons with disabilities	
13. Walking paths (length)	
14. Walking paths accessible, safe and/or marked for persons with disabilities (length)	
15. Bicycle trails (length)	
16. Bicycle trails accessible, safe and/or marked for persons with disabilities (length)	
17. Local events (festivals, celebrations, competitions, etc.) organized in the municipality (annually)	
18. Local events (festivals, celebrations, competitions, etc.) organized and financed by the municipality (annually)	
19. Libraries in the municipality (not in schools)	
20. Civil society groups, associations and organizations that fight for the rights of persons with disabilities.	
21. Civil society groups, associations and organizations that are engaged in sports, recreational, cultural and leisure activities	
22. 20. Civil society groups, associations and organizations that are engaged in sports, recreational, cultural and leisure activities for persons with disabilities	

7. Inclusive Processes and Inclusive Policies: Enhancing Transparency, Accountability and Civic Participation

“Open and inclusive policy making is transparent, evidence- driven, accessible and responsive to as If local governments adopt inclusion as a goal, they need to find and make heard the voices of those who are left out of policy design and its resulting implementation. They should foster dialogue across stakeholders to build common understanding on certain issues and set joint goals, allowing people to engage with an idea in a safe and supportive environment. Such multi-stakeholder processes facilitate interaction with stakeholders representing a wide range of diverse groups and sectors: government, the private sector, various social groups represented by civil society organizations (CSOs) and other members of society.

Local authorities can make a positive contribution to civil society development by promoting an enabling environment for CSOs. In such environment, CSOs would be well-positioned to assume the role of social trust generators and advocates for the voices that otherwise remain unheard.

To ensure a holistic and multi-dimensional response to local needs, “inclusive policies should ideally be able to integrate local, regional and national abilities and resources vertically, and encourage dialogue horizontally between different administrative units operational at the same scale”³⁷. The role of local government, in this light, is to foster a strong sense of responsibility-sharing in each citizen and institution, stimulating transfer of knowledge within public administration and the community as a whole.

The main challenge for local partnerships lies in establishing an adequate policy framework and practices that will balance out the competencies and interests of the local authorities and civil society organization, by using the potential of civil society for the good of vulnerable groups. In this context, the role of the local authorities should be to provide “incentive and to animate” the participation of the private and civils society sector for the public good and public services.

Steps Forward

Broad participation in policy making, implementation and monitoring requires a responsive and accessible government (local and central) that seeks to satisfy the needs of all of its citizens, and especially of vulnerable groups. To realize this potential, local authorities can implement the following internationally recognized recommendations:

- **Conduct mapping of relevant local stakeholders for all groups that can be included in the local policy making process and decisions.** Different vulnerable groups and/or stakeholders, civil society organizations that represent them, the expert public and the private sector should all be included in the consultative processes from the very start. It is therefore imperative that the mapping of stakeholders is undertaken before any strategy is devised or plans put into operation.

The main challenge for local governments, in this regard, is to ensure that they have an exhaustive list of all CSOs which are representative of all groups/communities. This could entail a baseline mapping exercise and sponsoring forums to enable under- and un-represented communities to form CSOs (formal and informal) that would advocate for their interests.

³⁷ Creating an Inclusive Society: Practical strategies to promote social integration, (UNDESA, 2009), available at: <http://www.un.org/esa/socdev/egms/docs/2009/Ghana/inclusive-society.pdf>

- **Include local community and other organizations in the delivery of public services.** If this is done in a transparent and accountable manner, following normative and quality standards, this process may lead to broader scope of public service coverage (health care, education, sports, culture, etc.) that will also ensure adequate coverage of vulnerable groups. In this process, local authorities (and in some cases the central authorities as well) should be well informed about the local supply of possible services, and should also adapt their procurement procedures by opening up to non-traditional partners. This can be achieved by a larger share of grant financing (vis-à-vis the dominant and traditional expenditure financing), offering community-based services and attaching greater importance to the social benefits of these services.³⁸.

Example: In the Netherlands, social services and preschool education, upbringing and care is ensured primarily through community organizations, NGOs, private companies and shelter companies that are contracted by the competent authorities. It is believed that local authorities cannot ensure quality policy making, provision of services and quality control at the same time.
“³⁹

- **Make the budgeting process gender-responsive, participatory and inclusive.** Local authorities can do this by conducting analyses of its budgets and how they cover the interests of various marginalized groups, by including civil society organizations and the local population in this process.

Inclusive and responsive budgeting seeks to ensure that the allocation of public resources is carried out in ways that ensure equality and empowerment of advancing vulnerable groups in the process.⁴⁰ If implemented transparently, this approach can contribute to more information about the budget and targeted policies, measures and activities that improve the position of vulnerable groups, including persons with disabilities.

Example: The City of Vienna, Austria, has integrated GRB since 2006, reviewing all parts of the budget from a gender perspective and presenting, in a separate chapter, who benefits from the funds allocated by the municipality. A real-life example where GRB made a difference was a discussion about the budget for a sports ground revealing that boys and men used it far more than girls and women. Following a comprehensive gender analysis, the City government invested in separate changing rooms, as well as in increasing the offering of women-friendly sports⁴¹. The same process can contribute to better understanding of the needs of persons with disabilities in the municipality, and for designing measures for improving inclusiveness and accessibility of local services.

³⁸ See Civil Society Strategy, Consultation Results (“Locality”, 2018), available at: http://locality.org.uk/wp-content/uploads/2018/05/Civil_society_strategy_Locality_consultation_response.pdf

³⁹ Inclusion of civil society organization in government tasks (European Centre for Not-for-profit Law and the World Bank, March 2013), available at: http://ecnl.org/wp-content/uploads/2015/10/Contracting-out-services-to-CSOs_ECNL-preliminary-research-paper.pdf

⁴⁰ This interpretation stems from the already established process of gender sensitive budgeting that is implemented in RN Macedonia. See Gender Sensitive Budgeting: review (UN Women, undated), available at: <https://unwomen.org.au/our-work/focus-areas/what-is-gender-responsive-budgeting/>

⁴¹ “Gender Mainstreaming Made Easy”, manual for Vienna city administration employees, (Vienna City Administration, undated), available at: <https://www.wien.gv.at/english/administration/gendermainstreaming/principles/manual.html>

Self–Assessment Checklist: Inclusive Processes and Inclusive Policies

INDICATOR	YES	NO	NO DATA
1. The municipality has a strategy or practice to engage citizens in planning processes			
2. The municipality has at least one person on staff tasked with citizen engagement			
3. The municipality conducts public debates or consultation prior to budget adoption			
4. The municipality has funds in its budget allocated to citizen engagement/consultation			
5. The municipality shows due respect for the proposals and request of its citizens			
6. The municipality actively lobbies with the central authorities for increasing its budget for public services for its citizens.			
7. The municipality has funds in its budget allocated for cooperation with civil society organizations			
8. The municipality shares information with its citizens and civil society organizations through:			
• Print (including large-print)			
• Telephone			
• Radio			
• Television			
• Face-to-face meetings (e.g. town halls)			
9. The municipality uses the following channels for consultation with citizens/CSOs:			
• Town hall meetings			
• Traditional consultation forums (e.g. village councils, community gatherings)			
• Expert focus groups			
• Citizens' panels			
• Citizen advisory councils/committees			
• Anonymous feedback or complaints			
10. The municipality uses and includes citizens/civil society organization in the following processes			
• Defining problems of policy, laws, bylaws			
• Defining local priorities			
• Submitting design proposals for local services and programs.			
• Public information and/or vulnerable group information			
• Evaluating policy and program effects			
• Implementing joint activities			
• Providing public services			
• Following public expenditure			
• Defining problems challenging vulnerable groups face and their special needs			
11. The municipality conducts surveys to establish the level of citizen satisfaction in regards to			
• Level of Information about new policies and laws			
• Level of information about local activities, opportunities, and support programs			
• Level of inclusion in consultation processes			
• Level of inclusion in decision making process about the local budget, priorities and programs/projects			

• Level of inclusion in the implementation process of programs/processes			
• Level of inclusion in the evaluation process and feedback on implemented programs/projects			

Data about the Municipality	Number or percent
1. Total amount of annual municipality budget	
2. Total expenditures for the following categories:	
• Improved accessibility	
• Education	
• Healthcare	
• Social activities	
• Employment	
• Sports and recreational activities	
• Cultural, arts and leisure activities	
• Citizen information	
• Citizen consultation	
• Civil society organization and initiative financing	
3. Total expenditures for persons with disabilities for the following categories:	
• Improved accessibility	
• Education	
• Healthcare	
• Social activities	
• Employment	
• Sports and recreational activities	
• Cultural, arts and leisure activities	
• Citizen information	
• Citizen consultation	
• Civil society organization and initiative financing	
4. Total revenue from donations and grants (financial and non-financial assistance)	
5. Total revenue from donations and grants for persons with disabilities (financial and non-financial assistance)	
6. Local civil society organizations	
7. Community organizations that work with persons with disabilities	
8. Community organization where persons with disabilities are members and are actively engaged	
9. Community organizations that work with persons with disabilities and are regularly included in consultation processes	
10. Community organizations that work with persons with disabilities that provide public services (financed by the state, municipality or donors)	

Data on Municipality Population	Total	Male	Female	Persons with disabilities
1. Members of community organizations				
2. Members of community organization working with persons with disabilities				
3. Members of local organization that work with persons with disabilities and are themselves persons with disabilities				
4. Members of community organizations that work with persons with disabilities and are regularly included in consultation processes				

5. Citizens satisfied with the level of information about events, policies, priorities, etc.				
6. Citizens satisfied with the quality of municipality services				
7. Citizens satisfied with the effects of consultation and the attention the municipality pays to their views and proposals.				
8. Citizens satisfied with the efforts the municipality is making for improving inclusion				

Local Inclusion Action Plan – Guide for Municipalities

Why is a local inclusion action plan necessary?

“In twenty years, men may be able to live on the Moon. In forty years, we may get to Mars. In the next 200 years we may leave the solar system and head for the stars. But meanwhile, we would like to get to the supermarket, the cinema, restaurants” – Steven Hawking⁴²

The elimination of barriers that stand in the way of full inclusion of persons belonging to vulnerable groups, and in particular persons with disabilities, is a complex process that requires comprehensive planning. In this Chapter, the steps involved in the process of local inclusion planning are described. These guidelines may be useful to municipalities in the process of developing a local inclusion action plan (LIAP), its implementation and evaluation.

This is an illustrative document that can be modified to fit the local context of the municipality. The LIAP can be implemented independently or integrated into existing planning protocols of the municipality. It is recommended that municipalities with less experience in local inclusive planning develop the first LIAP as an independent document, to ensure easier organization and activity management.

The LIAP should be a key tool in planning the activities aimed at improving services for persons with disabilities and the conditions for their full social inclusion.

How to Develop a Local Inclusion Action Plan?

Each LIAP is a unique document that describes the state of play in the municipality and sets out the goals, features and scope of local activities for persons with disabilities. Obstacles to accessibility should be eliminated gradually and systematically, and plans should be revised in collaboration with all relevant stakeholders, reflecting the priorities and obstacles to inclusion that appear subsequently.

In this section, the steps that can help municipalities to plan and implement local inclusion action plans are explained. Each municipality should determine its specific scope of work, existing planning processes and protocols and its goal, and to adapt this plan accordingly.

Step 1: Allocation of decision-making responsibility

LIAP planning should be done at an executive level, allowing it to later become an integral part of all municipal activities and processes. Prior to allocating responsibilities and concrete tasks for developing and implementing the LIAP, each municipality should designate at least one **supervisor** of the process, who should be a person with experience in working with action plans and knowledgeable in good practices, but not necessarily acquainted with the specific needs of persons with disabilities and the building of inclusive municipalities. This can be the mayor, the presiding chair of the municipal council, head of sector or another executive member of the municipal administration. This supervisor will be responsible and accountable for the successful implementation of inclusion across all sectors, and will make all decisions related to resources, planning and implementation of the plan.

A **project manager** or **head of project** should be appointed, who will be tasked with coordination, and who in the process of action planning will assume the role of chief program creator. Ideally, this person should have sound knowledge and understanding of inclusion. If there is no such person among the

⁴² See: “Enabling Everything: Scale, Disability and the Film ‘The Theory of Everything’” Disability and Society Vol. 30, No. 8, available at: <https://www.tandfonline.com/doi/citedby/10.1080/09687599.2015.1071942?scroll=top&needAccess=true>

ranks of the municipal council or administrative sectors, then the appointed project manager should undergo training on inclusion and respecting diversity. To that end, the services of a local non-governmental organization experienced in working with inclusion can be used, as well as institutions under the competency or active in the municipality (schools, healthcare or social welfare institutions) or the civil society sector.

Additionally, municipalities should allocate funds for local inclusion activities. Ideally, these sources of financing should be identified early in the planning process, and secured as soon as possible. It is well advised that other sources of financing are also explored, such as grants, donations and central government or private sectors funds, as well as foreign donations.

Step 2: Setting up a multidisciplinary working group

The municipalities should adopt a multidisciplinary approach to planning and implementation, in order to ensure full support for the LIAP from the whole municipality. Each municipality should set up a working group comprising of representatives from the municipality, members of the council and persons with personal or professional knowledge of inclusion. Together with the project manager, this group will be responsible for the planning process and designing a draft version of the Action Plan.

The municipalities should take note that inclusive consultations, in particular consultations with persons with disabilities and their facilities may require more time and additional resources, such as accessible transport or alternative presentation of material.

Step 3: Mapping of relevant civil society organizations and target group members

In order to ensure effective planning, data on vulnerable groups, such as persons with disabilities, older persons, families living in poverty, persons belonging to various minority groups, etc. should be updated, including:

- Identification of target groups facing challenges related to accessibility and/or inclusion
- Mapping and making a registrar of civil society organizations that represent identified target groups, or members belonging to such target groups.

The result of this activity should be to identify the opportunities for improving inclusion and to enable further cooperation with the LIAP working group with the identified organizations and target groups.

Step 4: Mapping the functions of local authorities, sector, services and sources of information.

An effective process of local inclusion action planning presumes a clear picture of the environment of operations, and identification of opportunities for improving inclusion at municipal level.

A list of all services, program, spaces and sources of public information offered by the municipality should be compiled, as well as the manner of how these services are typically used and rendered. This kind of mapping will enable the municipality, council members and administration staff to make sure that all aspects of their work is covered, and to identify existing and potential barriers to accessibility and inclusion, as well as possible ways of eliminating them. This process can be done by the LIAP working group.

The municipalities may identify the following services:

- Property related services – construction works, road maintenance, foot and bicycle trails, utilities;

- Services under municipality competency: recreational and cultural activities, libraries, information services, centres for persons with disabilities, for older persons, centres for early childhood development/kindergartens;
- Services under the central authority competence (education, healthcare, social works);
- Regulatory services: planning, construction works, animal control, parking, environmental protection/ecological services, heating, etc.
- General administration services: public information, utilities, payment of public charges, complaints;
- Good governance: elections, standing or ad-hoc administrative or committee meetings and election of municipality council members

Once all service sectors are identified, the following should also be considered:

- Identification of existing barriers and possibilities for improving inclusion;
- Preparation of activities, resources, strategies and approaches for improving inclusion;
- Review of data related to the number and specifics of vulnerable groups.

Step 5: Management and Responsibility

The municipalities must adopt clear rules of management to facilitate the planning process and accountability for the development and implementation of the LIAP. Setting up rules in this phase, prior to priorities and activities, enhances the approach to full inclusion of society. As a result, the competent bodies will be prepared to plan the process, and will know clearly what they are expected to implement and inform about.

The process of management and accountability may also include individual processes, such as:

- Responsibilities for carrying out activities planned as part of the job position;
- Quarterly (semi-annual or annual) reports about the implementation of LIAP as items on the agenda of municipal council meeting;
- Mechanisms for citizens' comments and feedback about the development and implementation of LIAP.

Step 6: Developing Activities for Improving Inclusion

Developing local inclusion presumes collaboration with citizens and their representatives. Activities developed in coordination with the LIAP working group can be implemented in multiple priority areas for the municipality. Furthermore, they can be aligned with the national inclusion strategy (or other laws and strategies that encourage inclusion, e.g. Law on Primary Education).

For each activity, the LIAP should identify the following aspects:

- Priority/Focus area,
- Name and description of activity
- Goal and expected results,
- Target group or audience,
- Time frame for launching and finishing the activity,
- Who is responsible for what?
- Resources required for implementation, including external partnerships,
- Specific and measurable indicators for evaluating success,
- Reports (guidelines on format and content).

These aspects are important and should be analysed/defined, but they need not necessarily be a part of the final action plan. In order to be clear, the final action plan should contain the description of the activity, the goal, expected results and timeframe for implementation, and other information if needed (desired, possible).

Step 7: Prepare a Framework for Monitoring, Evaluation and Reporting

Regular monitoring of the implementation of inclusion activities in the municipality will enable:

- Modification of the goals and activities set out in the LIAP in order to be able to meet the new inclusion related challenges,
- Refocus of attention and resources to areas where change is not forthcoming,
- Accurate, objective and timely reporting on issues related to inclusion.

Action plans should have specific indicators for measuring the success of each activity or group of activities, and should avoid unclear timeframes, goals, indicators and responsibilities. Monitoring and evaluation should be an integral part of the process of action planning in order to ensure that the defined activities are specific and measurable, and that collected data is relevant. In developing the monitoring and evaluation framework, the LIAP working group should:

- Identify relevant key indicators for each activity,
- Identify all sources of data required for monitoring the progress of each activity, including strategies for additional collection of data if such data is not available
- Allocate responsibility for reporting on activity related indicators, data processing and summaries,
- Ask of the supervisor (mayor/high municipal representative) to approve the framework and ensure the support and commitment necessary for its implementation on the whole territory of the municipality.

The LIAP is a dynamic process that needs to be revised and improved continually. The LIAP working group should make at least quarterly progress review/analysis that will be presented on municipal council meeting. Municipal staff should review activities at regular intervals, and monitor progress as part of the agenda of management team meetings. The municipalities may also go through an annual process of revision of activities and improvements according to the indicators.

Step 8: Publish, Promote and Implement the Plan

Once the LIAP is approved on all levels, including by the municipal council, it should be published and promoted before the municipal administration and the broader public. The municipalities should publish their LIAPs in accessible format and find ways to share this information with communities with special communication needs. This can be done by using accessible word documents, large print publications, audio content, easily readable text, Braille or sign language (or subtitles).

The successful implementation of LIAP requires clear division of responsibilities within the municipal administration and continuing inter-sectoral cooperation and communication, as well as cooperation and cooperation with interested members in the municipalities, civil society organizations and service providers.

Another key element to the success of the LIAP is its comprehensive scope. The LIAP implementation reports need be an integral part of the annual reports issued by the mayor or the municipal council.

Local Inclusion Action Plan Template (LIAP)

Public Commitment: Dedication to Inclusion

The introductory part should include a declaration expressing the commitment of the municipality to pursue local inclusion action planning. This may be in the form of a message from the mayor, or a letter from the municipal council that will give legitimacy to the document.

The introduction may also include some guiding principles from the UN Convention on the Rights of Persons with Disabilities, or a policy statement through which the municipal council depicts a clear vision about the priorities of the municipality.

Overview and Vision

This section describes the context in which this LIAP is being prepared. It may include:

- For whom and why this plan is developed?
- What is the municipal vision for inclusion?
- What steps have been taken to prepare the plan, including consultative meetings with the LAIP working group?

Legislative and Policy Framework

This section describes how the local authorities are planning inclusion in accordance with international standards, domestic legislation and policies. It should include a review of the domestic legal framework and all relevant standards that pertain to inclusion in the context of local government. This section does not need to be prepared by each municipality individually; rather, it should be the result of the periodic assessments performed by the central authority or scientific and research institutions. The document attached below may be useful for the preparation of this review.

Local Community Overview

This section provides an overview of the diverse people that make up the community, with the aim of identifying priority areas and vulnerable groups. It may include current statistics and population trends, description of typical households from targeted groups, remoteness or population density, and profiles of vulnerable local groups. If such statistical data is unavailable on local level, data from the State Statistical Office and other relevant sources may be used. It is advisable to include data on:

- Number of persons in the community that have some kind of disability,
- Number of persons that need care or assistance in everyday life,
- Number and type of accessible public institutions/buildings in the municipality,
- Number and types of programs and projects financed by the municipality that seek to enhance inclusion, accessibility, respect for diversity on a local level.

Community Cooperation

Cooperation between members of community and the civil society sector is key for the process of inclusion of persons for whom this plan is being developed. It means that they will support the work of the LIAP working group and will take part in additional consultative activities with local stakeholders and the civic society. They should be included also in the consultations for monitoring and evaluating this plan, and the municipality should also make good use of their feedback.

Activities

The table below is an example of how LIAP activities can be organized.

Priority/Focus area What is the focus area of the action/group of activities?	E.g.: <u>Accessibility</u>
Target group What local population is this activity aimed at?	<ul style="list-style-type: none"> • Persons with disabilities and other persons with special accessibility needs • Persons with impaired sight
Activity What is the main activity planned for the identified focus area?	Adaptation of the municipal internet webpage to satisfy the Standards for electronic accessibility - Web Content Accessibility Guidelines (WCAG) 2.0 AA
Goal /Result What is the (ideal) expected result from these activities?	Persons with disabilities and other persons with special needs can independently access required information in the same fashion as persons without disabilities/special needs
Steps What is specific for the realization of the activity? The realization of this activity will probably require several steps.	<ul style="list-style-type: none"> • Review of the current municipal internet page • Engaging a consultant (or company) to design and set up the new internet page • Training of IT sector staff for web page maintenance in accordance with WCAG
Key success indicators What are the criteria of success?	<ul style="list-style-type: none"> • A functioning internet page accessible in line with WCAG 2.0 AA guidelines • Number of trained municipal ICT staff for maintenance of the accessible internet page • Number of users of the municipal internet page in a given time period (e.g. In the first six months) • Percent of users of the municipal internet page who are satisfied with its level of accessibility (survey)
Responsibilities Who is responsible? Who is tasked with what?	<ul style="list-style-type: none"> • Consultant (or company) for electronic accessibility (design, set up, training) • Head of the municipal ICT sector for webpage maintenance
Budget How much resources will this activity require and where will they come from?	<ul style="list-style-type: none"> • Grant from the Ministry of Labour and Social Policy/Ministry of Local Self-Government • Grants from the civil society sector for targeted activities • Municipality budget funds allocated for procurement and maintenance of ICT equipment/platforms (excel table with detailed allocation of funds: consultant fees, electronic support, training materials and overhead costs) • Specific mention if a certain activity does not require additional funds (e.g. ICT equipment/platform maintenance is performed by ICT staff on payroll and does not require additional funds)
Timeframe What is the timeframe for the steps involved in the activity?	<ul style="list-style-type: none"> • Review of the existing internet page – by 15 January, 2020 • Design of a new, accessible internet page – by 15 March 2020 • Training for web page maintenance – by 15 May 2020 • Evaluation of web page use and customer satisfaction with accessibility • Other (if needed)

Appendix – Central Level Data and Indicators

1. Self-Assessment Checklist: Access to Data

Population Data	Total	Male	Female	Persons with disabilities
1. Population according to age (number)				
1.1 0-5,99 (up to the age of 6)				
1.2 6-14.99 (up to the age of 15)				
1.1 15-18.99 (up to the age of 19)				
1.1 19-29,99				
1.1 30-39,99				
1.1 40-49,99				
1.1 50-64,99				
1.1 Over 65 years of age				
2 Population according to ethnic affiliation (percent or number)				
2.1 Macedonians				
1.2 Albanians				
1.3 Turks				
1.4 Serbs				
1.5 Roma				
1.6 Other				
3 Vulnerable groups (number) (e.g. Persons with HIV/AIDS, sexual minorities, institutionalized persons, persons at risk of marginalization on various basis, migrants...)				
3.1 _____				
3.2 _____				

2. Self-Assessment Checklist: Accessible Communities (Public Spaces, Services, Buildings, Housing, Transport, Information and Communication)

INDICATOR	YES	NO	NO DATA AVAILABLE
1. Central level strategies, action plans and other documents set out goals for improved accessibility. If so, what documents: _____			
2. The state has clearly established norms in regards to accessibility to and in buildings, public transport, etc.			
3. Public services, state level institutions, units of local self-government, civil society organizations and companies are obligated by law to:			
• Ensure accessibility to their facilities (broad sidewalks, parking, accessible entrances)			
• Ensure accessibility in their facilities (lifts, accessible lavatories, counters, etc.)			
• Ensure information in accessible formats (easy to read, easy to understand language, audio, video, Braille, large print)			
• Ensure access to information through trained staff – for persons that communicate in sign language, interpreters, etc.			
4. The state is making /has made an assessment of the physical accessibility of:			
• Public administration facilities			
• Public institutions – schools, agencies/employment centres, social work centres, cadastre, etc.			
• Open public spaces and recreational areas – streets, sidewalks, parks, beaches, walking trails			
• Private facilities			
5. Public administration facilities must have an accessible:			
• Parking			
• Sidewalk			
• Entrance			
• Stairs			
• Lift			
• Counter			
• Lavatory			
6. The state sets out specific accessibility requirements for the construction of new state institutions or buildings, and for the reconstruction of existing ones.			
7. The state sets out specific accessibility requirements for issuing licenses or contracting transporters			
8. The state offers benefits or subsidies for improving the accessibility of services (housing, transport, education, media, care, etc.)			
9. Polling stations around the country are accessible to persons with disabilities			
10. The election process strives to achieve greater accessibility for persons with disabilities (information in accessible formats, training for election committees, committee members or observers who are persons with disabilities, etc.)			
11. State administration facilities have available assistive technology			
12. State institutions (schools, libraries, healthcare centres, etc.) have available assistive technology			
13. State institutions and facilities have available information material in accessible formats (easy to read, plain language, audio, video, Braille, large print)			
14. Internet pages of state institutions are accessible for persons with sight impairments			
15. State institutions and facilities have on staff or externally available sign language interpreter			

16. The state knows the exact number of citizens with limited mobility, the specific challenge and location			
17. The state uses this information in planning emergency responses			
18. The State is implementing/has implemented an awareness raising campaign about the need for and significance of accessibility			
19. The state offers subsidies and awards for improved accessibility (physical, financial, media, etc.)			
20. The state offers subsidies or assistance to physical persons to alleviate and improve accessibility (ensures access to aids – wheelchairs, walking canes; customs benefits for assistive technology procurement; adaptation of space – installation of lavatories, lifts, accessible ramps, etc.)			

Central Level Accessibility Data	Number	Share /% of total number
1. Reserved and accessible parking spaces		
• Close to educational institutions		
• Close to cultural institutions		
• Close to healthcare institutions		
• Close to specialized institutions (social work centres, employment agencies, etc.)		
• Close to police stations and judicial institutions (courts, registry books bureaus, etc.)		
• Close to other public institutions (post offices, regulatory agencies, etc.)		
• Close to banks, supermarkets, shopping malls, etc.)		
2. Public institutions that meet accessibility standards (entrance, stairs, etc.)		
• Educational institutions		
• Cultural imitations		
• Healthcare institutions		
• Social welfare institutions (social work centres, employment agencies, etc.)		
• Police stations and judicial institutions (courts, registry books bureaus, etc.)		
• Public institutions (post offices, regulatory agencies, etc.)		
• Other: _____		
3. Facilities that offer private services (banks, markets, etc.) and meet accessibility standards		
Please list them: _____		
4. Collective housing facilities that meet accessibility standards		
5. Busses with access ramps		
6. Vans with access ramps		
7. ATMs accessible to persons in wheelchairs and/or persons with impaired hearing		
8. Electronic or print media that adapt content for persons with disabilities		
9. Electronic or print media that regularly broadcast content about the life of persons with disabilities		
10. Sign language interpreters employed in/engaged by public institutions		

Data on Mobility of Persons with Disabilities, according to survey results, % of surveyed persons with disabilities	%
1. Persons with disabilities who can independently access and use public services	
2. Persons with disabilities who can independently access and use public transport	
3. Persons with disabilities who can independently access and navigate streets, parks, etc.	
4. Persons with disabilities who can independently access and use commercial services (banks, shops)	
5. Persons with disabilities who can independently access and use electronic and print media	

3. Self-Assessment Checklist: Inclusive Education

INDICATOR	YES	NO	NO DATA AVAILABLE
1. Established rules and procedures for ensuring equal opportunity, treatment and non-discrimination for all pupils and students, without exception			
2. Established procedures for early detection of persons/adults with special education needs (SEN) in:			
• Preschool institutions			
• Primary education			
• Secondary education			
• Adult education/vocational training and skilling			
3. All educational institutions implement procedures for identification of pupils with SEN, in:			
• Preschool institutions			
• Primary education			
• Secondary education			
• Adult education/ vocational training and skilling			
4. Established regular and obligatory inter-sectoral cooperation between education, healthcare and social welfare institutions to support SEN learners			
5. Established and encouraged cooperation between the formal and informal education system (including training providers, civil society organization, VET trainers)			
6. Established norms for ensuring quality education regardless of socio-economic status and learning abilities			
7. The state has established accessibility norms and standards for accessibility of educational facilities (parking, access, doors, lavatories, lifts)			
8. The state has established norms and standards for accessibility of transportation vehicles for SEN learners			
9. The state knows the precise number of school age children with SEN			
10. The state knows the precise specifics/type and degree of disability, their needs and abilities			
11. The state knows the precise number of SEN learners included in the education process in:			
• Preschool institutions			
• Primary education			
• Secondary education			
• Adult education/ vocational training and skilling			
• Special schools/classes			
12. Each child with SEN that wishes to enrol in a mainstream education institution is accepted. No child is turned away.			
13. Educational institutions and staff know the procedures that need to be followed when enrolling a SEN learner			
14. Each school has a defectologist/special educator			
15. All SEN learners have access to additional support/assistance from a:			
• Defectologist/special educator in the school			
• Defectologist/special educator from another institution in the municipality			
• Defectologist/special educator from another municipality			
• Personal assistant			
• Education assistant			
• Assistive technology			
• Day care centre, civil society organization,			
• Special support /home services			

16. The State Education Inspectorate monitors the inclusion and advancement of SEN learners in mainstream schools			
17. The state awards additional resources to schools for SEN learners			
• Financial resources			
• Staff			
• Aids, assistive technology			

Data on Educational Institutions (state level)	Number
1. Preschool institutions	
2. Preschool institutions that meet accessibility standards on:	
• Access ramp	
• Accessible parking	
• Lift	
• Lavatory	
• Assistive technology	
3. Preschool institutions that have an on staff defectologist/special educator	
4. Mainstream primary schools	
5. Special primary schools	
6. Mainstream primary schools that meet accessibility standards on:	
• Access ramp	
• Accessible parking	
• Lift	
• Lavatory	
• Assistive technology	
7. Mainstream primary schools that have an on staff defectologist/special educator	
8. Mainstream secondary schools	
9. Special secondary schools	
10. Mainstream secondary schools that meet accessibility standards on	
• Access ramp	
• Accessible parking	
• Lift	
• Lavatory	
• Assistive technology	
11. Mainstream secondary schools that have an on staff defectologist/special educator	
12. Higher education institutions	
13. Higher education institutions that meet accessibility standards on:	
• Access ramp	
• Accessible parking	
• Lift	
• Lavatory	
• Assistive technology	
14. Other registered educational institutions (post-secondary education centres, adult education centres, open civic universities for lifelong learning, etc.)	
15. Other registered educational institutions that meet accessibility standards on:	
• Access ramp	
• Accessible parking	
• Lift	
• Lavatory	
• Assistive technology	

Data on Education of SEN learners (state level)	Total	Male	Female	Persons with disabilities
1. Total number of preschool age children				
2. Total number of children that attend preschool institutions:				
• Public kindergartens				
• Early Childhood Development Centres				
• Private kindergartens				
• Other forms of care				
3. SEN children that have come to the preschool institution with an already completed functional analysis (number)				
4. SEN children whose special need have been assessed by the staff in preschool institutions				
5. Children in preschool education whose parents have rejected assessment, as a result of which the documentation on the child is incomplete				
6. Children age 6-15				
7. Pupils enrolled in mainstream schools				
8. Pupils enrolled in special primary schools				
9. SEN pupils enrolled in primary schools with functional analysis				
10. Number of SEN pupils whose special needs have been assessed by primary school staff				
11. Pupils (primary education) where special needs have been established by the school, but whose parents have rejected functional analysis, resulting in incomplete documentation of the child				
12. SEN pupils that have dropped out of mainstream primary education and have transferred to special schools				
13. SEN pupils that have dropped out of mainstream primary education and are excluded from the education process				
14. Children age 15-19				
15. Pupils in mainstream secondary schools				
16. Pupils in special secondary schools				
17. SEN pupils enrolled in secondary schools with a functional analysis				
18. SEN learners with special needs assessed by secondary school staff				
19. Pupils (secondary education) where special need have been established by the school, but whose parents have rejected the functional analysis, resulting in incomplete documentation of the child.)				
20. SEN pupils that have dropped out of mainstream secondary education and have transferred to special schools)				
21. SEN pupils that have dropped out of mainstream secondary education and are excluded from the education process				
22. Persons over 19 years of age without primary education (%)				
23. Primary school pupils saying they feel good in schools (%)				
24. Secondary school pupils saying they feel good in school (%)				
25. SEN pupils in primary education saying they face barriers in school life inclusion				
• Inaccessible school entrance				
• Inaccessible classroom				
• Inaccessible lavatories				
• Insufficiently accessible school books				
• Lack of assistive technologies and aids				
• Lack of support and acceptance by teachers				
• Lack of support and acceptance by peers				

26. SEN pupils in secondary education saying they are facing barriers in school life inclusion				
• Inaccessible school entrance				
• Inaccessible classroom				
• Inaccessible lavatories				
• Insufficiently accessible school books				
• Lack of assistive technologies and aids				
• Lack of support and acceptance by teachers				
• Lack of support and acceptance by peers				

4. Self-Assessment Checklist: Inclusive Labour Market and Inclusive Social Services

INDICATOR	YES	NO	NO DATA AVAILABLE
1. The state has developed and operationalized a local Social Inclusion Strategy, explicitly focusing on vulnerable groups			
2. The state has developed and operationalized an Employment Strategy			
• With a sub-strategy for youth employment			
• With a sub-strategy for employment of women			
• With a sub-strategy for employment of persons with disabilities.			
3. There is a functional interdepartmental mechanism for collaboration in the area of:			
• Social protection services			
• Employment and active labour market measures			
4. There is a functional intersectoral mechanism for inter-municipal collaboration in the area of:			
• Social protection services			
• Employment and active labour market measures			
5. Employers are obligated to post job vacancies in accessible format			
6. The state earmarks resources for financial assistance of vulnerable groups (persons with disabilities, poor families, homeless persons)			
7. The state ensures practical and financial assistance for vulnerable group jobseekers to find, retain or go back to work, in the public and private sector.			
8. The state ensures practical and financial assistance for vulnerable group jobseekers for self-employment or developing entrepreneurial skills.			
9. The state ensures practical and financial assistance for establishing corporate responsible business			
10. The state keeps a register of companies that employ persons with disabilities (firms and shelter companies)			
11. The state keeps a register of persons with disabilities that are employed (in firms and shelter companies)			
12. The state subsidizes companies that employ persons with disabilities (e.g. shelter companies)			
13. Persons with disabilities that work in shelter companies enjoy the same worker's rights (salary, trade union protection against dismissal, etc.) as other working in the open market			
14. The state conducts surveys to establish the level of satisfaction of persons with disabilities regarding the accessibility and inclusiveness of the labour market			
15. The state conducts surveys to establish the level of satisfaction of employers with the work done persons with disabilities in their companies			

Central Level Social Cross-Section	Total	Male	Female	Persons with disabilities
1. Households living in poverty (number)				
2. Households living in poverty with a family member with disabilities (number)				
3. Social welfare beneficiaries (number)				
4. Homeless persons (number)				
5. Social protection services beneficiaries (number)				
• Home aid and care				
• Personal assistance				

• Other				
6. Persons with mobility issues living in inaccessible homes (no access ramps, need to negotiate stairs, no lift, no parking, etc.) (number)				
7. Employed persons (number)				
8. Persons with disabilities employed in shelter companies				
9. Unemployed persons (number)				
10. Inactive working-age population /NEET ⁴³ (number)				
11. Level of education of the working population (number)				
• No education				
• Completed primary education				
• Completed VET education				
• Completed secondary general high school education				
• Completed higher education				
12. Level of education of jobseekers/unemployed persons (number)				
• No education				
• Completed primary education				
• Completed VET education				
• Completed secondary general high school education				
• Completed higher education				
13. Level of education of inactive population (number)				
• No education				
• Completed primary education				
• Completed VET education				
• Completed secondary general high school education				
• Completed higher education				

⁴³ Persons not that are neither employed nor registered as unemployed or in training - (NEET - not in employment, education or training)

5. Self-Assessment Checklist: Inclusive Healthcare

INDICATOR	YES	NO	NO DATA AVAILABLE
1. The state has a strategy for improving the health of its population			
2. This strategy contains explicit measures regarding the health of persons with disabilities			
3. All persons in the municipality have easy access to good quality medical services when they require a check-up or a medical intervention.			
4. All persons can access appropriate preventive health programmes			
5. Public and private providers of health services are obligated to ensure full physical accessibility of their buildings and facilities			
6. In practice, public and private providers of health services ensure full physical accessibility of their buildings and facilities			
7. Public and private health service providers provide health related information in accessible format, in easy to understand/plain language, video, and large print			
8. Public and private health facilities have available or access to sign language interpreter			
9. The state conducts surveys to establish the level of satisfaction of persons with disabilities regarding accessibility and/or inclusiveness of healthcare facilities			
10. All residents have a family doctor			
11. All residents have a family dentist			
12. All women have their own gynaecologist			
13. In the course of their initial education, health care workers receive awareness training on awareness raising of the special needs of persons with disabilities and/or training for working/communicating with them.			

Health care services (state level)	Number or %
1. Public health care facilitates -primary health care (number)	
2. Private health care facilitates - primary health care (number)	
3. Medical staff in public and private facilitates (number)	
4. Specialists for working with/providing health care for persons with disabilities (number)	
5. Medical staff in public and private facilities that have had training for provision of health services to persons with disabilities (number)	
6. Health care facilities (public and private, specialized) who meet the conditions for accessibility to and in the institution (number)	
7. Healthcare facilities (public, private, specialized) that have medical equipment accessible to persons with disabilities (number)	
8. Percentage of population living within a radius of 500 meters to the closest health care facility (%)	
9. Percentage of population living within a radius of 3 kilometers to the closest health facility (%)	

State of health of municipality population	Total	Male	Female	Persons with disabilities
1. Preschool age children that have been vaccinated with all required vaccines (%)				
2. Primary school children that have been vaccinated with all required vaccines (%)				
3. Secondary school children/youth that have been vaccinated with all required vaccines (%)				

4. Preschool age children that have received health care services in the past 12 months (%)				
5. Primary school children that have received health care services in the past 12 months (%)				
6. Secondary school children/youth that have received health care services in the past 12 months (%)				
7. Pregnant women who have regular check-ups (% of all pregnant women)				
8. Women and girls who have received sexual and health services in the past 12 months (%)				
9. Older persons (over 65 years of age) who reported to have received health care services in the past 12 months (%)				
10. Persons without health insurance (number):				
• Macedonians				
• Albanians				
• Turks				
• Serbs				
• Roma				
• Others				
• Living in cities				
• Living in rural areas (villages)				

State of health of persons with disabilities, according to survey results, % of surveyed persons with disabilities	Total	Male	Female
1. Persons with disabilities (functional limitations) who have reported having a secondary health problem related to their disability (number)			
2. Persons with disabilities (functional limitations) who have reported having a secondary health problem unrelated to their disability (number)			
Persons with disabilities who have reported having moderate functional limitations			
3. Persons with disabilities who have reported having significant functional limitations			
4. Persons with disabilities who have reported to have experienced mental illness/condition (chronic anxiety, chronic depression or other mental problem)			
5. Persons with disabilities who have reported to have received adequate assistance, such as:			
• Personal assistance			
• Technical aids/assistive technology			
• Home adaptation			
6. Persons with disabilities who have reported to have been faced with discrimination by medical staff due to their disability			
7. Persons with disabilities who have reported that they could not use healthcare services due to inaccessibility of the healthcare institution or equipment			

6. Self-Assessment Checklist: Inclusive Recreation, Sports, Culture, Leisure and Media

INDICATOR	YES	NO	NO DATA AVAILABLE
1. The state has a strategy and action plan for culture, and submits an annual report in this regard			
2. The state has a strategy and action plan for sports and recreation, and submits an annual plan in this regard			
3. The state has established norms for physical and financial accessibility and affordability of public and private cultural/leisure spaces and events for persons with disabilities			
4. The state has established norms for physical and financial accessibility and affordability of public and private sports and recreational space events for persons with disabilities			
5. The state monitors the implementation of the norms for physical accessibility and affordability of public and private cultural/leisure, sport/recreational spaces			
6. The state regularly organizes cultural and leisure activities that include persons with disabilities			
7. The state regularly organizes sports and recreational activities that include persons with disabilities			
8. The state conducts surveys to gauge the level of satisfaction of its citizens regarding the accessibility and/or inclusiveness of cultural, leisure, sports and recreational events and activities			
9. The state has built/adapted spaces (facilities, playgrounds, parks) for persons with disabilities			
10. The state has a plan to build/adapt spaces (facilities, playgrounds, parks) for persons with disabilities in future			

Data on sports, recreational, cultural and leisure activities (state level)	Number
1. Spaces for cultural events owned by the state	
2. Spaces for cultural events owned by the state accessible to persons with disabilities.	
3. Other public spaces for cultural events	
4. Other public spaces for cultural events accessible for persons with disabilities	
5. Private spaces for cultural events	
6. Private spaces for cultural events accessible for persons with disabilities	
7. Spaces for sports and recreation owned by the state	
8. Spaces for sports and recreation owned by the state accessible to persons with disabilities.	
9. Other public spaces for sports and recreation	
10. Other public spaces for sports and recreation accessible to persons with disabilities	
11. Private spaces for sports and recreation	
12. spaces for sports and recreation accessible to persons with disabilities	
13. Multifunctional outdoor recreational spaces (parks, green areas, walking paths)	
14. Multifunctional outdoor recreational spaces (parks, green areas, walking paths) accessible for persons with disabilities	
15. Walking paths (length)	
16. Walking paths accessible, safe and/or marked for persons with disabilities (length)	
17. Bicycle trails (length)	
18. Bicycle trails accessible, safe and/or marked for persons with disabilities (length)	
19. Events (festivals, celebrations, competitions, etc.) organized in the state (annually)	
20. Events (festivals, celebrations, competitions, etc.) organized and financed by the state (annually)	
21. Libraries in the state (not in schools)	
22. Total expenditure for culture and leisure as part of state budget (%)	

23. Total expenditure for sports and recreation as part of state budget (%)	
24. Civil society groups, associations and organizations that fight for the rights of persons with disabilities.	
25. Civil society groups, associations and organizations that are engaged in sports, recreational, cultural and leisure activities	
26. Civil society groups, associations and organizations that are engaged in sports, recreational, cultural and leisure activities for persons with disabilities	
27. Cultural workers in the state (total)	
• Cultural workers – female	
• Cultural worker – persons with disabilities	
28. Sports workers in the state (total)	
• Sports workers – female	
• Sports workers – persons with disabilities	

Date on inclusion of the population in cultural/leisure, sports/recreational activities in the state, according to survey results, % of surveyed persons	Total	Male	Female	Persons with disabilities
1. Citizens satisfied with the physical accessibility of sports and recreations events and activities				
2. Citizens satisfied with the physical accessibility of cultural and leisure events and activities				
3. Citizens who think that sports, recreational, cultural and leisure activities and financially affordable				
4. Citizens who live within a radius of 1 kilometer from recreational and leisure spaces				
5. Citizens who have reported having encountered barriers in joining sports, recreational, cultural and leisure events and activities in the past year:				
• Due to physical inaccessibility of the space, event, equipment				
• Due to lack of accessible information for events and activities				
• Due to lack of accessible transport				
• Due to remoteness of the space/event				

7. Self –Assessment Checklist: Inclusive Processes and Inclusive Policies

INDICATOR	YES	NO	NO DATA AVAILABLE
1. The state has a strategy or practice to engage citizens in planning processes			
2. State facilities have dedicated/employed persons tasked with citizen inclusion/engagement			
3. The state conducts public debates or consultation prior to budget adoption			
4. The state has funds in its budget allocated to citizen engagement/consultation			
5. The state shows due respect for the proposals and request of its citizens			
6. The state has funds in its budget allocated for cooperation with civil society organizations			
7. The state shares information with its citizens and civil society organizations through:			
• Print (including large-print)			
• Telephone			
• Radio			
• Television			
• Face to face meetings (public debates, panel discussions, hearings)			
8. The state uses the following platforms for policy and services consultations with citizens/CSOs:			
• Public debates			
• Expert focus groups			
• Citizens' panels			
• Citizen advisory councils/committees			
9. The state uses and includes citizens/civil society organization in the following processes			
• Defining problems of policy, laws, bylaws			
• Defining state priorities			
• Submitting design proposals for local services and programs.			
• Public information and/or vulnerable group information			
• Evaluating policy and program effects			
• Implementing joint activities			
• Providing public services			
• Monitoring public expenditure			
• Defining problems challenging vulnerable groups face and their special needs			
10. The state conducts surveys to establish the level of citizen satisfaction in regards to			
• Level of Information about new policies and laws			
• Level of information about local activities, opportunities, and support programs			
• Level of inclusion in consultation processes			
• Level of inclusion in decision making process about the local budget, priorities and programs/projects			
• Level of inclusion in the implementation process of programs/processes			
• Level of inclusion in the evaluation process and feedback on implemented programs/projects			

State Level Data	Number or percent
1. Annual state budget – total	
2. Total budget expenditures (%) for the following categories:	
• Improved accessibility	
• Education	
• Healthcare	
• Social activities	
• Employment	
• Sports and recreational activities	
• Cultural, arts and leisure activities	
• Citizen information	
• Citizen consultation	
• Civil society organization and initiative financing	
3. Total budget expenditures (%) for persons with disabilities for the following categories:	
• Improved accessibility	
• Education	
• Healthcare	
• Social activities	
• Employment	
• Sports and recreational activities	
• Cultural, arts and leisure activities	
• Citizen information	
• Citizen consultation	
• Civil society organization and initiative financing	
4. Total revenue from donations and grants (financial and non-financial assistance)	
5. Total revenue from donations and grants for persons with disabilities (financial and non-financial assistance)	
6. Local civil society organizations	
7. CSOs that work with persons with disabilities	
8. CSOs where persons with disabilities are members and are actively engaged	
9. CSOs organizations that work with persons with disabilities and are regularly included in consultation processes	
10. CSOs that work with persons with disabilities that provide public services (financed by local or national government or donors)	

Data on CSO Participation in the State	Total	Male	Female	Persons with disabilities
1. Members of CSOs				
2. Members of CSOs with persons with disabilities				
3. Members of CSOs that work with persons with disabilities and are themselves persons with disabilities				
4. Members of CSOs that work with persons with disabilities and are regularly included in consultation processes				

Data on citizen inclusion for developing inclusive policies and services, according to survey result, % of surveyed persons	Total	Male	Female	Persons with Disabilities
1. Citizens satisfied with the level of information about events, policies, priorities, etc.				
2. Citizens satisfied with the quality of services				
3. Citizens satisfied with the effects of consultation and the attention the state pays to their views and proposals.				
4. Citizens satisfied with the efforts the state is making for improving inclusion				