

SPIRIT Project Diagnosis Report



**Co-funded by
the European Union**

This publication has been produced with the financial support of the Citizens, Equality, Rights and Values (CERV) Programme of the European Union. The contents of this publication are the responsibility of the SPIRIT project partners and do not reflect the views of the European Commission.

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1. Executive Summary

This Diagnosis Report summarises the participatory diagnosis process developed within the framework of the European project SPIRIT – Diversity in motion. The **Sports for Participation, Inclusion, Respect, Interculturality and Tolerance (SPIRIT) Project**, funded under the European Commission's CERV Towns call in 2026, builds on the key role played by cities and sport in promoting intercultural integration, social cohesion, equality and coexistence in diverse societies. Sport offers a unique platform to promote the values of intercultural dialogue and understanding, deepen social inclusion and promote gender equality. All partners in the action are part of the Intercultural Cities Programme (ICC), which focuses on the key role that cities play in promoting policies in favour of coexistence and inclusion in a context of greater diversity.

The overall objective of the SPIRIT Project is to strengthen social cohesion and coexistence in European cities, reinforcing the role of local authorities and their cooperation in the field of sport. To this end, one of the first actions of the project has been the development of a participatory diagnosis in the five countries of the consortium whose purpose was:

- Identify specific needs and challenges in the field of sport at the local level from an intercultural perspective.
- To gather information and opinions from key actors in the design and implementation of sports policies.
- Identify and catalogue relevant initiatives as well as key local actors involved in inclusive sport activities.

The process started from a local and municipal perspective. SPIRIT works with five European countries – Spain, Portugal, Italy, Sweden and Germany – and with 12 municipalities of reference: Bilbao, Cartagena, Castellón de la Plana and Tenerife in Spain; Cascais, Loures and Oeiras in Portugal; Zagarolo, Capannori and Forlì in Italy; Linköping in Sweden; and Erlangen in Germany. This municipal basis is a strength of the diagnosis: it allows us to observe how policies, facilities, clubs, schools, families, social organisations and communities interact in daily practice. At the same time, it also marks a methodological limit: the results do not represent all national sports systems, but a situated reading based on the municipalities involved in the project, that can serve as a starting point for other municipal processes.

The quantitative base is made up of 135 responses to an online questionnaire carried out in the five languages of the consortium while the qualitative base includes 104 focus group participants, in addition to 8 qualitative contributions from Italy through interviews/forms and additional contributions from Cartagena and Bilbao. Among the people participating in focus groups, there are 54 men and 50 women. These figures help to measure the participatory scope of the process and reinforce the idea that the diagnosis collects perceptions and experiences of a diversity of actors, not just administrative data.

Core message

Sport appears in the five countries as a space with the potential to create welcome, belonging, positive interaction and social cohesion. However, that potential is not activated automatically. It depends on specific local conditions: affordable costs, accessible information, continuity, available spaces, intercultural mediation, safety, active protocols, representation and coordination between municipal actors.

The diagnosis confirms that sport has a strong potential to generate positive interaction, recognition and community bonds. However, that potential is not activated automatically. Sports inclusion depends on specific conditions: affordable costs, understandable information, continued access to spaces, clear rules of participation, adult training, the presence of role models, active protocols against discrimination and governance structures that allow us to move from isolated activities to stable structures.

The quantitative results point to four particularly relevant patterns. Firstly, participation costs appear as a cross-cutting barrier in all countries, with particular intensity in Sweden, Spain, Italy and Portugal. Second, the existence or knowledge of protocols against discrimination is uneven and, in some contexts, very limited: the percentage of responses indicating that there is no protocol or that they do not know if it exists remains high. Thirdly, the perception of low representation of people from different backgrounds in decision-making spaces emerges as a structural

problem, particularly visible in Spain, Germany and Italy. Fourthly, despite these barriers, sport continues to be valued as a space with the capacity to produce positive relationships, with particularly high results in Portugal and also relevant in Germany, Sweden, Italy and Spain.

Qualitative evidence allows these results to be deepened and nuanced. Spain shows that there is not "one" sport, but several circuits with different rules and barriers: community, school, club, federated and competitive. Portugal underlines the gap between valuable local experiences and the need for a stable system that guarantees regularity. Italy, based on interviews and written forms, strongly introduces disability, criticism of the competitive model and the need to accompany minors and young people with a migratory background. Germany stresses the importance of intercultural mediators or sports companions who connect school, families, clubs and administration. Sweden shows that strong associative systems can be inclusive, but they can also take for granted norms that are not obvious to newly arrived families, young people from segregated neighborhoods or adolescent girls.

SPIRIT should focus on the transition between formal openness and real inclusion. Opening activities or declaring inclusive values is not enough if people cannot know about the offer, pay for participation, travel, stay, feel safe, see themselves represented or intervene in decisions. Therefore, the diagnosis recommends that the next phase of the project should not be limited to promoting inclusive sports activities, but support municipalities and local contexts in reviewing conditions, procedures, responsibilities and monitoring systems.

- Economic and administrative barriers cross all countries, although they are expressed differently depending on the local sports structure and the number of participating municipalities.
- Sports inclusion should be read as continuity: it is not enough to open an activity if people cannot know about it, register for it, pay for it, travel, stay and feel safe.
- Intercultural mediation emerges as a condition of access, especially for newly arrived families, young people with a migratory background, unaccompanied minors, people with disabilities and small community organisations.
- Racism and discrimination are not limited to isolated incidents: they are also expressed in club cultures, stands, families, coaches, federation structures, municipal decisions and institutional silences.
- The diagnosis identifies needs, but also existing capacities: community projects, committed clubs, municipal networks, previous experience against racism, free initiatives, codes of conduct and proximity practices that can be strengthened.
- The guidance derived from the diagnosis can accompany the next phase of the project, without replacing the decisions that each municipality will have to contextualize with its local driving groups, its partners and the actors that join the process.

The central conclusion is that SPIRIT must contribute to the transition between formal openness and real inclusion. Opening activities or declaring inclusive values is not enough if the concrete conditions that allow access, participation, remain involved, feel part of the community and take part in decision-making are not reviewed. For this reason, the diagnosis offers a common basis for municipalities to contextualise their barriers, recognise existing resources and move towards more coordinated, sustainable and intercultural actions.

2. Introduction and purpose of the Diagnosis Report

The SPIRIT – Diversity in motion project is based on a premise shared by the organisations that make up the consortium: sport can be a privileged space to promote participation, intercultural dialogue, welcome, belonging and more inclusive communities. The project is being developed in five European countries – Spain, Portugal, Italy, Sweden and Germany – and articulates the work of partner organisations and municipalities working across 12 local contexts of reference. Its approach is rooted in the local and municipal level: listening to those who work, participate and decide in sport at the municipal level to understand what barriers exist and what conditions allow physical activity and sports to be more inclusive, intercultural and accessible.

Municipalities linked to the diagnostic process

Spain: Bilbao, Cartagena, Tenerife and Castellón de la Plana. Portugal: Cascais, Loures and Oeiras. Italy: Zagarolo, Capannori and Forlì. Sweden: Linköping. Germany: Erlangen.

The Diagnosis Report has the function of organising the lessons learned obtained during the participatory diagnosis phase of the project. This phase has combined quantitative and qualitative tools to understand how the barriers, needs, concerns, resources and opportunities of sports inclusion are perceived and experienced in the participating municipalities. The purpose is not to produce a closed academic diagnosis, but to generate a useful knowledge base for the consortium, municipalities, sports organisations, the third sector, NGOs and other community agents interested in promoting sport as a tool for inclusion and social cohesion.

The report must serve, on the one hand, to identify common patterns at European and transnational level. These include the importance of costs, inequality in access to spaces, lack of accessible information, the fragility of protocols against discrimination, perceived underrepresentation in decision-making, the need for intercultural mediation and coordination between local actors. On the other hand, it must make national and municipal differences visible. Each country shows its own combination of challenges, actors and capacities: from the strong community presence in Portugal to the centrality of the associative structure in Sweden or Germany, through the Italian specificity around disability and non-competitive inclusion and the Spanish reading on community sport, federation, identity and racism.

The document collects lessons learned and concerns expressed in a participatory and municipal process. Therefore, it can be used as a tool to present the reality diagnosed in each country, identify barriers and local needs, recognize practices that are already working and guide actions to make sport more inclusive, intercultural and accessible.

Report Function	Implications for SPIRIT
Systematizing the diagnostic process	It allows the work carried out to be documented and helps justify subsequent decisions.
Integrate questionnaire and qualitative work	It prevents results from being read as isolated pieces and allows for a more complete interpretation.
Identify European patterns and municipal differences	It helps the consortium decide what should be common and what should be adapted by country or municipality.
Serve as a tool for municipalities and local actors	It facilitates the return of learning, shared reflection and the identification of improvement actions.

3. Methodological approach and work process

The diagnosis has been developed through a mixed strategy, combining a common quantitative tool and a qualitative process adapted to the reality of each country and municipality. This combination allows two types of complementary information to be captured. The questionnaire offers a comparable descriptive basis on profiles, barriers, perceptions and priorities; it was anonymous to encourage free responses and reduce identification concerns on the part of the participants. The qualitative work allows us to analyze the discourses of different sports, social and institutional actors and understand how these barriers are produced, what they mean for local actors and what conditions make inclusion in daily practice possible or difficult.

The first phase consisted of the construction of a matrix of dimensions and analysis variables. This matrix organized the diagnosis around the principles of interculturality and the Intercultural Cities (ICC) approach: equality and access; recognition and respect for diversity; positive interaction; active participation; and cities and local actors as key agents of governance, protocols and sustainability. The reference to these principles connects the diagnosis with a broader European interest in strengthening inclusion, coexistence and social cohesion from local policies. From the matrix, the questionnaire was structured and the subsequent analysis of the focus groups, interviews and qualitative forms was guided.

The quantitative phase was based on a common questionnaire, applied in the participating countries. The partner organisations contributed to the design, review and adaptation of the tool, mobilized key actors in their municipalities and facilitated its dissemination. Although the language versions were adapted to each context, the questionnaire maintained a shared structure to allow for descriptive comparisons. 135 responses were collected. Subsequently, matrices of frequencies by country and analysis of priority variables were developed, without applying complex variable crossings. This approach was deliberate: before producing more sophisticated interpretations, it was necessary to know the basic distribution of responses, the differences in profiles, and the existence of sufficiently robust patterns.

The qualitative phase was developed through focus groups in Spain, Portugal, Germany and Sweden, and through interviews/qualitative forms in Italy. In order to maintain a common logic, a battery of questions and working guidelines was developed, translated and adapted to the languages of the participating countries. The process incorporated the 12 municipalities linked to the project, although not all of them generated the same type of qualitative material: Spain has Bilbao, Cartagena and Tenerife as the base analysed and Castellón de la Plana as the municipality of the project; Portugal with Cascais, Loures and Oeiras; Italy with Zagarolo, Capannori and Forlì, with qualitative documentation available from Zagarolo and Capannori; Sweden with Linköping; and Germany with Erlangen. This methodological flexibility made it possible to adapt the process carefully and ensure that all municipalities were represented in the diagnostic itinerary, even if the density of documentation is not identical.

The qualitative analysis has been carried out with an autonomous logic, not as a mere illustration of the questionnaire. This means that focus groups and interviews have not only been used to "confirm" quantitative data, but to produce their own reading of the processes of inclusion and exclusion. Subsequently, both sources have been integrated by means of a triangulation reading. Some lines of evidence appear particularly strong because they are reinforced in both sources: participation costs, administrative barriers, the need for intercultural mediation, the perception of low representation in decision-making spaces, and the fragility of protocols. Others emerge more strongly from the qualitative material: sport as welcoming space, continuity of spaces, transition to competition, administrative situation of minors and young people, gender in adolescence, racism in grassroots sport and coordination between municipal actors.

During the review of the qualitative reports, a cautious approach was adopted in the use of verbatim quotations. Quotations have been used only when they provided analytical value, were brief, contextualized and could be traced to the document and the speaker in the transcript. In this Diagnosis Report, the priority is the interpretative synthesis, so extensive textual quotations are not incorporated; Examples and literal evidence are included in the qualitative reports by country and in their citation records, while this document favors an analytical wording that respects the meaning of the source materials.

3.1. Phases of the work process

Table 1. Phases of the participatory diagnosis work process.

Phase	Description	Product generated
Matrix Design	Definition of dimensions, variables and priorities for analysis with input from the partner organisations.	Matrix of dimensions of the questionnaire and common analytical framework.
Questionnaire	Anonymous application of a common tool in five countries, translated and adapted to local contexts.	135 responses and frequency matrices per country.
Quantitative Reporting	Descriptive exploitation of variables, profiles and priority dimensions.	Country reports, infographics and Excel results.
Qualitative work	Focus groups, interviews/forms, municipal notes and a common set of questions.	104 participants in focus groups, 8 contributions from Italy, complementary contributions from Cartagena and Bilbao and qualitative reports by country.
Integrated synthesis	Triangulation between quantitative and qualitative evidence.	Diagnosis Report and guidelines for the next phase.
Municipal diagnostic application	Use of diagnosis as a starting point to contextualize results and guide local working groups.	Basis for Local Action Plans, training programmes and pilot actions, without replacing the decisions that each municipality must contextualize.

3.2. Reading criteria and methodological limits

- The quantitative data are descriptive and should not be interpreted as representative of the entire sporting reality of each country.
- Sample sizes are uneven and should be read together with the number of participating municipalities per country; they do not in themselves express a greater or lesser degree of involvement of the partner organisations.
- The multiple-choice questions and the different numbers of valid answers explain why some percentages are calculated on different denominators.
- The qualitative base combines different formats. Italy provides interviews/written forms, while Spain, Portugal, Germany and Sweden have focus groups. This methodological flexibility made it possible to adapt the process to each municipal reality while maintaining a common structure of analysis.
- The diagnosis captures perceptions and experiences of the actors involved; It is not a substitute for population studies, facility audits or legal evaluations of protocols.
- Cross-country comparisons should be used to identify shared patterns and relevant differences, avoiding readings in the form of rankings between national sports systems.

4. Participation and empirical basis of diagnosis

The quantitative basis of the diagnosis is made up of 135 responses to the questionnaire. The distribution by country shows a greater concentration in Portugal and Italy, followed by Spain, Sweden and Germany. This distribution must be read taking into account the municipal logic of the process: countries do not contribute the same number of municipalities or have the same density of local actors linked to each phase. Therefore, the differences in the number of responses should not be interpreted as differences in involvement or as levels of national representativeness.

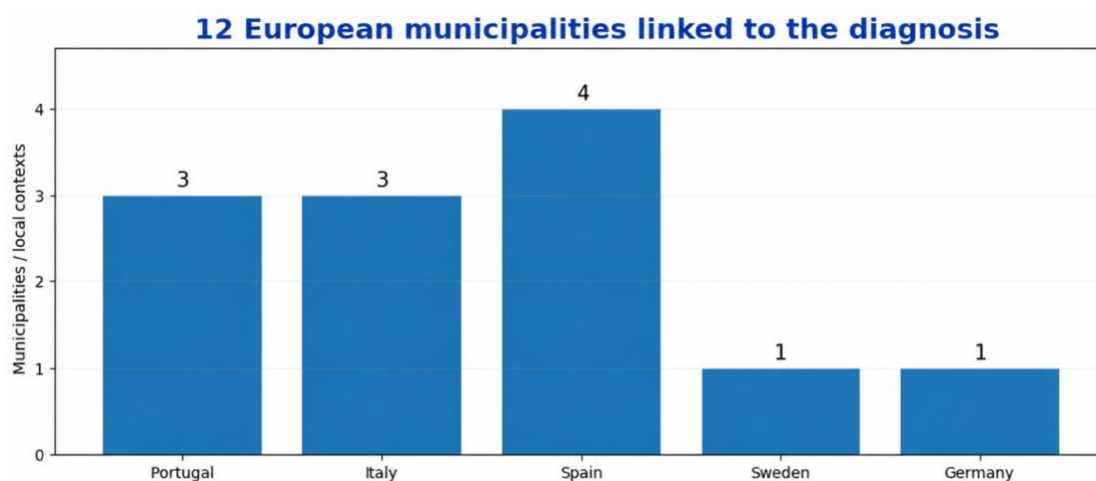


Figure 1. European municipalities linked to the diagnostic process. Source: systematization of the SPIRIT project.

The composition of profiles is equally relevant. On a global scale, the questionnaire includes sports organisations, civil society, public administration, university/education and other profiles. This combination allows us to read sports inclusion as a problem of the local ecosystem and not only of clubs or municipalities. The profiles, however, vary by country: Italy has a very high presence of sports organizations; Sweden and Germany show a greater weight of public administration; Portugal has a prominent presence of civil society and sports organizations; Spain presents a more distributed sample between civil society, sport, administration and university.

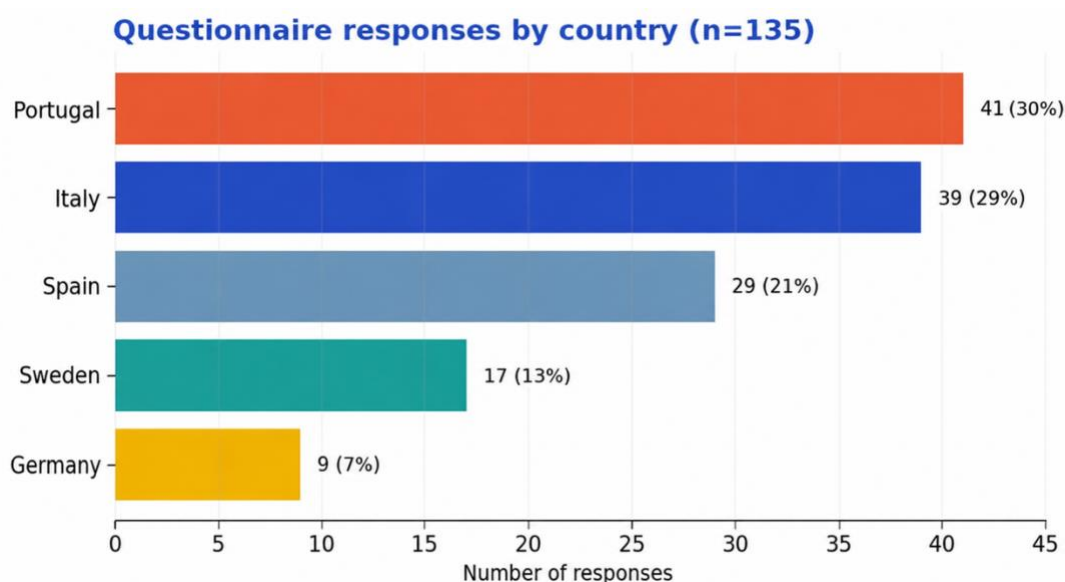


Figure 2. Distribution of responses to the questionnaire by country. Source: SPIRIT questionnaire.

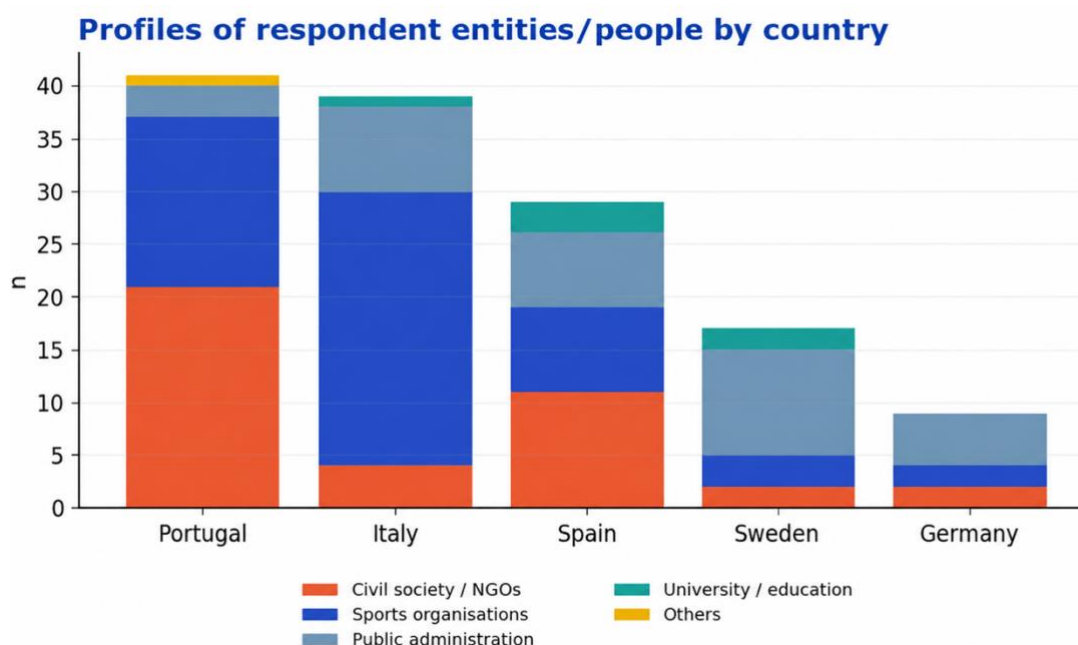


Figure 3. Profile of respondent organisations/individuals by country. Source: SPIRIT questionnaire.

Table 2. Quantitative participation, more present profile and municipal basis of the diagnosis.

Country	Responses	Share of total	Most represented profile	Municipalities and main qualitative base
Portugal	41	30%	Civil society / NGOs and sports organisations	Cascais, Loures and Oeiras. Focus groups and municipal results.
Italy	39	29%	Sports organizations	Zagarolo, Capannori and Forlì. Interviews/qualitative forms available from Zagarolo and Capannori.
Spain	29	21%	Civil society / NGOs, sport and administration	Bilbao, Cartagena, Tenerife and Castellón de la Plana. Focus groups and analysed documentation from Bilbao, Cartagena and Tenerife.
Sweden	17	13%	Public administration	Linköping. Municipal focus group.
Germany	9	7%	Public administration	Erlangen. Municipal focus group.

The qualitative basis complements the quantitative results with a situated reading. In Spain, the materials make it possible to differentiate between community, school, club and federated/competitive sports. In Portugal, Cascais, Loures and Oeiras show a diversity of initiatives and a common concern for regularity and sustainability. In Italy, interviews and forms provide specific information on disability, unaccompanied foreign minors, infrastructure, and performance-oriented sports culture. In Germany, Erlangen stresses the need for intercultural mediation between schools, families, clubs and municipalities. In Sweden, Linköping provides an in-depth analysis of the associative structure, the participation of girls and young women, safety, everyday racism and the role of clubs. Overall, this empirical base allows integrating a descriptive quantitative reading with a municipal qualitative reading, avoiding interpreting the data as a representative comparison between national sports systems.

Focus group participants with available gender data

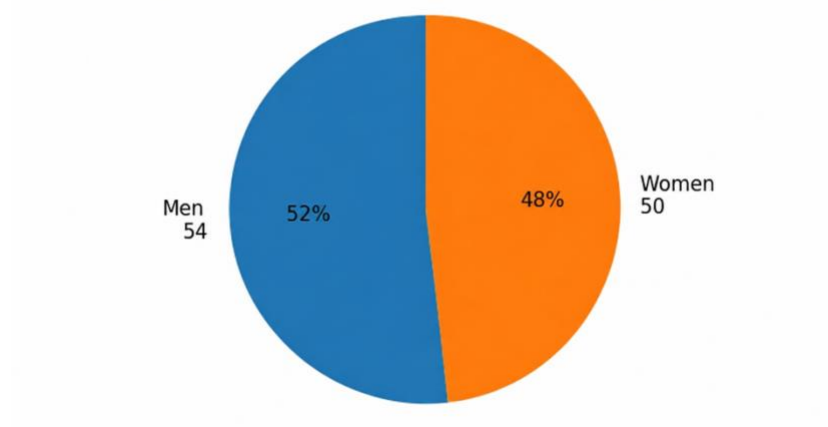


Figure 4. Focus group participants with gender data available. Source: systematization of the SPIRIT project.

5. Main quantitative results

The quantitative results should be read as a first descriptive approach to the perceptions of actors involved in the local sports ecosystem. They are not intended to measure the reality of each country exhaustively, but they do allow us to identify relevant and comparable signals. Overall, the variables analyzed point to a clear diagnosis: formal access to sports activities does not guarantee effective participation if material, informational, organizational and representational barriers persist.

Key messages

- Costs are not an accessory factor, but a condition of access and continuity.
- Inclusive communication appears as a barrier prior to enrollment.
- The low representation in decisions should be read as the perception of the actors consulted, not as a ranking between countries.
- The fragility or lack of knowledge of protocols limits confidence in the institutional response.
- Sport retains a high potential for positive interaction if accompanied by mediation, safety and governance.

The **first** cross-cutting result is the strength of costs as a barrier. In all countries, a significant proportion of respondents consider costs to be at least a moderate obstacle. In the sample analyzed, Sweden registers the highest value, followed by Spain, Italy and Portugal. Germany shows a lower percentage, although this should be interpreted with caution due to the smaller sample size. Quantitative evidence confirms that fees, equipment, transport, insurance, licences and travel are not secondary elements: they are part of the real architecture of access and continued participation, especially when the practice is formalised, federated or enters competitive circuits.

The **second result** relates to communication and information. In several countries, there is a significant perception of low or no communication. This issue is strategic because it is located even before registration: an activity may exist, be technically inclusive and be funded, but not generate participation if the information does not reach the people, families or organisations that could benefit from it. Inclusive communication is not just linguistic translation; it implies adequate channels, mediators, clear language, continuity and trust.

The **third result** refers to the perception of low representation in decision-making. In Spain and Germany, respondents identify particularly high levels of underrepresentation; Italy also presents a strong signal. This result should not be read as an objective comparison or ranking between countries, but as an alert on how the actors consulted perceive the presence of people from different origins in spaces where priorities, schedules, modalities, access criteria or institutional responses are defined.

The **fourth result** is the fragility of the anti-discrimination protocols. The existence or knowledge of formal or informal protocols varies between countries, but in all of them there is a significant percentage of responses that indicate lack of knowledge or perceived non-existence. This gap is critical: protocols have no practical value if they are not known, trusted, or have clear prevention, communication, response, and follow-up circuits.

Finally, sport maintains a positive assessment as a space for interaction. Portugal stands out especially in this indicator, but all countries show a relevant proportion of responses that recognize the ability of sport to generate positive relationships. This tension between positive potential and structural barriers is one of the keys to the diagnosis: the challenge is not to demonstrate that sport can be inclusive, but to identify what conditions allow that potential to become a sustainable practice.

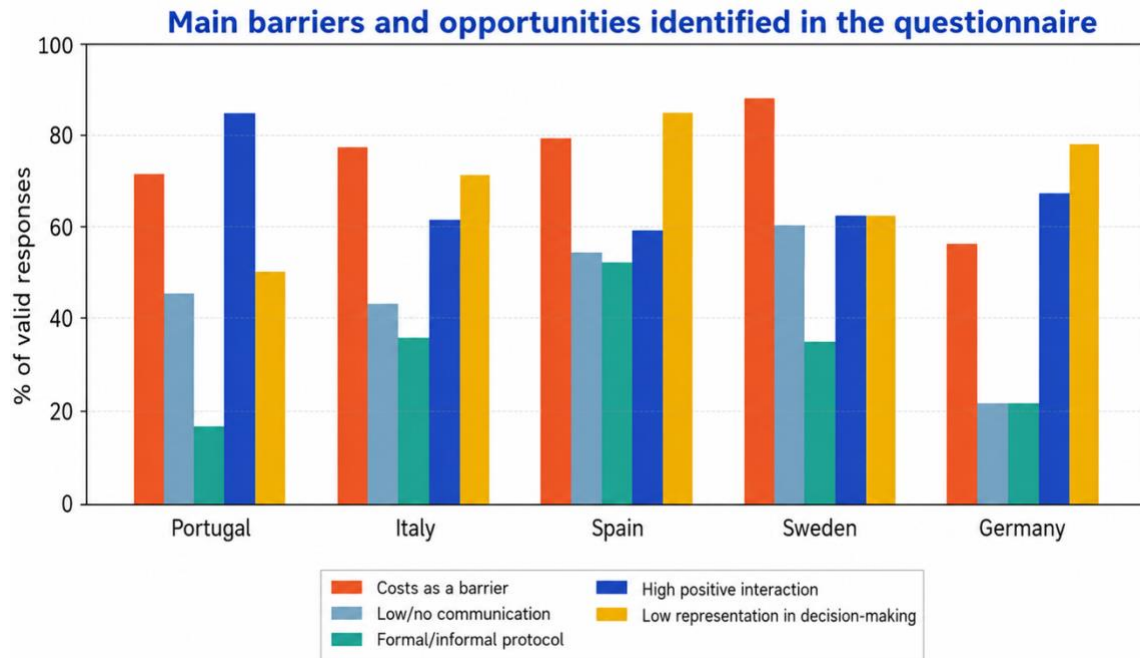


Figure 5. Main barriers and opportunities identified. Source: SPIRIT questionnaire.

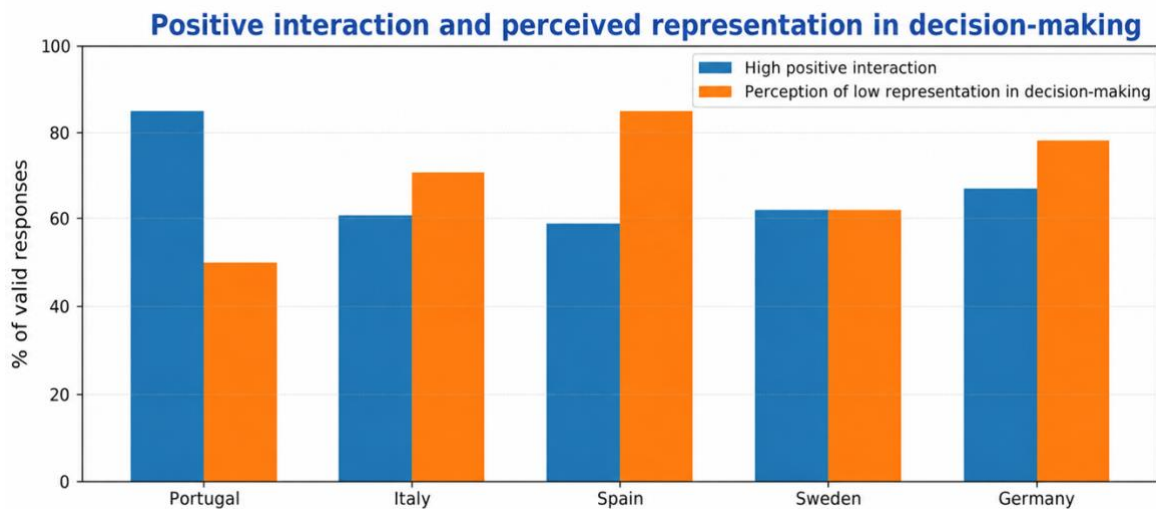


Figure 6. Positive interaction and perception of low representation in decisions. Source: SPIRIT questionnaire.

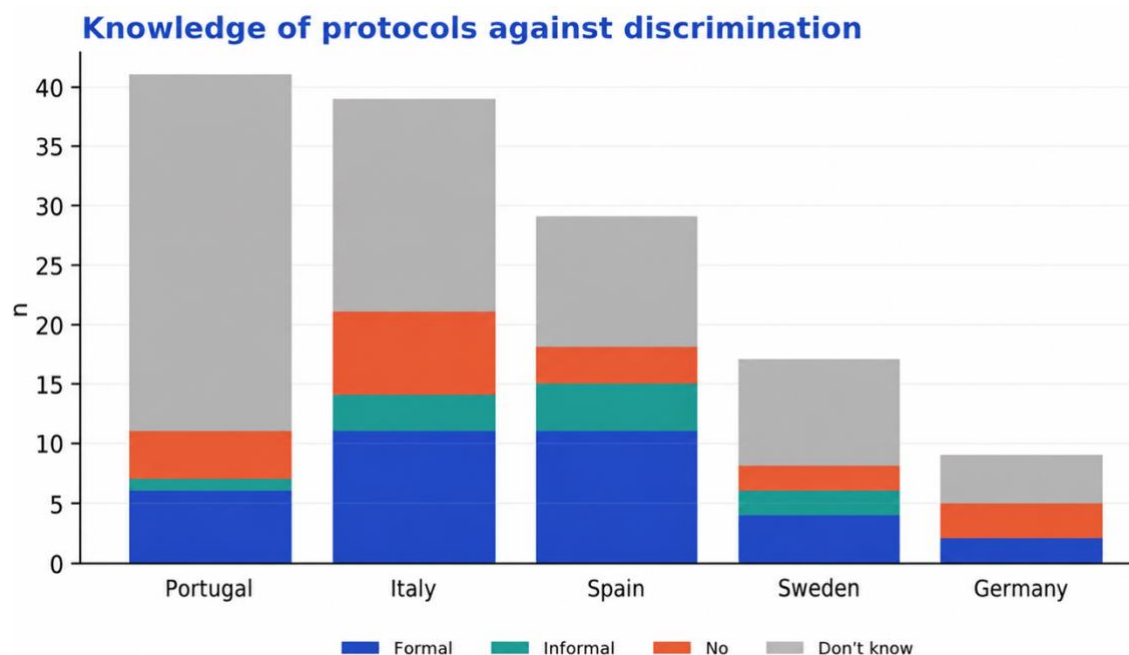


Figure 7. Knowledge of protocols against discrimination. Source: SPIRIT questionnaire.

Table 3. Selected descriptive indicators by country. The percentages are calculated on valid answers for each variable.

Country	Costs as a barrier	Low/no communication	Knowledge of formal/informal protocol	High positive interaction	Perception of low representation in decisions
Portugal	71%	45%	17%	85%	50%
Italy	77%	43%	36%	61%	71%
Spain	79%	54%	52%	59%	85%
Sweden	88%	60%	35%	62%	62%
Germany	56%	22%	22%	67%	78%

6. Main qualitative results

Qualitative analysis allows the question to shift from "who participates" to "under what conditions can one participate, stay and decide". The materials show that sports inclusion is not reduced to creating opportunities to participate or designing activities. Individuals, families and organisations need to understand the offer, access spaces, sustain costs, have intercultural mediation, recognize the environment as safe and have the possibility of influencing the definition of the practice. The dimension of welcome also appears strongly: sport can be a gateway to the community for newcomers, young people with a migratory background and unaccompanied minors, as long as there is accompaniment, trust and local coordination.

A first qualitative finding is the need to differentiate types of sport. In Spain this issue appears very clearly, but it is useful for the entire diagnosis: community sport, school sport, club sport, informal practice and federated or competitive sport do not have the same barriers or require the same solutions. Competition, for example, can generate opportunities for progression, but it also introduces costs, travel, licences and family requirements that do not exist in community or informal practice. In addition, some materials underline the relevance of the administrative situation, especially in minors and young people: from certain ages, documentation, administrative guardianship or the transition to federated circuits can complicate access and continuity.

A second finding is that access should be understood as continuity. In several municipalities it is pointed out that specific activities are not enough. Inclusion requires a calendar, available spaces, adequate schedules, human resources and stable criteria for use. The lack of continuity prevents sport from becoming belonging, routine, discipline and confidence. This point appears both in the Spanish demand for community spaces and in the Portuguese concern for the municipal regularity of initiatives.

A third finding concerns intercultural mediation. Germany makes very clear the need for bridge figures: people who are able to connect schools, families, clubs, administration and participants. In Sweden, this mediation is expressed as an active approach of clubs and federations to neighbourhoods and schools. In Portugal, as an articulation between community projects, municipalities and clubs. In Italy, as an accompaniment to unaccompanied foreign minors, people with disabilities and families. In Spain, it is also linked to sport as a space for welcome and community belonging, especially in relation to newcomers, young people with a migratory trajectory or background and unaccompanied minors. Intercultural mediation is not an add-on; it is a structural condition for sport to be accessible to those who do not know the codes of the system.

A fourth finding is related to gender, adolescence and safety. This axis appears in all the participating municipalities, although with different intensities. Adolescent girls encounter specific barriers: family expectations, less availability of safe spaces, absence of role models, less favourable schedules, lack of transportation, lower institutional priority and cultural norms of the club. In Bilbao, it was particularly clear how female participation in sport decreases significantly from adolescence onwards, a pattern that does not appear in the same way in boys. It is not enough to create activities for women or girls; it is necessary to review the real conditions of continued participation and the responsibility of clubs, families, coaches, administrations and other actors in the construction of safe environments.

A fifth finding is that racism and discrimination do not appear solely as isolated incidents between participants. They can be expressed at different levels of sports practice, both formal and informal: stands, families, coaches, club officials, referees, institutional structures and organizational cultures. In grassroots sport, there is a special concern about how the adults and responsible actors who surround the practice respond, minimise or manage these situations. This changes the nature of the response: it is not enough to sanction individual behaviors; it is necessary to train those who accompany the practice, establish understandable channels, record incidents, accompany the people affected and review what each institution does when a discriminatory situation occurs.

Finally, governance appears as a condition of sustainability. In this context, governance does not only mean institutional coordination, but the ability to articulate responsibilities, resources, decision-making, active participation and monitoring among the different actors involved in the local sports ecosystem: municipalities, clubs, federations, schools, social organisations, public services, families and communities. The diagnosis shows that many barriers to inclusion cannot be solved from a single level of action. Access to facilities often depends on municipal decisions; Continuity of practice requires clubs and human resources; the competition introduces federative rules, licenses and travel; the participation of children and adolescents requires coordination with schools and families; and the response to situations of racism, discrimination or insecurity requires shared protocols and specialized services.

From this perspective, we can speak of a multilevel governance of inclusive sport. This governance must connect the municipal level, where spaces, policies and resources are managed; the sporting level, where clubs, federations, coaches and competition structures operate; and the community level, where trust, belonging, mediation and real participation are built. The evidence collected shows that there are valuable initiatives in the municipalities, but many depend on specific people, temporary funding or informal coordination. The challenge is not only to generate more activities, but to create stable spaces where actors can share diagnoses, represent diverse interests, make decisions, agree on responsibilities and review progress. Without this governance architecture, inclusion is exposed to discontinuity, fragmentation, and the loss of accumulated learning.

From the diagnosis, SPIRIT can contribute to making these experiences visible, facilitate their connection and generate conditions for municipalities to move towards more coordinated, participatory and sustainable local sports inclusion systems, capable of preserving learning, distributing responsibilities and giving continuity to the initiatives that are already operating.

Qualitative axis	Cross-cutting reading	Implications for the project
Types of sport	Not all practices generate the same barriers or require the same responses.	Differentiate community, school, club, federated and competitive practice in the design of actions.
Continuity	Specific activities do not guarantee belonging or retention.	Prioritize regularity, spaces, calendars and human resources.
Intercultural mediation	The sports system needs bridges to be understandable and accessible.	Incorporate support figures and alliances with schools, social organisations and families.
Gender and safety	Girls and young women face accumulated barriers of trust, schedules, resources and recognition.	Review real conditions of practice and not only formal existence of offer.
Racism and discrimination	Incidents can involve participants, families, stands, clubs and institutional structures.	Protocols as living circuits of prevention, response and reparation.
Governance	Isolated initiatives need stable structures and multi-level coordination.	Define responsibilities, indicators, resources and monitoring mechanisms.

7. Dimension-integrated diagnosis

The integration of quantitative and qualitative results allows the diagnosis to be organized into several strategic dimensions. These dimensions are not closed compartments: in practice they overlap. For example, a transportation cost can be an economic, municipal, gender, and continuity barrier at the same time. Similarly, an anti-discrimination protocol may depend on accessible communication, training of responsible actors, institutional trust, and the existence of follow-up channels. The integrated reading is structured around the principles of interculturality: guaranteeing real equality, recognizing and valuing diversity, promoting positive interaction and ensuring active participation in decisions that affect local life.

Before presenting the integrated diagnosis, it is advisable to explain the reading framework used. The analysis is organized based on the **three basic principles of interculturality**: equality, respect for diversity and positive interaction. Equality refers to the real conditions of access, retention and participation in the practice of sport, paying attention to the economic, administrative, informational, spatial or gender barriers that may prevent the right to participate from being effective. Respect for diversity implies recognising different trajectories, identities, needs and ways of experiencing sport, preventing inclusion from being limited to incorporating diverse people into already defined structures without reviewing representation, communication, references or decision-making capacity. Positive interaction refers to the creation of bonds, trust and cooperation between different people and groups, but understood as a dimension that requires design, mediation, accompaniment and safety conditions, not as an automatic result of mere coexistence in a sporting activity.

Along with these three principles, the diagnosis incorporates two additional dimensions: the role of municipalities and protocols against discrimination. The first is included because SPIRIT is based on a local and municipal perspective. The barriers and opportunities identified do not occur in the abstract, but in specific ecosystems where municipalities, clubs, federations, educational centers, social organisations, families, communities and public services intervene. Therefore, analysing municipalities and local actors allows us to understand how resources are organised, who makes decisions, what coordination spaces exist and what conditions make it possible to move from specific initiatives to more sustainable local systems.

The dimension of protocols against discrimination is included due to its strategic value within the diagnosis. It does not intend to displace other relevant issues – such as costs, gender, intercultural mediation, reception, representation or access to spaces – which are integrated into the different dimensions of the analysis. The protocols stand out because they function as a particularly clear indicator of institutional capacity to translate intercultural principles into everyday practice. When there is a situation of racism, discrimination, insecurity or conflict, this tests whether the local system has prevention, understandable channels, registration, accompaniment, response, reparation and follow-up. For this reason, the protocols are not only understood as formal documents, but as living circuits of action and co-responsibility among local sports actors.

7.1. Equality and access: from formal availability to real participation

Equality of access cannot be measured solely by the existence of facilities or by the number of activities offered. The evidence of the diagnosis shows that many barriers are located between the offer and effective participation: information, registration, documentation, cost, transport, schedules, family accompaniment, trust and continuity. This access chain is especially relevant for newly arrived families, young people from vulnerable neighborhoods, people with disabilities, adolescent girls and small community organisations.

The questionnaire confirms the strength of costs as a barrier. The qualitative material explains how these costs operate: they are not a one-off payment, but an accumulation of direct and indirect costs. In Spain and Portugal the leap from open practice to competition appears; in Italy, transport, equipment and specific support are highlighted; in Sweden, cost is linked to equal conditions; in Germany it is related to accompaniment and retention. These economic and administrative barriers increase especially when the practice is formalized: certain ages, federations, competitions, licenses, insurance, travel and documentary requirements can turn an initially accessible activity into a practice that is difficult to sustain. The reading of the diagnosis does not only aim to reduce the cost of activities, but also to identify support for continuity, with attention to gender, age, administrative situation and family availability.

Key idea

Equal access must be analysed as a chain: information, registration, documentation, cost, transport, timetables, safety, accompaniment and continuity.

Access also implies recognizing non-formal practices. If only federated activities or consolidated clubs are supported, community groups, self-organized practices and forms of sports sociability that can be crucial for inclusion are left out. This dimension points to the need for municipalities and local partners to review criteria for the use of spaces, schedules and systems for granting access to facilities.

7.2. Respect for diversity: representation, recognition and communication

From an intercultural perspective, respect for diversity implies recognising it as a value for the local sports ecosystem as a whole, always under conditions of equality. This means that differences in origin, language, religion, gender, socioeconomic situation, disability, migratory trajectory or community experience should not be treated as peripheral or problematic elements, but as part of the social reality that municipal sport must be able to recognize, incorporate and represent.

Valuing diversity requires reviewing how activities are designed, what community role models are visible, what languages are used, which sports cultures are considered legitimate, who participates in the definition of priorities and what conditions allow all people to feel recognized without having to give up their identity. Inclusion is not only about opening the doors of existing sports structures, but also about ensuring that these structures can adapt, listen and transform so that diversity has a real presence in the spaces of practice, communication, leadership and decision-making.

Therefore, respect for diversity is not limited to avoiding direct discrimination or celebrating diversity in a symbolic way. The materials show that it also involves cultural recognition, understandable communication, the presence of role models and the ability of communities to define their own practices. Diversity can be present as participation, but it is still absent from the spaces where activities are designed, resources are allocated or priorities are evaluated.

Spain provides a strong reading of community self-representation: migrant or racialised organisations do not want to be the only recipients of programmes designed by others. Italy shows the need to recognize disability and migration from models not exclusively focused on performance. Sweden and Germany point out that belonging depends on role models and understanding of associative codes. Portugal underlines the tension between visible diversity and limited decision-making.

Communication appears as a transversal condition. It is not enough to translate documents. It is necessary to review channels, language, intermediaries, continuity of information and trust of the communities. The information must reach schools, families, neighborhood associations, social organisations, clubs and informal groups in a concrete and useful way.

Key idea

Diversity should not be understood only as the presence of people from different backgrounds in sports activities, but as recognition, representation and the ability to influence. Inclusion is stronger when diverse communities are not only recipients of programs, but actors with a voice to define needs, priorities, participation formats, and safety conditions.

7.3. Positive interaction: the potential of sport and the limits of spontaneous coexistence

The questionnaire shows a positive assessment of sport as a space for interaction. However, the qualitative analysis warns against a naïve interpretation: coexistence does not arise by the mere fact of bringing people together in an activity. Sport can create bonds, but it can also reproduce hierarchies, stigmas, racism, sexism or local segregation if it is not properly designed and accompanied.

Positive interaction requires intentionality: cooperative methodologies, mixed teams, understandable rules, intercultural mediation, coach training, conflict management, and spaces where people can recognize themselves as legitimate participants. In Portugal, positive interaction appears to be linked to community projects and municipal events; in Germany, to accessible and easy-to-enter activities; in Sweden, to the construction of safety and trust; in

Spain, to continuity and recognition; in Italy, to well-being and the risk of segregation if inclusive activities are separated from the ordinary system.

From the diagnosis, this dimension appears as a relevant axis for the design of future actions of the project. It is not only a matter of measuring satisfaction, but of asking what interactions take place, between whom, under what rules, with what mediators and with what effects on belonging, trust and continuity.

Key idea

Sport can generate bonds and trust between different people, but positive interaction does not appear automatically. It requires intentional design, mediation, accompaniment, understandable rules, safe environments and methodologies that favor real cooperation, not just coexistence in the same activity.

7.4. Municipalities and local actors: from the one-off project to the inclusion ecosystem

The municipalities analysed show that sports inclusion depends on local ecosystems. No single actor can solve the barriers identified. Municipalities manage facilities, policies, and resources; clubs sustain practice and continuity; schools connect with children and families; social organisations generate trust and accompaniment; the federations regulate competition; communities provide situated knowledge; and specialised services – for example, social services, childhood, youth, equality, anti-discrimination, mediation or protection – can intervene in situations of vulnerability, violence or discrimination.

The problem is not only to bring together actors, but to clarify responsibilities and activate participation. Many initiatives work through personal commitment, informal relationships, or temporary funding. In some focus groups, especially in Spain, it is observed that the actors are not always aware of the work carried out by other agents of the municipality; Even within the third sector there may be difficulties in accessing information, aid or services. The diagnosis therefore points to the need to strengthen coordination, communication and active participation between actors linked to sport and inclusion.

This dimension allows us to formulate a central conclusion of the diagnosis: the strategic question is not only what barriers exist, but also what local architecture can sustain the responses. Sports inclusion requires spaces for coordination, representation, decision-making and monitoring where administration, clubs, schools, social organisations, communities and specialised services participate.

Key idea

Sports inclusion is built in municipal ecosystems. No single actor can address the barriers identified: municipalities, clubs, federations, educational centers, social organisations, families, communities and public services must coordinate resources, responsibilities and decisions so that initiatives do not depend only on specific efforts.

7.5. Protocols, safety and shared responsibility

The management of discrimination, racism and safety appears as one of the areas where it is most clearly necessary to move from the document to the circuit. The formal existence of a protocol does not guarantee that it will be known, used or effective. The questionnaire shows high levels of ignorance or perceived non-existence of protocols; The qualitative material explains that many people and organisations do not know what happens when an incident occurs, who should intervene or how the affected person is protected.

The responsibility of the actors that surround the practice of sport is a central qualitative finding. In the case of minors, some problems of racism or discrimination do not come so much from children or young people, but from the adult environment: families, stands, coaches, referees or club officials who do not always respond, who minimise what happened or who do not have sufficient tools. In other contexts of youth or adult practice, discrimination can also appear in relationships between teams, internal rules, organizational decisions or institutional treatment. Prevention and response must therefore involve participants, families, clubs, federations, municipalities and specialised services.

Safety must be understood broadly: physical, emotional, cultural, linguistic and relational safety. For some families, especially in vulnerable contexts, sport must demonstrate that it is a space of care and trust. This forces us to work with adults and responsible actors, not only with participants.

Key idea

Protocols against discrimination are relevant because they show whether intercultural principles are translated into everyday practice. They should not be understood as formal documents, but as living circuits of prevention, detection, response, accompaniment, reparation and monitoring, shared by local sports actors.

7.6. Practices, resources and initiatives that are already in place

The diagnosis does not only identify barriers. It also shows that in municipalities there are practices, resources and initiatives that are already promoting inclusion through sport or that can serve as a basis to reinforce it. Among them are clubs willing to open up, community projects that use sport as a meeting space, school and extracurricular activities that facilitate early access, neighborhood networks that connect families and young people, intercultural mediation experiences, alliances between social organisations and municipal services, sports initiatives aimed at well-being and not only performance, informal meeting spaces and professionals who act as trusted references.

These practices are relevant because they show that the next phase of the project is not starting from scratch. The available evidence allows us to identify practices, resources or capacities existing in various municipalities, although with different degrees of specificity depending on the information collected in each case. For this reason, references by municipalities should be read as situated evidence or lines of opportunity, not as an exhaustive or homogeneous inventory of good practices.

In **Bilbao**, community and self-organised practices linked to sport appear as a space for identity, belonging and self-representation, especially from migrant or racialised communities. In **Cartagena**, the diagnosis does not identify a specific practice as such, but it does identify a relevant ecosystem of school sports, clubs, families and public facilities where there are already participation dynamics that could be reinforced through better opening of spaces, cost reduction and local coordination. In **Tenerife**, previous experience is identified in projects against racism, networks and transferable learning that can serve as a basis for strengthening protocols, training and institutional coordination.

In **Cascais**, the information points to the existence of local projects and actors already recognized by the municipality, although in need of greater regularity, financing and technical support. In **Loures**, community organisations that use sport as a tool for inclusion and proximity work stand out, especially in neighbourhoods where mobility, transport and trust condition participation. In **Oeiras**, references to free programmes, inter-neighbourhood events or tournaments, reference projects and a close municipal relationship with clubs and associations appear more clearly, although there is still a need for a greater strategic connection between resources.

In **Zagorolo**, the proposal for a **Casa delle Culture** allows us to think of sport as part of a broader framework for social inclusion, coexistence and civic participation. There are also references to possible anti-discrimination commitments or pacts with sports organisations. In **Capannori**, associative and sports resources linked to disability, economic accessibility, unaccompanied foreign minors, well-being and collaboration between schools, associations and social services are identified. In **Forlì**, although there is a presence of sports actors in the quantitative base, there is not enough qualitative material available to attribute specific practices without overestimating the evidence.

In **Erlangen**, the diagnosis identifies an active municipal administration, existing projects and, above all, the possibility of strengthening a sports support figure or bridge person between schools, families, clubs, municipality and participants. This practice or function of mediation appears as a key resource to make the associative sports system understandable and to support the participation of newcomers or people with less knowledge of its codes.

In **Linköping**, the sports association system and locally-based associations are an important resource, especially when they manage to generate representation, references and trust in diverse neighbourhoods. The diagnosis also points to the need for clubs and federations to actively approach schools, neighbourhoods, young people and families, instead of waiting for people to reach existing sports structures on their own.

The value of these experiences lies not only in the fact that they "work" in isolation, but also in the fact that they allow the identification of conditions for success. Some practices are effective because they are based on relationships of trust; others because they have mediators or bridge people; others because they take advantage of existing spaces, such as schools, municipal facilities or community networks; others because they reduce access costs or make participation formats more flexible; and others because they place safety, recognition and equal treatment at the heart of sporting activity. Making these positive elements visible allows the diagnosis to be balanced: it is not only a matter of pointing out shortcomings, but also of **recognizing local capacities on which to build**.

From a European perspective, these municipal experiences can become a **shared learning agenda among the 12 participating municipalities**. Transnational exchange can help identify which practices reduce economic and administrative barriers, which models of intercultural mediation facilitate participation, how the involvement of adolescent girls is sustained, what formulas allow the opening or sharing of facilities, how clubs respond to situations of racism or discrimination, and what coordination mechanisms allow for a shift from isolated initiatives to more stable municipal systems.

The challenge is to make these practices visible, connect them with each other, learn from their conditions of success and prevent them from depending solely on specific people, informal relationships or temporary funding. To do this, municipalities can use the next phase of the project not only to design new actions, but also to map what already exists, recognize the actors who are sustaining it, and explore how those experiences can be consolidated, adapted, or transferred to other local contexts.

8. European reading and country synthesis

The country-by-country reading must be placed within a shared European perspective: the diagnosis collects lessons learned from 12 municipalities in five countries and allows us to observe how a common challenge – making sport a tool for inclusion, interculturality and social cohesion – is expressed in different ways depending on the sports systems, the associative structure, the municipal presence, community initiatives and the availability of resources. This section aims to identify municipal patterns that can feed into the project's transnational learning, without turning the comparison between countries into a ranking or a representative reading of national sports systems.

From a European reading, the diagnosis shows that the participating countries share a common tension: sport is recognised as a space with high potential to generate inclusion, welcome, belonging and positive interaction, but this potential depends on specific local conditions. In all cases, sports inclusion does not depend only on the existence of activities, facilities or clubs, but also on the capacity of municipalities and local actors to guarantee real access, continuity, safety, intercultural mediation, representation and response to situations of discrimination.

Comparison between countries allows us to identify several cross-cutting patterns:

- Economic and administrative barriers appear as a common obstacle, although they take different forms depending on the sporting structure of each context: fees, transport, licences, insurance, documentation, equipment or costs associated with the competition.
- Intercultural communication and mediation emerge as necessary conditions for the sports offer to be understandable and accessible to newly arrived families, young people with a migratory trajectory or background, young people with a migratory background, adolescent girls, people with disabilities and small community organisations.
- The existence or knowledge of protocols against racism and discrimination remains uneven, which shows the need to move from formal documents to living circuits of prevention, response, accompaniment and follow-up.

The European reading shows that there is no single answer valid for all municipalities. Strong association-based systems, community initiatives, municipal programmes, committed clubs, school practices, informal spaces and intercultural mediation experiences offer different starting points. Therefore, the transnational value of the diagnosis does not lie in comparing which country is better or worse positioned, but in identifying shared learning and transferable conditions that each municipality can adapt to its own reality.

Spain

The Spanish case, linked to Bilbao, Cartagena, Tenerife and Castellón de la Plana, shows that sports inclusion is at stake in the continuity of practice, community recognition and decision-making capacity. The distinction between community, school, club and federated/competitive sport is particularly clear. Bilbao provides the dimension of identity, self-representation and community spaces; Cartagena accentuates costs, travel, facilities and grassroots sport; Tenerife connects the diagnosis with previous experience against racism, unaccompanied minors and learning that can be transferred to the next phase; Castellón de la Plana is part of the project's municipal network and will be able to contextualise this learning in its own local process.

Spain also stands out for the accumulation between costs, competition and inequality. The move from training to competing intensifies barriers related to transportation, licenses, insurance, material and family availability. Along with this, there is dispersed information, bureaucracy, administrative language, gender inequality in adolescence, racism in grassroots sport and the need for operational protocols. The diagnosis also shows sport as a space of welcome to the community, especially for newcomers, young people with a migratory background and unaccompanied minors.

Portugal

Portugal has a rich municipal base, with Cascais, Loures and Oeiras as contexts of reference, in addition to associations, community projects and active clubs. The main challenge does not seem to be the absence of initiatives, but the gap between valuable experiences and a stable system of regularity, coordination and sustainability. The

questionnaire shows a very high valuation of sport as a space for positive interaction, but also a significant lack of knowledge about protocols against discrimination.

The Portuguese material clearly distinguishes between informal, community and federated practice. The transition to organised sport introduces insurance, documentation, federation and transport, which can exclude vulnerable groups. There is also a need to strengthen intercultural mediation, community participation in decisions and communication mechanisms that better connect municipalities, clubs and grassroots projects.

Italy

Italy must be read methodologically with a specific caution and from a flexible logic of diagnosis: the project links Zagarolo, Capannori and Forlì, although the available qualitative basis comes from interviews and written forms by Zagarolo and Capannori, not from focus groups. This difference does not detract from the value of the material, but it does require avoiding mechanical comparisons with the countries that held discussion groups. Even so, the information offers a consistent reading. Economic barriers are associated with transportation, equipment, and participation in organized activities. Disability emerges as a central axis, not only in terms of physical access, but also in terms of sports culture, training of operators and the need for non-segregating activities.

The Italian case also introduces the situation of unaccompanied foreign minors and young people with a migratory background, for whom sport can be a tool for reception if there is accompaniment. Zagarolo provides a community and intergenerational reading; Capannori highlights disability, accessibility and coordination with social actors; Forlì is identified as the project municipality, although it does not have the same level of qualitative evidence available at this stage. The Italian diagnosis questions a sports culture focused exclusively on performance and competition, and points to the importance of strengthening well-being, accessibility and education.

Sweden

Sweden, starting with the municipality of Linköping, shows a tension typical of strong associative sports systems: the structure can be very powerful to sustain participation, but its rules are obvious only to those who already know the system. Newly arrived families, young people from segregated neighborhoods or adolescent girls may need intercultural mediation, clear information and accompaniment to understand how clubs, dues, volunteering, training and participation expectations work.

The Swedish case is marked by gender, adolescence and safety, issues that also appear in the rest of the participating municipalities. The progressive exit of young girls from sport is linked to family expectations, lack of recognizable environments and need for trust. Everyday racism also appears as an experience that can be normalized if there are no explicit conversations and channels of response. Sport is understood as a space of welcome and belonging, but it requires clubs and federations to actively approach neighbourhoods, schools and communities.

Germany

Germany, based on the focus group in Erlangen, shows sport as a way of social connection that is easy to enter, capable of generating contact even when there are language or cultural barriers. However, this capacity depends on concrete mediations: school, municipality, clubs and families must be connected. The German diagnosis warns that the offer may exist without reaching those who need it most if there is no accompaniment.

The most operative finding of the German case is the figure of the sports companion or intercultural mediator, capable of connecting school, families, clubs, municipality and participants. It is also stressed that clubs are essential, but they cannot assume inclusion alone if they do not have institutional support, resources and spaces for coordination with the local working groups or working groups that are activated in the next phase.

Taken together, the country reading reinforces a common European conclusion: SPIRIT can add value by connecting local experiences, making visible practices that already work, identifying shared barriers, and making it easier for municipalities to learn from each other without imposing homogeneous solutions. The European dimension of the project should therefore be understood as a space for mutual learning between municipalities, where each context provides evidence, challenges and capacities.

Table 5. Summary reading by country and indicative line of work for the next phase.

Country	Key pattern of diagnosis	Operational line of work for the next phase
Spain	Continuity, spaces, costs, identity, welcoming processes, gender and response to racism in grassroots sport.	Contextualize barriers by municipality and differentiate sports circuits without closing local decisions.
Portugal	Active local initiatives, high potential for interaction and need for regularity and stable system.	Connect existing practices, municipal coordination, and community participation in decisions.
Italy	Costs, disability, transport, performance culture and accompaniment of young people with a migratory background.	Strengthen inclusive non-competitive sport, accessibility, training and municipal coordination.
Sweden	A strong associative system but with non-obvious rules; gender, safety, neighbourhoods and welcome.	Active outreach by clubs to schools, neighborhoods and communities with accessible communication.
Germany	Sport as an easy-entry connection, dependent on intercultural mediation and accompaniment.	Create operational bridges between school, families, clubs and municipality.

9. Strategic conclusions on sport as a tool for inclusion, interculturality and social cohesion

1. Sports inclusion requires moving from formal openness to real conditions of participation.

The diagnosis shows that the mere existence of inclusive activities, facilities or discourses does not guarantee effective inclusion. People must be able to know about the available offer, register, pay, travel, stay, feel safe and recognized. This chain is one of the key findings of the diagnosis.

2. Sport must be analysed as an ecosystem of different circuits.

Community, informal, school, club, federated and competitive are not equivalent. Each circuit has its own rules, costs, actors and barriers. Future project decisions should avoid one-size-fits-all solutions and recognise that an inclusive sport policy needs to operate at several levels.

3. Costs and administrative barriers are structural, not ancillary problems.

Fees, material, transport, insurance, licenses, travel, documentation, registration and family accompaniment condition continuity. Inclusion requires measures to support continued participation and simplify procedures, not just free or subsidized initial access.

4. Inclusive communication must be part of the design of the system.

Dispersed, technical or bureaucratic information prevents the offer from reaching those who need it most. Communication must be developed using clear language, community channels, mediators and connection with schools, social services and local organisations.

5. Representation in decision-making is a cross-cutting gap.

Diversity can be present as participation, but not necessarily as leadership or the ability to influence. The diagnosis invites reflection on who decides on spaces, resources, schedules, modalities and protocols, and how migrant, racialized, youth, women and people with disabilities are incorporated.

6. Positive interaction requires design, intercultural mediation and shared responsibility.

Sport has the capacity to generate bonds, but it can also reproduce racism, sexism or segregation. Coexistence must be worked on with methodologies, training, intercultural mediation, prevention, safety and monitoring. In grassroots sport, it is especially important to involve families, stands, coaches, clubs and other responsible actors.

7. Protocols must become living circuits.

Formal existence is not enough. A useful protocol must be known, accessible, reliable and operational. It should include prevention, detection, communication channels, registration, response, reparation, and evaluation.

8. Coordination, monitoring and shared responsibility are conditions for sustainability.

The next phase should not be limited to sharing results. The diagnosis points to the need for municipalities, clubs, federations, schools, social organisations and communities to have workspaces that allow information to be contextualized, barriers to be identified, what already works to be made visible, new key actors to be incorporated and progressive responsibilities to be agreed upon.

9. The diagnosis also identifies local capacities on which to build.

We are not starting from scratch: there are clubs, associations, schools, community projects, professionals, municipal networks, mediation experiences and sports practices that already promote inclusion. The challenge is to make them visible, connect them, learn from them and provide them with continuity.

10. Guidance for the next phase of the project

The guidelines are formulated to help the consortium and municipalities move from diagnosis to action. They do not replace local adaptation nor do they close what the local driving groups will have to decide. They provide a common framework for the next steps of the project – working groups, Local Action Plans, training programmes and future pilot actions – to move forward coherently, respecting the diversity of each municipality.

Table 6. Guidelines for connecting the diagnosis with the next phase of the project.

Orientation	What it entails	Possible use in the next phase
1. Define a common agenda for inclusive access	Map the access chain: information, registration, documentation, cost, transport, schedules, safety and accompaniment.	Common tool for municipal barrier diagnosis.
2. Differentiate sports circuits	Separate analyses and responses for community, school, club, federated and competitive sports.	SPIRIT typology of sports circuits and associated barriers.
3. Identify possible local support for continued participation	Identify visible and invisible costs: material, transport, licenses, insurance, competition and family support.	Municipal measures of economic and logistical support.
4. Strengthen intercultural communication and mediation	Design clear materials, community channels, and bridge figures between families, clubs, schools, and municipalities.	Criteria for inclusive communication and sports mediation.
5. Review representation and leadership	Incorporate migrant communities, youth, women, people with disabilities, and community organisations in decision-making processes.	Participation criteria for motor groups/local working groups.
6. Turn protocols into living circuits	Clarify prevention, detection, channels, registration, response, reparation, and follow-up.	Municipal circuit of response to racism, discrimination and violence.
7. Make visible what already works	Map practices, resources, initiatives and actors that already promote inclusion in local sport or that can serve as a basis for strengthening it.	Basis for European exchange and learning between municipalities.
8. Connect diagnosis with project actions	Use the results to guide Local Action Plans, training programmes and pilot actions without substituting the municipal decision.	Flexible roadmap for the next phase of the project.

Operational criteria for the next phase

Each municipality will be able to use the diagnosis as a starting point to contextualise results, prioritise barriers, identify existing resources, incorporate new actors and define realistic actions within their local working groups, Local Action Plans, training and pilot actions.

10.1. Learning and guidance by stakeholders

The diagnosis shows that sports inclusion does not depend on a single actor. The barriers identified – costs, information, access to spaces, continuity, safety, representation, racism, discrimination, gender, disability or lack of coordination – cross different levels of the municipal sports ecosystem. Therefore, the guidelines should not be understood as isolated responsibilities, but as guidelines for shared action between municipalities, clubs, federations, schools, social organisations, public services, families and communities.

This section does not intend to close what each municipality will have to decide in the local working groups or to anticipate the content of the Local Action Plans. Its purpose is to translate the learnings from the diagnosis into useful questions and lines of work for each type of actor, so that the next phase of SPIRIT can facilitate a more concrete conversation about responsibilities, resources, partnerships and sustainability conditions.

Actor involved	Learning from diagnosis	Guidance for the next phase
Municipalities	Municipalities occupy a key position because they manage policies, facilities, resources, public communication and local coordination spaces. Many barriers are not solved only by creating activities, but by reviewing conditions of access, continuity, information and monitoring.	Strengthen municipal governance of inclusive sport; review criteria for the use of facilities; to facilitate spaces for coordination between municipal areas, clubs, schools and social organisations; improve the accessible communication of the sports offer; and ensuring that initiatives do not rely solely on temporary projects or informal relationships.
Sports clubs and organisations	Clubs are central actors in sustaining the practice, but formal openness does not guarantee real inclusion. Costs, internal rules, schedules, competitive culture, lack of role models or lack of knowledge of protocols can limit the participation of diverse people and communities.	Review reception, registration and retention practices; identify economic and administrative barriers; incorporate diverse references; strengthen the relationship with families; promote formats that are not exclusively competitive; and actively participate in circuits of prevention and response to discrimination.
Sports federations and structures	Competition can open up opportunities for progression, but it also introduces licenses, insurance, travel, rules and economic or administrative requirements that intensify inequalities.	Review how federative rules affect inclusion; support clubs with fewer resources; provide clear information on licensing, insurance and requirements; promote shared protocols; and explore measures that reduce barriers to access to competition without sacrificing safety or sporting quality.
Schools and educational centers	Schools are privileged spaces for early access to sport, the detection of barriers and connection with families. They can also help to reach children and young people who do not spontaneously access sports clubs or associations.	Connect school sports, clubs and municipalities; provide understandable information to families; promote local activities; accompany referrals to sports resources; and to strengthen the educational role of sport in equality, coexistence, safety and prevention of racism or discrimination.
Social and community organisations	Social and community organisations know needs, build trust, and can act as a bridge with migrants, racialized communities, newly arrived families, youth, or underrepresented groups.	Recognize them as co-producers of sports inclusion, not only as referral channels; incorporate them into the diagnostic and decision-making spaces; take advantage of their situated knowledge; and facilitate stable partnerships with clubs, schools, public services, and municipalities.
Families and Communities	Sports participation, especially of children, adolescents and young people, depends on the trust of families, available information, costs, perceived safety, schedules, transport and cultural recognition.	Create spaces for listening and family participation; improve communication in clear language; facilitate intercultural mediation when necessary; involve community leaders; and pay specific attention to the participation of adolescent girls, young people of migrant origin and families with less knowledge of the local sports system.

Public and specialized services	The response to racism, discrimination, violence, insecurity or exclusion cannot fall solely on clubs or coaches. It requires connection with municipal, social, educational, youth, equality, protection and anti-discrimination services.	Connect sports protocols with existing public resources; clarifying referral and accompaniment channels; train sports actors in detection and response; and ensuring that affected people do not rely exclusively on their personal network for support.
Coaches, instructors and volunteers	The daily experience of inclusion is often played out in the direct relationship with those who lead the sports activity. Their role is key to building trust, preventing conflicts, detecting barriers and building safe environments.	Strengthen training in interculturality, equality, gender, childhood, racism prevention and conflict management; provide them with clear tools for action; recognize their educational role; and prevent them from having to respond alone to complex situations without institutional support.
SPIRIT Consortium	The diagnosis identifies valuable local experiences, but also dispersion, inequality of resources and different levels of consolidation between municipalities. The European dimension can provide comparison, mutual learning and adapted transfer.	To make visible practices that are already working; facilitate exchange between municipalities; generate common tools without imposing homogeneous solutions; support the preparation of local working groups; and create conditions for each municipality to move towards more coordinated, participatory and sustainable sports inclusion systems.

Taken together, these guidelines point to a central idea: sports inclusion requires co-responsibility. Municipalities can provide conditions and coordination; clubs and federations must review their practices and rules; schools can open early access doors; social and community organisations provide trust and situated knowledge; families and communities must have real spaces for listening; and specialized public services must sustain responses to discrimination, insecurity or exclusion.

The next phase of SPIRIT can use this stakeholder reading to guide Hubs, local driving groups, training programmes, Local Action Plans and future pilot actions. It is not a question of applying the same framework to all municipalities, but of offering a common basis so that each local context can ask itself which actors are involved, what responsibilities they can assume, what resources exist, what barriers require coordination and what agreements are necessary to move from isolated initiatives to more stable municipal systems.

11. Limitations of the diagnosis

This Diagnosis Report should be used as a strategic basis for work, not as a closed evaluation or as a representative study of the totality of national sports systems. The survey has been aimed at actors linked to the project and the qualitative process has collected voices from specific municipalities. Its value lies precisely in offering a participatory vision of 12 municipalities in five European countries, which can be expanded in future processes, projects or alliances with other local contexts.

The comparison between countries should be read with caution. Sample sizes differ because the number of participating municipalities and the density of mobilized actors also differ. The respondent profiles are not identical and the qualitative basis varies in nature and density. In Italy, for example, qualitative information comes from interviews/forms and not from focus groups; This difference must be explained as part of a flexible methodology, not as a lesser relevance of the Italian case.

The value of the diagnosis lies precisely in its participatory and integrated nature. The figures allow us to identify signals; qualitative voices explain processes; cross-cutting reading helps guide decisions. The report should help each municipality or local context to contextualise its reality, start or strengthen joint reflection, reduce barriers, give visibility to what works, improve coordination and add other key actors.

The questionnaire, the guide or battery of qualitative questions, the infographics by country, the quantitative and qualitative reports and the results matrices can be considered as support materials for the Diagnosis Report. These annexes or supplementary materials can facilitate process traceability without overloading the main report.

Table 7. Criteria for use of the Diagnosis Report.

Aspect	Criteria for use
Quantitative data	Read as descriptive results on valid answers, not as statistical inferences.
Qualitative data	Read as situated and in-depth evidence on municipal dynamics, not as an exhaustive representation of each country.
Cross-country comparison	Use to identify European patterns and strategic differences, avoiding simple rankings.
Municipal use	Use as a starting point to contextualize, prioritize barriers, make existing resources visible, and involve additional actors.