

EVENT DESCRIPTION SHEET

(To be filled in and uploaded as deliverable in the Portal Grant Management System, at the due date foreseen in the system.)

 Please provide one sheet per event (one event = one workpackage = one lump sum).)

PROJECT	
Participant:	1 - Asociación Ciudades Interculturales – Diversit
PIC number:	907227712
Project name and acronym:	Sports for Participation, Inclusion, Respect, Interculturality and Tolerance — SPIRIT

EVENT DESCRIPTION	
Event number:	T2.1
Event name:	Participatory diagnosis: mapping challenges and stakeholders at local level
Type:	
In situ/online:	Online
Location:	Spain, Italy, Portugal, Sweden and Germany
Date(s):	M3 - M6 (March to June 2026)
Website(s) (if any):	https://proyectospirit.eu https://proyectospirit.eu/wp-content/uploads/2026/06/Event-Sheet_WP2-SPIRIT.pdf https://proyectospirit.eu/eventos/
Participants	
Female:	54
Male:	50
Non-binary:	0
From country 1 [Spain]:	47 (29 questionnaires)
From country 2 [Italy]:	0 (39 questionnaires)
From country 3 [Portugal]:	33 (40 questionnaires)
From country 4 [Germany]:	11 (9 questionnaires)
From country 5 [Sweden]:	13 (15 questionnaires)
Total number of participants:	104
From total number of countries:	4
Description	
Provide a short description of the event and its activities.	

1. Overview of the participatory diagnosis process.

This Event Description Sheet (EDS) presents the participatory diagnosis process implemented under WP2 **“Participatory diagnosis: mapping challenges and stakeholders at local level.”**

The diagnosis was implemented as a structured, multi-step participatory process developed over several months and composed of different coordinated actions: stakeholder identification, online questionnaire, focus groups, written interviews / contributions, analysis of results and preparation of diagnosis outputs.

The process has been completed and its methodological objectives have been reached. It has provided the first analytical and operational baseline of the SPIRIT project, allowing the consortium to identify local needs, challenges, barriers, existing initiatives and relevant actors in the field of sport from an intercultural perspective.

The diagnosis gathered information and perceptions from actors directly involved in the design, implementation or experience of sport and inclusion policies at local level, including local authorities, civil society organisations, sport organisations, schools, community actors and other relevant stakeholders.

The diagnosis provides the starting point for the next implementation phases of SPIRIT, especially the Local Hubs and Local Action Plans under WP3–WP7, the National Training Programmes under WP8–WP12, and the pilot actions planned for 2027 under WP14–WP18.

2. Objectives of the diagnosis process

The participatory diagnosis process responded to the objectives defined for WP2:

- To identify specific needs and challenges in the field of sport at local level from an intercultural perspective.
- To collect information and perceptions from key actors involved in the design and implementation of sport policies and inclusion initiatives.
- To identify and map relevant initiatives, local stakeholders and potential allies for future project implementation.
- To gather quantitative and qualitative evidence to support the next phases of SPIRIT.
- To provide a shared analytical basis for Local Hubs, Local Action Plans, National Training Programmes and future pilot actions.

3. Structure and methodology of the process

The participatory diagnosis was implemented in line with the three consecutive steps foreseen in the project proposal.

Step 1 – Selection and mobilisation of participants. Partners and associated entities (cities) supported the identification of key actors in the 12 target cities. This first step helped to involve relevant local stakeholders and created an initial map of actors who may also be connected to the Local Hubs and later phases of the project.

Step 2 – Data collection through questionnaires, focus groups and interviews. The diagnosis combined a shared online questionnaire with qualitative focus groups and written interviews / contributions. The questionnaire was developed as a common tool for the whole consortium, shared with partners for review and input, and translated from English into the five project languages: Spanish, Italian, German, Swedish and Portuguese. This made it possible to work with a shared methodological framework across countries, while ensuring that municipalities and local stakeholders could participate in their own language.

For the qualitative phase, a focus group guideline was also prepared, including methodological recommendations and a set of guiding questions. Each partner translated this guideline into their own language, ensuring that all online reflection spaces were facilitated on the basis of the same core questions. This common approach supported consistency across countries and facilitated the subsequent analysis.

The mixed methodology allowed the project to collect comparable information across countries and, at the same time, capture local experiences, perceptions and proposals in greater depth.

Step 3 – Analysis and production of diagnosis outputs. The information collected was analysed to identify existing actions, key actors, barriers, needs and possible proposals for intervention. This analysis is reflected in D2.2 Report of Participatory Diagnosis and in country-level operational summaries prepared to support partners and municipalities in the next stages of the project.

The process was implemented progressively between March and June 2026. The online questionnaires were shared with municipalities between 23 and 30 March 2026, with an initial deadline of 8 April 2026. This deadline was extended until 3 May 2026 to take into account the different Easter holiday periods across the participating countries and to ensure that all municipalities had sufficient time to collect responses. This timeline also allowed

time to analyse the questionnaire results and prepare the qualitative phase, including the focus groups planned for the end of April and May, with flexibility until the first week of June where needed by municipalities. The focus groups were implemented between 28 April and 4 June 2026. Written contributions were gathered during the focus group process and until 15 June 2026, ensuring that qualitative information was collected from all five participating countries.

4. General implementation figures

The participatory diagnosis process covered the **12 target cities** of the SPIRIT project through a combination of anonymous questionnaire responses, online focus groups and written interviews / contributions.

4.1. The quantitative component involved all five participating countries. A total of **132 anonymous questionnaire responses** were collected:

Country	Number of questionnaires
Spain	29
Italy	39
Portugal	40
Germany	9
Sweden	15

The questionnaires in the five languages of the project are available for consultation and provides an overview of the topics addressed during the quantitative phase:

Spanish: <https://forms.gle/TtTsNvA7Dd1HN4jW8>

Portugues: https://docs.google.com/forms/d/1g5rl2rtZ9e_JbNorWcROTZ9c-JhoUWi6Xt0Fy4CeIEo/edit

Italian: https://docs.google.com/forms/d/1JADUT7pfSbRF7sBckXIVDZf7yR82O193cCiVPjQ6_UI/edit

Swedish: https://docs.google.com/forms/d/1PZgzWKOsbmDFpEk4h9fP4jK4-0gpDcNkc5SwY_MdRjl/edit

German: https://docs.google.com/forms/d/1laYdehvBjplpsJddsZtJxi9l3X2NuObay6vjjhiiB_Q/edit

The anonymous nature of the questionnaire was intended to create a safe space for participants to share their views freely and provide honest insights into the barriers, needs and opportunities related to sport and inclusion. Consequently, no gender data was collected in the quantitative phase.

The 132 responses nevertheless reflected a broad cross-section of stakeholders. Sports organisations represented the largest group of respondents (53), alongside representatives from civil society and NGOs (40), public administrations (33), and academia (6). Together, these profiles provided a rich and diverse picture of the sport and inclusion landscape.

Respondent profile	Number of responses
Sport organisations	53
Civil society / NGO	40
Public administration	33
Academia	6

This information helped ensure that the quantitative analysis reflected a diversity of perspectives from actors connected to sport, inclusion, public policy, education and community work.

Country-level infographics were prepared to present the first descriptive findings from the questionnaire in a visual and accessible format. They summarised key information on respondent profiles, access barriers, diversity, representation, safety and future priorities, and were used in several focus groups to support discussion. The infographics are presented in the following section as part of each country overview.

4.2. The qualitative component involved online focus groups in Spain, Portugal, Germany and Sweden. Italy contributed to the qualitative process through written interviews / contributions. This methodological adaptation was agreed upon due to local election processes and timing constraints. The same focus group guideline and

guiding questions were used, ensuring that the Italian input followed the common methodological framework and could be integrated into the overall qualitative analysis.

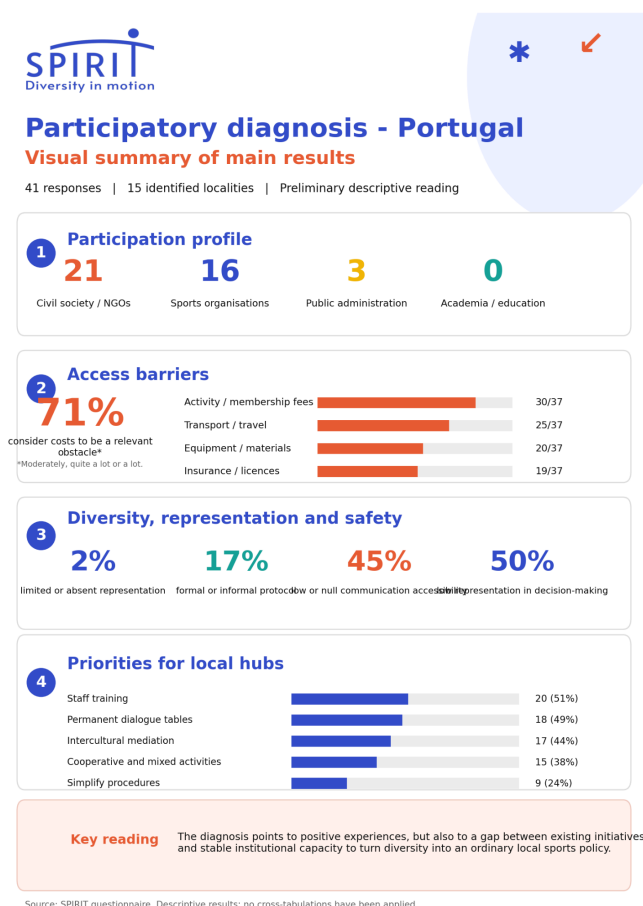
A total of **104 people participated in the online focus groups**. They lasted approximately **2 hours** and follow up focus groups were conducted in Tenerife, Spain and in Oeiras, Portugal. Therefore, **11 focus groups were conducted**. In addition, Italy provided 8 written interviews / contributions.

Country	Number of Focus Groups	Number of participants
Spain	5	47
Portugal	4	33
Germany	1	11
Sweden	1	13

5. Country implementation overview

5.1. Portugal: Cascais, Loures and Oeiras: 40 questionnaire responses.

The infographic below provides a visual summary of the main descriptive results from the Portuguese questionnaire.



The qualitative phase was developed in the participating municipalities with the support of RPCI.

The Portuguese focus groups involved:

- Cascais: 14 participants
- Loures: 9 participants

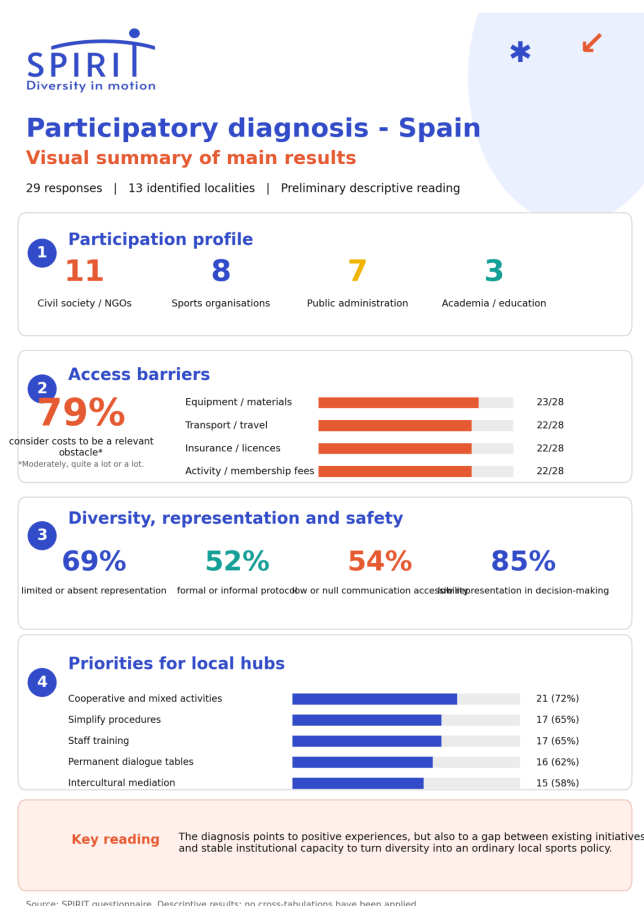
- Oeiras: 10 participants (an additional FG was organised to ensure that the main topics included in the guideline could be properly discussed).

There were **33 participants**: 23 women and 10 men.

The Portuguese process provided relevant information on territorial continuity, the link between informal, community-based and federated sport, and the need to sustain regular activities in neighbourhoods and communities.

5.2. Spain: Tenerife, Cartagena, Castellón de la Plana and Bilbao: 29 questionnaire responses.

The infographic below presents a visual summary of the main descriptive results from the Spanish questionnaire.



The qualitative phase was developed in the four participating municipalities: **Tenerife, Cartagena, Castellón de la Plana and Bilbao**, with the support of ACI-Diversit and Cidalia.

The Spanish focus groups involved:

- Tenerife: 12 participants
- Cartagena: 3 participants online and 7 additional that meet in-situ.
- Castellón de la Plana: 16 participants
- Bilbao: 16 participants

There were **47 participants**: 19 women and 28 men.

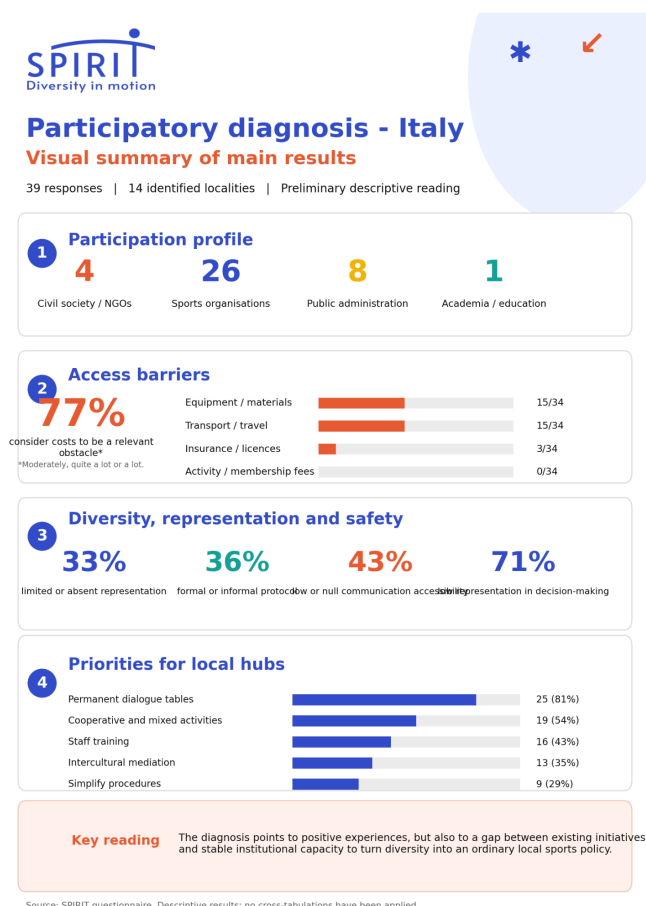
In Cartagena, part of the local group met face to face while other participants connected online. For reporting purposes, only online participants connected through Zoom are included. However, the information gathered during the full session was retained and included in the qualitative analysis.

In Bilbao and Cartagena, complementary written contributions were also collected from relevant actors to enrich the qualitative analysis.

The Spanish process provided relevant information on continuity of spaces, community self-representation, costs of participation and adult and institutional responsibility in relation to racism and discrimination.

5.3. Italy: Forlì, Zagarolo and Capannori: 39 questionnaire responses.

The following infographic presents a visual synthesis of the main quantitative findings from the Italian.



The questionnaire results ensured that Italy was represented in the quantitative diagnosis and contributed to the country and European-level analysis.

The qualitative process involved the three Italian participating municipalities: **Forlì, Zagarolo and Capannori**, coordinated by ICEI.

Although it was not possible to organise online focus groups in Italy within the timeframe available, the Italian perspective was nevertheless incorporated into the qualitative diagnosis. The focus group guiding questions were shared with key actors from the Italian municipalities, who provided written contributions based on the same framework used in the focus groups.

This approach ensured that municipal and national perspectives from Italy were integrated into the overall diagnosis. In total, eight written contributions were collected from key stakeholders, with an equal representation of women and men (four each).

5.4. Germany: Erlangen: 9 questionnaire responses.

The infographic below summarises the descriptive results from the German questionnaire.



Participatory diagnosis - Germany

Visual summary of main results

9 responses | 1 identified localities | Preliminary descriptive reading



Source: SPIRIT questionnaire. Descriptive results; no cross-tabulations have been applied.

Erlangen organised an online focus group involving local actors connected to sport, inclusion and community work. Complementary written contributions were also collected from relevant actors and included in the analysis.

The Erlangen focus group involved **11 participants**: 5 women and 6 men.

The German process provided relevant information on the importance of mediation between systems, particularly between families, schools, clubs and the local authority.

5.5. Sweden: Linköping: 15 questionnaire responses.

The following infographic presents the main quantitative findings from the Swedish questionnaire.



Participatory diagnosis - Sweden

Visual summary of main results

17 responses | 3 identified localities | Preliminary descriptive reading



Source: SPIRIT questionnaire. Descriptive results; no cross-tabulations have been applied.

Linköping organised an online focus group involving relevant stakeholders connected to sport, inclusion and local participation.

The Linköping focus group involved **13 participants**: 7 women and 6 men.

The Swedish process provided relevant information on the role of the voluntary sport sector, the importance of family trust and safety, and the need for representation and role models, especially for girls and young women.

6. Main outputs of the participatory diagnosis

The participatory diagnosis process produced the following outputs:

- online questionnaire and translated versions (5);
- questionnaire results at country level and at transnational level comparative.
- country-level quantitative infographics;
- focus group implementation guideline;
- written interviews / contributions;
- country-level operational summaries;
- D2.2 Report of Participatory Diagnosis.

The final **D2.2 Report of Participatory Diagnosis**, led by Cidalia, is available on the project website:

<https://proyectospirit.eu/eventos/>

The report presents the integrated cross.country analysis of the quantitative and qualitative information collected during the process, consolidates the evidence gathered across the participating countries and municipalities, and provides the main analytical basis for the next phases of SPIRIT.

In addition to the integrated diagnosis report, **country-level operational summaries** were prepared for each participating country. These summaries are designed as practical documents for partners and municipalities,

allowing them to present the main findings in an accessible way and use them as the starting point for the Local Hubs.

To ensure that all partners were informed and could provide input throughout the quantitative and qualitative data collection and analysis process, regular updates were shared with the consortium. Country-level infographics and short four-page summaries were prepared and shared at different stages, presenting the main quantitative and qualitative findings in an accessible format.

During this process, two consortium coordination meetings were held to update partners, present emerging findings and collect feedback. This coordination mechanism helped ensure that the diagnosis was not only based on collected data, but also validated and enriched through partner feedback and local knowledge.

7. Main findings

The diagnosis identified several recurring issues across the participating territories:

- Access to sport does not guarantee inclusion if there is no continuity, support and stable conditions.
- Costs, licences, equipment, transport and documentation may become barriers, especially when moving from open participation to club life or competition.
- Communities, young people, families and local organisations should not be treated only as users, but as actors with voice and capacity to co-define solutions.
- Gender, adolescence and safety are central issues for sustained participation in sport.
- Anti-discrimination protocols need to function as practical and usable circuits, not only as formal documents.
- Municipalities need bridge roles, coordination mechanisms and continuity resources to sustain inclusive sport processes.

These findings show that inclusive sport requires more than isolated activities. It requires local ecosystems, shared responsibilities and practical mechanisms that allow participation to be sustained over time.

8. Relevance for the next project phases

The diagnosis provides the operational basis for the next phases of the SPIRIT project. The evidence gathered through the questionnaire, focus groups and written interviews / contributions, and consolidated in the **D2.2 Report of Participatory Diagnosis**, will guide the activation of the Local Hubs, the preparation of the National Training Programmes and the future development of Local Action Plans and pilot actions.

WP3–WP7 – Local Hubs and Local Action Plans. The diagnosis identifies the barriers, needs, stakeholders and opportunities that will guide the work of the Local Hubs in the 12 participating municipalities. These Hubs will act as co-creation spaces for the development of Local Action Plans.

WP8–WP12 – National Training Programmes. The diagnosis will inform the design of national training programmes by identifying the main capacity needs of municipalities, sport organisations and other local stakeholders.

WP14–WP18 – Pilot Actions. The Local Action Plans developed through the Hubs will lead to the selection and implementation of pilot actions in 2027. The diagnosis provides the initial baseline for identifying relevant and realistic actions.

Future dissemination and awareness-raising activities. The learning generated through the diagnosis, Local Hubs and pilot actions will provide relevant evidence for future dissemination, transfer and awareness-raising activities at national and European level.

Following the completion of the participatory diagnosis process and the finalisation of the D2.2 Report of Participatory Diagnosis, the next steps are:

- sharing of the final diagnosis findings and country-level operational summaries with partners and municipalities;
- use of diagnosis findings to activate the Local Hubs in the 12 municipalities;

- preparation of National Training Programmes based on identified needs;
- use of the diagnosis as a baseline for the future Local Action Plans and pilot actions;
- organisation and archiving of supporting documentation for reporting and verification purposes.

HISTORY OF CHANGES		
VERSION	PUBLICATION DATE	CHANGE
1.0	01.04.2022	Initial version (new MFF).