Co-funded by
the European Union

Get-Up
Empowement through
outdoor sport and life skills

DELIVERABLE D2.1

Risk Environment Framework

Life Skill Empowerment for Homeless People Through Sport

Project No. 101245049
ERASMUS-SPORT-2025-SCP

Lead Partner | Equal Society
Editor | Panagiotounis Fotis
July 2026 • Public Deliverable

Co-funded by
the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

Co-funded by the European Union

Project: **Life skill empowerment for homeless people through sport**
Project Acronym: **Get-Up**
Project Number: **101245049**
Programme: **ERASMUS-SPORT-2025-SCP**
Deliverable: **D2.1**
Title: **Risk Environment Framework**
Editors: **Panagiotounis Fotis**
Contributors:
Ascari Andrea
Ghelfi Gloria
Mercuri Cristina
Ntontis Dimitris
Pighi Elisa
Rigas John
Rinaldi Stefania
Rose Alexander
Sanz Sánchez Víctor
Dissemination Level: **Public**
Funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

Co-funded by
the European Union

Contents

Chapter 1. Sport-Based Pathways to Empowerment and Social Reintegration 5
1. Introduction 5
2. Theoretical Foundation of the GET-UP Risk Environment Framework 7
3. Risk Environment Theory: Understanding Structural Vulnerability 8
4. Behavioural Readiness 9
5. Sport for Development as a Behavioural Intervention 11
6. Experiential Learning and Psychological Empowerment 14
7. The Integrated GET-UP Risk Environment Framework 15
8. Empirical Foundations 21
8.1. Methodology 21
8.2. Quantitative Data Collection 21
8.3. Qualitative Data Collection 22
8.4. Integration of Quantitative and Qualitative Evidence 23
8.5. Quantitative Research 23
8.5.1 Participants and Recruitment Procedure 23
8.5.2 Ethical Considerations 24
8.5.3 Data Collection Procedure 24
8.5.4 Measures 25
8.5.5 Statistical Analysis 26
8.5.6 Methodological Rigor and Quality Assurance 27
8.5.7 Results 27
8.5.7.1 Participant Characteristics 27
8.5.7.2 Housing Status and Homelessness Characteristics 29
8.5.7.3 Physical and Mental Health Status 31
8.5.7.4 Substance Use History and Social Support 32
8.5.7.5 Social Support Networks and Engagement With Formal Services 32
8.5.7.6 Physical Activity Participation 33
8.5.7.7 Attitudes Toward Physical Activity 34
8.5.7.8 Subjective Norms 36
8.5.7.9 Perceived Behavioral Control 37
8.5.7.10 Behavioral Intentions Toward Participation in Physical Activity 38
8.5.7.11 Perceived Barriers to Physical Activity Participation 39
8.5.7.12 Socioeconomic and Accessibility Barriers 39
8.5.7.13 Institutional and Scheduling Constraints 40
8.5.7.14 Survival Priorities and Competing Demands 41
8.5.7.15 Physical Capability and Survival-Related Fatigue 41

8.5.7.16 Social Identity, Belonging, and Psychological Barriers 41
8.5.7.17 Environmental Safety and Appearance-Related Concerns 42
8.5.7.18 Diagnostic Assessment of Physical Activity Readiness 43
8.5.8 Qualitative Research 45
8.5.8.1 Participants and Recruitment Procedure 45
8.5.8.2 Ethical Considerations 46
8.5.8.3 Data Collection Procedure 47
8.5.8.4 Thematic Analysis 47
8.5.9 Discussion 70
8.5.10 Limitations of the Study 81
8.5.11 Conclusion 82
Chapter 2. Professional and Organizational Readiness for Sport-Based Interventions in Homelessness Services 85
1. Introduction 85
2. Methodology 88
2.1 Study Aim and Objectives 88
2.2 Study Design 89
2.3 Study Setting 90
2.4 Participants and Sampling 91
2.5 Survey Instrument 92
2.6 Qualitative Interview Procedures 92
2.7 Ethical Considerations 93
2.8 Data Analysis 93
2.9 Quantitative Analysis 94
2.10 Qualitative Analysis 94
2.11 Demographic and Professional Characteristics 95
3. Professional Capacity Survey Report 98
3.1 Self- Percieved Knowledge and Conceptual Understanding 98
3.2 Practical Skills and Implementation Competences 101
3.3 Organizational Opportunity and Structural Readiness 104
3.4 Motivation, Professional Values, and Attitudes 107
3.5 Commitment and Future Readiness 109
4. Thematic Analysis 111
5. Limitations of the Study 145
6. Integrated Interpretation 146
7. Strategic Implications 150
References 152
APPENDICES 160

Chapter 1. Sport-Based Pathways to Empowerment and Social Reintegration

1. Introduction

Homelessness represents one of the most severe manifestations of social exclusion and a major public health challenge worldwide. Beyond the absence of stable housing, it reflects a multidimensional condition shaped by structural inequalities, economic deprivation, social marginalization, and cumulative exposure to adverse life experiences. Individuals experiencing homelessness face disproportionately high rates of chronic physical illness, mental disorders, substance use problems, trauma, social isolation, and premature mortality compared with the general population (Fazel et al., 2014; Aldridge et al., 2018; European Commission, 2023; FEANTSA, 2024). These disadvantages are mutually reinforcing, creating a cycle of vulnerability that limits opportunities for recovery, social participation, and long-term reintegration.

Across Europe, homelessness has continued to increase despite substantial policy efforts. Recent estimates indicate that more than 895,000 people experience homelessness on any given night, although the true prevalence is likely considerably higher because of differences in national definitions, inconsistent monitoring systems, and the hidden nature of many forms of housing insecurity (FEANTSA, 2024; European Commission, 2023). Contemporary conceptualizations therefore recognize homelessness as a continuum of housing exclusion rather than a binary condition, encompassing rough sleeping, emergency shelters, temporary accommodation, insecure housing, and transitional living arrangements. This broader perspective highlights that housing instability is accompanied by persistent barriers to healthcare, education, employment, community participation, and social inclusion.

The health consequences of homelessness extend far beyond inadequate shelter. Individuals experiencing homelessness frequently live with multimorbidity, untreated chronic diseases, infectious conditions, musculoskeletal disorders, poor nutrition, sleep disturbances, and accelerated biological ageing. Mental health disorders—including depression, anxiety, psychosis, post-traumatic stress disorder, and substance use disorders—occur at substantially higher rates than in the housed population, while access to continuous and coordinated healthcare remains limited (Fazel et al., 2014; Stafford & Wood, 2017; Richards & Kuhn, 2022). Importantly, poor health should be viewed both as a cause and a consequence of homelessness, reflecting the reciprocal relationship between structural disadvantage and health inequality described within the social determinants of health framework (Marmot et al., 2020; WHO, 2022).

Homelessness also profoundly influences psychosocial functioning. Persistent exposure to insecurity, stigma, discrimination, and social exclusion undermines self-efficacy, perceived control, resilience, future orientation, and social connectedness.

Daily survival priorities—such as securing food, shelter, safety, transportation, and healthcare—often take precedence over long-term health behaviours, making sustained participation in preventive or health-promoting activities particularly difficult. Consequently, behavioural choices among individuals experiencing homelessness should be understood within the context of constrained opportunities rather than solely as reflections of individual motivation or personal responsibility (Rhodes, 2002; Haeffner, et al., 2023).

Within this context, physical activity and sport have emerged as promising approaches for promoting health and social inclusion among vulnerable populations. A substantial body of evidence demonstrates that regular physical activity contributes to improvements in cardiovascular health, functional capacity, emotional regulation, self-esteem, resilience, and quality of life while reducing symptoms of depression, anxiety, and psychological distress (Warburton & Bredin, 2017; Eime et al., 2013; WHO, 2022). Beyond physiological benefits, participation in structured sport provides opportunities to establish daily routines, develop supportive social relationships, strengthen community engagement, and acquire transferable life skills such as communication, teamwork, leadership, problem-solving, emotional regulation, and self-discipline.

Nevertheless, the benefits of sport cannot be assumed to occur automatically. Research within the Sport for Development field consistently demonstrates that positive psychosocial outcomes depend on intentional programme design, skilled facilitation, trauma-informed practice, reflective learning, safeguarding, and opportunities for transferring acquired skills into everyday life (Haudenhuyse et al., 2012; Schulenkorf et al., 2016; Whitley et al., 2019). For adults experiencing homelessness, participation is frequently constrained by financial hardship, unstable housing, poor health, transportation barriers, limited access to appropriate facilities, disrupted daily routines, social stigma, and diminished perceptions of competence and belonging. These barriers often prevent individuals from translating positive attitudes toward physical activity into sustained behavioural engagement.

Understanding these complex behavioural processes requires theoretical frameworks that extend beyond traditional health promotion models. The Theory of Planned Behavior (Ajzen, 1991) proposes that behaviour is primarily determined by behavioural intention, which is influenced by attitudes, subjective norms, and perceived behavioural control. However, within contexts of severe social disadvantage, positive attitudes alone may be insufficient because intentions are strongly conditioned by structural constraints that limit perceived feasibility. Complementing TPB, the COM-B Behaviour Change Model (Michie et al., 2011) conceptualizes behaviour as the result of interactions among Capability, Opportunity, and Motivation, offering a comprehensive framework for identifying the psychological, social, and environmental determinants of behavioural engagement. Together, these models provide a robust theoretical basis for examining why favourable beliefs about physical activity do not necessarily lead to participation among individuals experiencing homelessness.

Consequently, the GET-UP framework integrates complementary theories that address different explanatory levels."The GET-UP project, funded by the Erasmus+ Programme of the European Union, was developed to address this evidence gap. Rather than viewing sport as an end in itself, the project conceptualizes sport-based and outdoor experiential activities as educational and psychosocial interventions designed to foster life skills, empowerment, health promotion, social inclusion, and pathways toward community reintegration. Drawing on principles from Sport for Development, experiential learning, empowerment theory, and behavioural science, the project investigates how structural conditions, psychosocial resources, and behavioural determinants interact to influence readiness for participation in sport-based life skills interventions among adults experiencing homelessness.

The quantitative component of the present study therefore aims to identify the psychosocial, behavioural, and structural mechanisms that facilitate or inhibit participation in physical activity within this highly vulnerable population. Specifically, the study examines participants' demographic and health characteristics, social support networks, previous engagement in physical activity, attitudes toward exercise, subjective norms, perceived behavioural control, behavioural intentions, and the capability, opportunity, and motivation factors proposed by the COM-B model. By integrating TPB and COM-B within a broader ecological understanding of homelessness, the study seeks to generate evidence capable of informing the design of accessible, trauma-informed, and socially inclusive sport-based interventions that promote sustainable participation, empowerment, and social reintegration.

In addition, the qualitative component is designed to explore the lived experiences, perceived barriers, and personal attitudes of participants toward sport-based life skills interventions. By capturing these nuanced, firsthand perspectives through semi-structured interviews, the qualitative inquiry complements the statistical findings—providing a contextualized understanding of how structural constraints, personal agency, and relational dynamics shape readiness for participation.

2. Theoretical Foundation of the GET-UP Risk Environment Framework

Understanding physical activity, participation among adults experiencing homelessness requires a multidimensional theoretical perspective that moves beyond traditional individual-level behaviour change models. Homelessness is not simply a condition of inadequate housing, but a complex social and health-related experience shaped by structural disadvantage, social exclusion, psychological vulnerability, and constrained access to resources and opportunities. These interacting conditions influence individuals' capacity to initiate, maintain, and benefit from health-promoting behaviours. Therefore, behavioural engagement cannot be adequately understood as a consequence of personal motivation alone; rather, it must be interpreted as an emergent process shaped by the broader social, environmental, and organisational contexts in which behaviour occurs.

No single theoretical model sufficiently explains participation in physical activity among people experiencing homelessness because engagement is simultaneously influenced by multiple and interconnected mechanisms, including structural conditions, psychosocial resources, behavioural readiness, learning processes, and the capacity of organisations to provide accessible and sustainable opportunities. To address this complexity, the GET-UP Risk Environment Framework integrates complementary perspectives from Risk Environment Theory, behavioural science, empowerment theory, experiential learning, Sport for Development, and implementation science. Rather than treating these perspectives as separate explanatory models, the framework combines them into an integrated conceptual approach that explains how environmental conditions shape behavioural readiness, how sport-based interventions facilitate empowerment and life skills development, and how supportive contexts contribute to social inclusion and reintegration.

Within this integrated framework, participation in sport and physical activity is conceptualised as a relational process emerging from the interaction between individuals and their environments. Structural conditions influence the availability of opportunities, while psychosocial resources, motivation, perceived control, and supportive intervention experiences determine the extent to which individuals can engage meaningfully. Consequently, the GET-UP framework shifts the focus from individual deficits or lack of motivation towards the identification and modification of environmental, social, and organisational factors that enable participation and promote sustainable behavioural change.

Sport is therefore positioned not merely as a recreational activity or a means of increasing physical activity levels, but as a structured psychosocial and educational pathway through which individuals experiencing homelessness can develop life skills, strengthen agency, rebuild social connections, and increase readiness for broader community participation. Through intentional programme design, experiential learning, reflection, and supportive relationships, sport becomes a context for empowerment and social reintegration rather than an isolated behavioural intervention.

3. Risk Environment Theory: Understanding Structural Vulnerability

The overarching conceptual lens of the framework is Rhodes' (2002) Risk Environment Theory, which proposes that health-related behaviours are shaped by the environments in which individuals live rather than by individual characteristics alone. The theory argues that physical, social, economic, institutional, and policy environments create conditions that either increase vulnerability or promote resilience. Within homelessness, environmental risks include unstable housing, poverty, unemployment, food insecurity, fragmented healthcare, discrimination, social stigma, limited transportation, unsafe public spaces, and weak community support. These conditions restrict opportunities for engaging in structured physical activity while simultaneously reducing perceived autonomy, future orientation, and behavioural control.

Accordingly, the GET-UP framework conceptualizes participation in sport as an environmentally situated behaviour. The primary question is therefore not whether individuals recognize the value of physical activity, but whether their surrounding environment enables meaningful participation. This ecological perspective shifts attention from individual deficits toward modifiable structural conditions that can either facilitate or impede behavioural change.

4. Behavioural Readiness

Within the GET-UP conceptual framework, behavioural readiness represents the dynamic process through which individuals develop the capacity, willingness, and opportunity to engage in physical activity and sport-based interventions. Rather than conceptualising participation as a direct consequence of personal motivation, the framework proposes that readiness emerges through the interaction between cognitive evaluations, psychological resources, environmental opportunities, and social contexts. To explain this complex process, the GET-UP framework integrates three complementary theoretical perspectives: the Theory of Planned Behavior (TPB; Ajzen, 1991), the COM-B Behaviour Change Model (Michie et al., 2011), and Self-Determination Theory (Ryan & Deci, 2017).

The Theory of Planned Behavior provides an essential foundation for understanding the cognitive processes underlying behavioural intentions. According to TPB, behaviour is primarily predicted by behavioural intention, which reflects an individual's readiness and willingness to perform a specific action. Intention formation is determined by three interrelated psychological constructs: attitudes toward the behaviour, subjective norms, and perceived behavioural control.

Attitudes refer to individuals' evaluations of physical activity and whether they perceive participation as beneficial, meaningful, enjoyable, or personally relevant. Among individuals experiencing homelessness, positive attitudes towards sport and physical activity may emerge from recognition of potential benefits related to health improvement, stress reduction, emotional wellbeing, social interaction, and personal development. However, positive evaluations of physical activity do not necessarily guarantee participation, as favourable beliefs may coexist with substantial contextual barriers.

Subjective norms represent perceived social expectations and the influence of significant others, including peers, professionals, support workers, and community members. For individuals experiencing homelessness, social relationships may play a particularly important role because prolonged exclusion, stigma, and social isolation can weaken opportunities for encouragement, collective participation, and belonging. Supportive social environments may therefore strengthen behavioural intentions by increasing perceptions that participation is valued, accepted, and socially meaningful.

Perceived behavioural control represents individuals' perceptions of their ability to perform a behaviour and their evaluation of whether participation is realistically achievable. This construct is particularly important within populations experiencing homelessness because behavioural control extends beyond individual confidence and reflects the interaction between personal resources and structural realities. Individuals may recognise the benefits of physical activity and express positive intentions while simultaneously perceiving participation as difficult or unrealistic due to financial constraints, transportation limitations, unstable accommodation, physical or mental health challenges, safety concerns, or competing survival priorities. Consequently, homelessness populations frequently experience an intention–behaviour gap, whereby motivation and positive attitudes are insufficient to generate sustained participation because environmental conditions restrict the translation of intentions into action.

Although TPB provides a valuable explanation of intention formation, it offers limited insight into the broader mechanisms through which environmental conditions enable or constrain behaviour. Therefore, the GET-UP framework incorporates the COM-B model, which conceptualises behaviour as the outcome of dynamic interactions among Capability, Opportunity, and Motivation. This integration extends TPB by explaining not only whether individuals want to participate but also whether they possess the necessary resources and conditions to transform intention into sustained action.

Within the COM-B model, Capability refers to the physical and psychological capacities required to engage in physical activity. In the context of homelessness, capability includes functional health, physical readiness, knowledge, confidence, emotional regulation, resilience, self-efficacy, and the ability to manage the psychological demands associated with participation. Previous experiences of trauma, chronic stress, poor health conditions, and prolonged disengagement from structured activities may influence individuals' perceptions of competence and their willingness to attempt new behavioural experiences. Consequently, sport-based interventions must provide progressive, inclusive, and supportive opportunities that enable participants to experience mastery and rebuild confidence.

Opportunity represents the external conditions that make behaviour possible. Within the GET-UP framework, opportunity is considered a critical determinant of participation because homelessness is characterised by substantial environmental constraints. Opportunity includes access to safe and accessible facilities, transportation, financial affordability, supportive relationships, organisational commitment, inclusive service environments, and connections with community resources. From this perspective, non-participation should not be interpreted as a lack of interest or motivation but as the result of limited behavioural opportunities created by structural disadvantage. Increasing participation therefore requires interventions that actively reduce environmental barriers and create realistic pathways for engagement.

Motivation encompasses both reflective and automatic processes that influence behavioural initiation and maintenance. Reflective motivation includes personal values, beliefs regarding the benefits of physical activity, future goals, intentions, and expectations of positive outcomes. Automatic motivation involves emotional responses, habits, behavioural reinforcement, identity development, and previous experiences associated with participation. The inclusion of motivation within the COM-B framework is strengthened through integration with Self-Determination Theory, which explains how sustainable engagement develops when environments support three fundamental psychological needs: autonomy, competence, and relatedness. Within GET-UP, trauma-informed and participant-centred sport environments aim to enhance autonomy by providing meaningful choices, competence by promoting progressive achievement, and relatedness by fostering supportive peer connections and group belonging.

The integration of TPB, COM-B, and Self-Determination Theory provides a comprehensive explanation of behavioural readiness within homelessness contexts. TPB contributes an understanding of how individuals develop intentions based on beliefs, social influences, and perceived control. COM-B expands this perspective by explaining how capability and opportunity conditions determine whether intentions can be converted into behaviour. SDT further explains how participation can become internally meaningful and sustainable by satisfying psychological needs related to autonomy, competence, and social connection.

Accordingly, the GET-UP framework conceptualises behavioural readiness not as an individual attribute but as an emergent and context-dependent process shaped by the interaction between personal agency and environmental possibilities. This integrated perspective is particularly relevant for individuals experiencing homelessness, where structural constraints frequently represent stronger determinants of participation than motivation alone. By recognising that behaviour results from the alignment of capability, opportunity, and motivation, the framework provides the theoretical basis for designing sport-based interventions that are not only motivationally supportive but also environmentally accessible, psychologically safe, and socially inclusive.

Through this integrated approach, GET-UP moves beyond traditional behavioural models that focus primarily on changing individual attitudes and instead proposes that sustainable engagement in physical activity requires simultaneous investment in individual empowerment, supportive relationships, organisational capacity, and enabling environments. Consequently, behavioural readiness becomes a central mechanism linking structural conditions to sport participation, psychosocial development, and longer-term processes of social reintegration.

5. Sport for Development as a Behavioural Intervention

Within the Integrated GET-UP Risk Environment Framework, sport is conceptualised not as an isolated recreational activity or merely as a means of

increasing physical activity levels, but as a structured educational and psychosocial intervention that can contribute to behavioural development, empowerment, and social inclusion among individuals experiencing homelessness. This perspective is aligned with the contemporary Sport for Development (SfD) approach, which emphasises that sport can become a vehicle for social change when it is intentionally designed, delivered through appropriate pedagogical approaches, and connected to clearly defined developmental objectives (Coalter, 2013; Whitley et al., 2019).

A central assumption of the GET-UP framework is that positive outcomes do not emerge automatically from sport participation. Although sport provides a valuable context for engagement and interaction, its developmental potential depends on programme quality, facilitator competence, participant-centred delivery, safeguarding practices, and opportunities for reflection and transfer of learning (Coalter, 2013). Therefore, the impact of sport is determined not simply by participation itself, but by the processes through which participants interpret their experiences, develop new competencies, and apply these experiences to broader areas of everyday life.

Within GET-UP, sport functions as an experiential environment where individuals experiencing homelessness can strengthen personal resources, rebuild confidence, develop supportive relationships, and engage in meaningful social participation. Participation in structured sport-based activities provides opportunities to establish routines, experience achievement, interact with peers, and develop a sense of competence and belonging. These experiences are particularly important for populations affected by social exclusion, instability, and reduced opportunities for positive social engagement.

Sport-based interventions can also support the development of transferable life skills that extend beyond the immediate activity setting. Through appropriately designed activities, participants can practise and enhance communication, cooperation, teamwork, emotional regulation, responsibility, problem-solving, leadership, and goal-setting skills (Whitley et al., 2019). However, these outcomes require intentional facilitation processes that enable participants to recognise the connection between experiences in sport and challenges encountered in everyday life. Without such processes, sport participation may remain an enjoyable activity without producing meaningful behavioural or psychosocial change (Coalter, 2013).

For this reason, reflection and structured learning processes represent central components of the GET-UP approach. Experiences such as overcoming challenges, collaborating with others, managing emotions, and persisting despite difficulties can become opportunities for personal development when participants are supported to identify their relevance beyond the sport environment. Through this process, sport experiences can contribute to broader areas of functioning, including interpersonal relationships, health management, community participation, and preparation for independent living.

Furthermore, the GET-UP framework recognises that participation among individuals experiencing homelessness requires inclusive and supportive environments that respond to diverse needs and previous experiences of vulnerability. Effective Sport for Development programmes prioritise accessibility, trust-building, participant involvement, and supportive relationships between facilitators and participants (Schulenkorf et al., 2016). These elements are particularly important in homelessness contexts, where previous experiences of exclusion, stigma, and social disconnection may influence willingness and confidence to participate.

In addition to individual development, sport provides an important social context for rebuilding connections and strengthening community participation. Group-based activities create opportunities for cooperation, mutual support, shared achievement, and positive social interaction, thereby addressing social isolation and facilitating experiences of belonging (Schulenkorf et al., 2016). Through these collective experiences, sport can contribute to the reconstruction of supportive social networks and increase opportunities for inclusion.

Accordingly, GET-UP adopts a Sport Plus philosophy, positioning sport as a means to achieve broader developmental outcomes rather than as an outcome in itself. Within this approach, physical activity represents a platform through which participants can develop personal and social resources, improve wellbeing, and increase readiness for wider social participation. The objective is therefore not simply to increase engagement in sport, but to use sport as an intentional context for empowerment and social inclusion (Coalter, 2013).

Importantly, the GET-UP framework acknowledges that the effectiveness and sustainability of sport-based interventions depend on their integration within broader homelessness support systems. Programme quality, trained facilitators, organisational commitment, and continuity of support are essential conditions for translating short-term participation experiences into longer-term behavioural and social outcomes (Whitley et al., 2019). Sport should therefore be understood as one component of a wider ecosystem of support rather than as a standalone solution to homelessness.

Overall, the GET-UP framework conceptualises Sport for Development as a structured behavioural and psychosocial pathway through which carefully designed sport experiences can support the development of life skills, strengthen social relationships, enhance empowerment, and contribute to social reintegration. By moving beyond the traditional view of sport as recreation, GET-UP positions sport as an intentional intervention that can address the complex realities of homelessness through meaningful participation, supportive environments, and opportunities for personal and social development (Coalter, 2013; Schulenkorf et al., 2016; Whitley et al., 2019).

6. Experiential Learning and Psychological Empowerment

The educational foundation of GET-UP is based on the understanding that sport-based interventions can function as meaningful learning environments where participants develop personal and social competencies through active engagement, reflection, and application. Within this framework, sport is not viewed simply as a context for physical activity, but as an experiential process through which individuals can acquire skills, reinterpret personal experiences, and develop greater confidence in addressing challenges beyond the intervention setting.

Experiential Learning Theory (Kolb, 1984) provides an important foundation for understanding how learning occurs through participation in structured activities. According to this perspective, learning develops through a continuous cycle involving concrete experiences, reflective observation, conceptual understanding, and active experimentation. Within GET-UP, outdoor and sport-based activities create authentic situations in which participants encounter challenges requiring cooperation, communication, problem-solving, emotional regulation, decision-making, and adaptation. These experiences provide opportunities for participants to recognise personal strengths, explore alternative strategies, and develop practical competencies through direct involvement.

Reflection represents a central mechanism within this learning process because it transforms activity participation into meaningful personal development. Through structured reflection and facilitated discussion, participants are supported to identify connections between experiences encountered during sport and challenges within everyday life. Skills developed through participation—such as persistence, teamwork, managing emotions, setting goals, and overcoming obstacles—can therefore be transferred to broader domains, including interpersonal relationships, health management, independent living, community participation, and future social roles. As highlighted by Kolb (1984), experiential learning becomes effective when individuals actively interpret their experiences and apply newly developed knowledge to future situations.

Complementing this educational perspective, Psychological Empowerment Theory (Zimmerman, 1995) provides a framework for understanding how participation in meaningful activities can contribute to increased personal agency and social engagement. Within GET-UP, empowerment is conceptualised as both an ongoing developmental process and an important outcome of participation. Engagement in sport-based activities may support individuals in developing greater confidence in their abilities, recognising available resources and opportunities, and increasing their active involvement in social environments.

From this perspective, empowerment involves interconnected dimensions related to personal confidence and perceived competence, understanding of social resources and possibilities for action, and active participation within communities (Zimmerman,

1995). Sport-based experiences can contribute to these processes by creating opportunities for achievement, social interaction, decision-making, and positive recognition. For individuals experiencing homelessness, who may have encountered prolonged experiences of exclusion and reduced control over important aspects of their lives, opportunities to experience competence, choice, and meaningful participation can represent important pathways towards rebuilding agency.

Accordingly, GET-UP integrates experiential learning and empowerment processes by positioning sport as a context where participants can not only develop practical skills but also strengthen their capacity to influence their own lives and participate more actively within their communities. Through intentional programme design, supportive facilitation, and opportunities for reflection and application, sport becomes a pathway through which learning, personal development, and social inclusion are interconnected.

7. The Integrated GET-UP Risk Environment Framework

Bringing together ecological, behavioural, psychosocial, and implementation perspectives, the GET-UP Risk Environment Framework conceptualizes behavioural readiness among individuals experiencing homelessness as a dynamic and relational process emerging from the continuous interaction between structural conditions, psychosocial resources, behavioural mechanisms, intervention experiences, and organisational capacity. Rather than understanding participation in physical activity as an individual choice determined primarily by motivation, the framework proposes that behaviour is shaped by the extent to which individuals possess the necessary capabilities, experience supportive opportunities, and operate within environments that facilitate meaningful engagement.

The framework extends the traditional Risk Environment perspective by moving beyond the conceptualisation of environments solely as sources of vulnerability and risk production. While homelessness is frequently associated with structural conditions that constrain health-related behaviours—including housing instability, poverty, social exclusion, limited access to services, transportation barriers, and reduced availability of safe recreational spaces—the GET-UP framework conceptualizes environments as potentially transformative contexts capable of generating opportunities for participation, empowerment, social connection, and recovery. In this sense, the framework adapts the Risk Environment approach from a model explaining the production of vulnerability into a participation-enabling framework that identifies how supportive environments can facilitate behavioural activation and social inclusion.

Within this ecological understanding, homelessness is recognised not simply as the absence of stable accommodation but as a complex social condition characterised by disrupted social networks, reduced access to resources, health inequalities, psychological distress, and experiences of marginalisation. Consequently, sustainable social reintegration cannot be achieved through housing interventions alone. Although access to stable accommodation remains a fundamental prerequisite, long-term

recovery also requires strengthening psychosocial resources, improving physical and mental wellbeing, rebuilding meaningful social relationships, enhancing personal agency, and increasing individuals' capacity to participate actively within community life.

Accordingly, GET-UP conceptualizes sport not as an end in itself or as an additional recreational activity delivered alongside existing homelessness services, but as a structured psychosocial and educational intervention capable of supporting behavioural change, life skills development, empowerment, identity reconstruction, and social inclusion. Sport provides a meaningful social context in which individuals can experience competence, autonomy, belonging, achievement, and recognition, while simultaneously developing transferable skills relevant to everyday functioning, independent living, and community participation.

The theoretical foundation of the GET-UP framework is based on the assumption that behavioural readiness is not an individual attribute that individuals either possess or lack; rather, it represents a dynamic state produced through interactions between people and their social and material environments. Structural conditions influence the availability of opportunities, while psychosocial resources shape individuals' confidence, perceived control, and willingness to engage. Therefore, successful participation requires simultaneous attention to environmental accessibility, individual capability, motivational processes, and supportive social contexts.

Within the GET-UP framework, behavioural readiness develops through five interconnected domains.

The first domain concerns **structural conditions** and environmental opportunities, which define the practical feasibility of participation. These conditions include housing stability, financial resources, transportation availability, access to healthcare and social services, community infrastructure, organisational support, and opportunities for safe and inclusive participation. Structural vulnerability may emerge through unstable housing situations, poverty, limited access to facilities, transportation difficulties, and restricted opportunities for meaningful social engagement. These factors influence whether physical activity is realistically accessible, regardless of individuals' personal intentions or positive attitudes.

The second domain concerns **psychosocial resources**, which represent the internal and interpersonal capacities that support engagement and behavioural adaptation. These include physical and mental health status, self-efficacy, resilience, emotional regulation, perceived autonomy, social connectedness, and previous experiences of trauma, exclusion, or stigma. Homelessness is often accompanied by psychological vulnerability, including reduced confidence, social isolation, disrupted identity, and difficulties managing emotional responses to prolonged adversity. Consequently, strengthening psychosocial resources represents a central mechanism

through which individuals regain agency, confidence, and readiness to participate in new experiences.

The third domain incorporates the **behavioural mechanisms** proposed by the Theory of Planned Behavior (TPB) and the COM-B Behaviour Change Model, providing an integrated explanation of how intentions are formed and translated into sustained action. According to TPB, positive attitudes toward physical activity, supportive subjective norms, and perceived behavioural control contribute to the development of behavioural intentions. However, intention alone is insufficient to explain participation among populations experiencing homelessness, as individuals may value physical activity while facing substantial practical barriers. Therefore, COM-B complements this perspective by emphasising that behaviour requires the interaction of capability, opportunity, and motivation.

Capability refers to individuals' physical and psychological capacity to participate, including knowledge, confidence, skills, and perceived ability. **Opportunity** includes access to supportive environments, transportation, resources, social encouragement, and organisational structures that enable participation. **Motivation** incorporates both reflective processes, such as beliefs, goals, and values, and automatic processes related to habits, emotional responses, and previous experiences. Through this integration, GET-UP proposes that behavioural participation emerges not simply from increased motivation but from the alignment between individual readiness and supportive environmental conditions.

The fourth domain represents the **sport-based life skills intervention**, which functions as the transformative mechanism through which behavioural and psychosocial change occurs. GET-UP adopts a Sport for Development approach, positioning sport as a structured educational environment rather than merely a form of physical exercise. Activities are intentionally designed to promote experiential learning, peer interaction, reflection, progressive mastery, and personal development. The intervention incorporates principles from Kolb's Experiential Learning Theory, recognising that meaningful change occurs when participants actively experience challenges, reflect on these experiences, conceptualise new strategies, and apply learning to future situations.

The integration of trauma-informed approaches, inclusive pedagogical practices, and a *"challenge-by-choice"* philosophy represents a critical component of sport-based interventions within homelessness contexts. Individuals experiencing homelessness often have histories of adversity, social exclusion, stigma, and experiences of diminished control over important aspects of their lives, which may influence their willingness and confidence to engage in new activities. By allowing participants to determine their own level of involvement and progressively negotiate personal challenges, the intervention fosters psychological safety, autonomy, and a sense of ownership over the learning process.

Consistent with Self-Determination Theory (Deci & Ryan, 2000), such participant-centred environments can support the satisfaction of three fundamental psychological needs: autonomy, competence, and relatedness. Autonomy is strengthened through meaningful choices and opportunities for self-directed participation; competence is developed through progressive achievement, mastery experiences, and recognition of individual improvement; and relatedness is promoted through supportive peer relationships, group cohesion, and experiences of belonging. By creating conditions that satisfy these psychological needs, sport-based experiences may enhance intrinsic motivation, strengthen sustained engagement, and contribute to longer-term processes of empowerment and social inclusion.

Importantly, the GET-UP framework avoids the simplistic assumption that participation in sport automatically produces empowerment or social reintegration. Positive outcomes do not emerge solely from exposure to physical activity but depend on intervention quality, facilitator competence, organisational readiness, psychological safety, and opportunities for participants to transfer acquired experiences into everyday life. Reflection therefore represents a central educational mechanism, enabling participants to connect challenges encountered during sport with broader personal and social domains, including employment, housing stability, interpersonal relationships, health management, emotional coping, and community participation.

The fifth domain concerns the **developmental outcomes** generated through sustained participation. These outcomes include improvements in physical health, psychological wellbeing, self-esteem, resilience, communication, teamwork, leadership, problem-solving, emotional regulation, goal-setting, self-management, social participation, and readiness for independent living. These competencies should not be understood as isolated outcomes but as interconnected resources that reinforce each other through reciprocal feedback processes. For example, increased self-efficacy may enhance participation, while social connection developed through sport may strengthen belonging, motivation, and future engagement.

In addition, the GET-UP framework incorporates principles from Social Identity Theory (Tajfel & Turner, 1979), which proposes that individuals derive part of their self-concept from their membership in valued social groups. Within contexts of homelessness, where prolonged exclusion and stigma may negatively influence identity and belonging, collective sport environments may provide opportunities for developing new social identities, experiencing recognition, and strengthening group affiliation. Through shared experiences, cooperation, and collective achievement, sport may challenge homelessness-related stigmatized identities and support processes of identity reconstruction, social connection, and community reintegration.

A distinctive contribution of the GET-UP framework is its recognition that sustainable outcomes require not only participant-level change but also transformation at organisational and system levels. Therefore, the framework adopts a multilevel implementation perspective informed by Implementation Science, emphasising

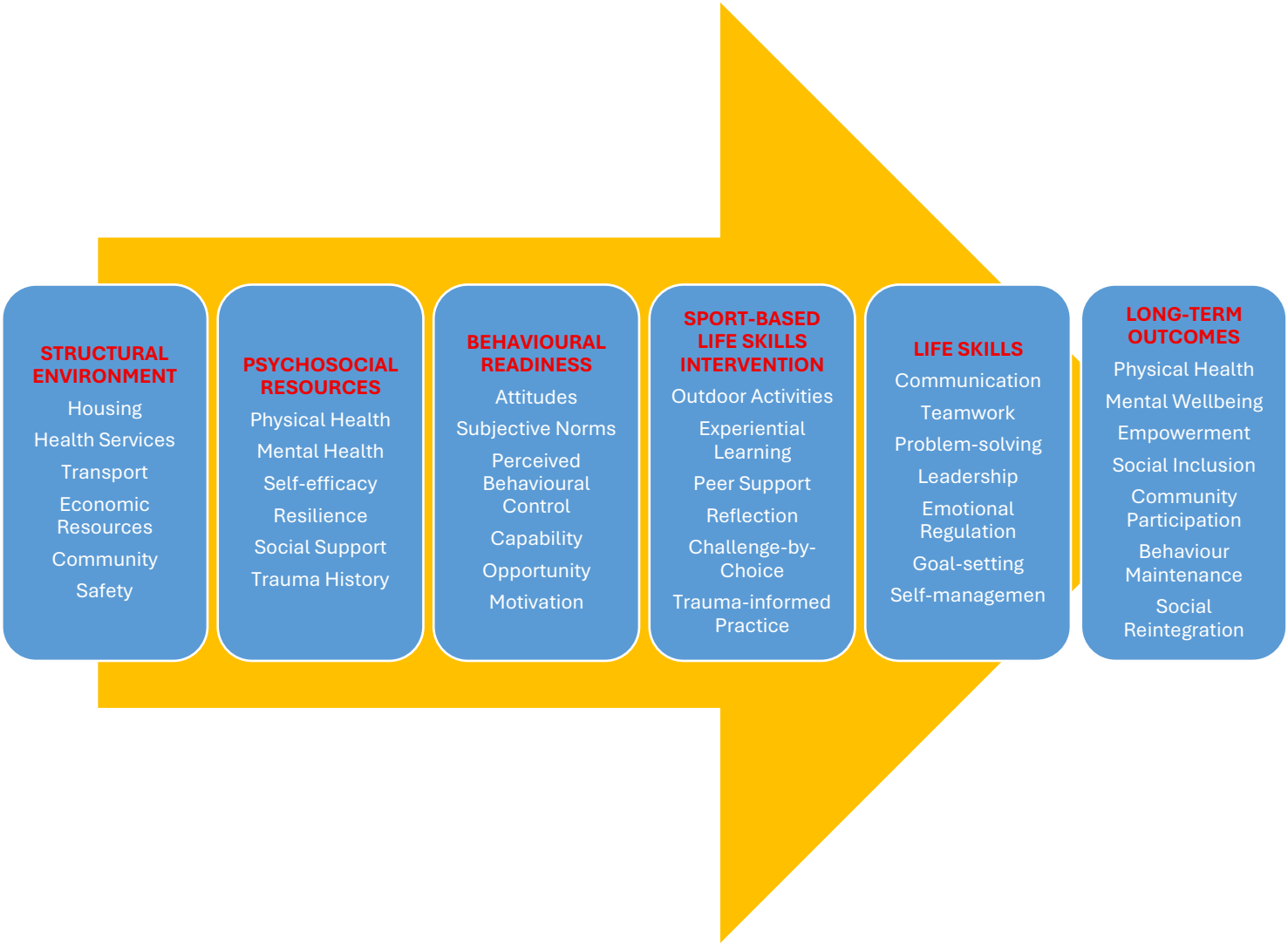
workforce development, organisational capacity building, intersectoral collaboration, intervention fidelity, and sustainability. Sport coaches, social workers, healthcare professionals, psychologists, educators, and community organisations are conceptualised as complementary actors within an integrated support ecosystem. Strengthening organisational readiness increases the feasibility, quality, and long-term sustainability of sport-based interventions within homelessness services.

Overall, the GET-UP Conceptual Framework positions behavioural change as the outcome of continuous interactions among structural environments, psychosocial resources, behavioural readiness, educational processes, and organisational capacities. It moves beyond deficit-oriented approaches by recognising that individuals experiencing homelessness should not be viewed as lacking motivation but as individuals whose opportunities for participation are shaped by complex social, economic, psychological, and organisational conditions.

By integrating the Risk Environment Framework with COM-B, Theory of Planned Behavior, Sport for Development principles, experiential learning theory, Self-Determination Theory, Social Identity Theory, and implementation science, GET-UP provides a comprehensive explanation of how sport-based interventions can contribute to behavioural activation, empowerment, and social reintegration. The framework establishes the theoretical foundation for the empirical analyses presented in this report and provides practical guidance for the development, implementation, and evaluation of inclusive, trauma-informed, and evidence-based sport-based life skills interventions within homelessness services.

Ultimately, GET-UP positions sport as a psychosocial pathway embedded within broader systems of support, capable not only of increasing physical activity participation but also of strengthening human capability, rebuilding social connections, promoting identity reconstruction, and facilitating sustainable inclusion within community life.

GET-UP Risk Environment Framework



8. Empirical Foundations

8.1. Methodology

The GET-UP study employed a convergent mixed-methods design across two European countries (Greece and Italy), integrating quantitative survey data with qualitative evidence derived from semi-structured interviews and focus groups. This methodological approach was selected to capture the multidimensional nature of sport participation among adults experiencing homelessness or severe housing instability, recognising that behavioural engagement is shaped by the interaction between individual capabilities, psychosocial resources, social relationships, and broader structural conditions.

The mixed-methods design was theoretically informed by the GET-UP Risk Environment Framework, which conceptualises behavioural readiness as an emergent process resulting from the interaction between environmental opportunities, personal capabilities, motivational processes, and supportive intervention contexts. Accordingly, the quantitative component aimed to identify measurable predictors and barriers associated with sport participation, while the qualitative component explored how individuals experiencing homelessness interpret, negotiate, and experience these conditions within their everyday lives.

The integration of quantitative and qualitative findings followed a convergent parallel logic, whereby both strands of evidence were collected and analysed independently and subsequently integrated during interpretation. This approach enabled the identification of converging patterns, complementary explanations, and contextual nuances that could not be captured through a single methodological approach.

By combining statistical modelling with in-depth narratives, the study sought to generate theoretically grounded and practically applicable knowledge regarding behavioural readiness, environmental barriers, empowerment processes, and pathways towards social inclusion through sport-based life skills interventions.

8.2. Quantitative Data Collection

Quantitative data were collected from adults experiencing homelessness or severe housing instability through interviewer-administered questionnaires (Appendix 3). This approach was selected to minimise potential barriers associated with literacy differences, language difficulties, and unequal educational backgrounds among participants. The quantitative assessment was designed to operationalise the core constructs of the GET-UP Risk Environment Framework and included measures assessing:

- **attitudes towards physical activity**, reflecting participants' perceived benefits, relevance, and value of sport participation;
- **subjective norms and perceived social support**, examining the influence of significant others and social environments on participation decisions;
- **perceived behavioural control**, assessing participants' confidence and perceived ability to engage in physical activity despite potential challenges;
- **behavioural intentions**, capturing readiness and willingness to participate in sport-based activities;
- **structural and environmental barriers**, including financial constraints, transportation difficulties, access to facilities, competing survival priorities, and availability of supportive opportunities;
- **COM-B dimensions**, including:
    - capability (physical and psychological capacity);
    - opportunity (environmental and social conditions);
    - motivation (reflective and automatic processes influencing behaviour).

All measurement instruments underwent linguistic adaptation and contextual review prior to data collection to ensure cultural relevance, comprehensibility, and appropriateness for participants in both national contexts. Pilot testing procedures were conducted to evaluate clarity of wording, administration feasibility, and suitability for populations experiencing homelessness.

The quantitative data provided empirical evidence regarding the distribution of behavioural readiness factors and the structural conditions influencing participation, thereby informing the identification of mechanisms through which environmental constraints and psychosocial resources interact to shape engagement in sport.

8.3. Qualitative Data Collection

The qualitative component involved semi-structured interviews with adults experiencing homelessness or housing instability (Appendix 3). This component was designed to provide a deeper understanding of participants' lived experiences and the contextual processes underlying quantitative patterns. Individual interviews lasted approximately 25–30 minutes and explored participants' perspectives regarding:

- everyday experiences of homelessness and housing instability;
- perceived opportunities and constraints related to physical activity participation;

- experiences of social exclusion, stigma, and belonging;
- perceived behavioural control and confidence in engaging with sport activities;
- personal motivations and expectations regarding participation;
- practical barriers, including health limitations, transportation, financial constraints, safety concerns, and competing daily priorities;
- coping strategies and adaptive responses to challenging circumstances;
- experiences of empowerment, personal growth, and future-oriented aspirations.

The qualitative approach was particularly important for exploring dimensions of the GET-UP framework that cannot be fully captured through quantitative measurement, including participants' interpretations of autonomy, identity reconstruction, social connection, and the meaning attributed to sport participation. Through participants' narratives, the qualitative analysis aimed to identify how structural environments facilitate or restrict opportunities for engagement, how individuals negotiate barriers, and how sport-based interventions may contribute to psychological empowerment, social connectedness, and reintegration pathways.

8.4. Integration of Quantitative and Qualitative Evidence

Following separate analyses of quantitative and qualitative datasets, findings were integrated through a process of methodological triangulation. Quantitative results provided evidence regarding the prevalence and strength of behavioural determinants and structural barriers, whereas qualitative findings explained the mechanisms through which these factors operate within participants' lived realities.

This integration strengthened the explanatory capacity of the study by moving beyond the identification of statistical associations towards a deeper understanding of **why and under what conditions sport participation becomes possible or constrained among individuals experiencing homelessness**.

Consequently, the mixed-methods approach provided the empirical foundation for refining the GET-UP Risk Environment Framework and informing the development of trauma-informed, inclusive, and sustainable sport-based life skills interventions within homelessness support systems.

8.5. Quantitative Research

8.5.1 Participants and Recruitment Procedure

Participants were adults experiencing homelessness or severe housing insecurity who were recruited through community-based organisations and social support services

participating in the GET-UP project. The final quantitative sample consisted of **102 participants**. Participants were recruited from two partner organisations operating in different European contexts:

- **52 participants** were recruited through the Open Day Centre for Homeless People in the Municipality of Corfu, Greece, managed by Equal Society.
- **50 participants** were recruited through homelessness support services operated by Fraternità Cristiana Opera di Padre Marella in Italy.

Recruitment was conducted using a purposive sampling approach, targeting individuals who met the eligibility criteria established by the project consortium. Eligible participants were adults aged 18 years or older who were experiencing homelessness, housing instability, or were considered at risk of homelessness according to the operational definitions applied by participating organisations.

Individuals were approached by trained staff members within the participating services and were provided with information regarding the study objectives, procedures, voluntary nature of participation, confidentiality, and data protection procedures. Participation was entirely voluntary, and participants provided informed consent prior to completing the questionnaire.

8.5.2 Ethical Considerations

The study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki. Ethical approval was obtained through the appropriate institutional procedures of the participating organisations and research partners involved in the GET-UP project (Appendix 2). Participants were informed that participation was voluntary and that they could withdraw at any stage without consequences for their access to support services (Appendix 1). No personally identifiable information was collected, ensuring anonymity and confidentiality throughout the data collection and analysis process.

8.5.3 Data Collection Procedure

Data collection was conducted through structured questionnaires administered within community-based support settings. Given the potential vulnerability of the target population, data collection procedures were designed to minimize participant burden and maximize accessibility.

Questionnaires were administered either independently by participants or with assistance from trained facilitators when literacy, comprehension difficulties, or accessibility needs required support. Facilitators followed standardized procedures to avoid influencing participants' responses.

The questionnaire included demographic characteristics, housing situation indicators, health-related variables, social support measures, physical activity participation characteristics, TPB constructs, and perceived barriers related to exercise participation. All attitudinal and behavioural constructs were assessed using seven-point Likert-type response scales, ranging from negative to positive evaluations depending on the specific construct.

8.5.4 Measures

Demographic and Housing Characteristics

Participants provided demographic information including age, gender, educational background, and current housing situation.

Housing-related variables included current accommodation status, homelessness duration, and residential instability indicators. These measures were included because housing insecurity represents an important contextual determinant of behavioural opportunity and participation feasibility.

Physical and Mental Health Indicators

Self-perceived physical and mental health status was assessed using single-item measures requiring participants to rate their overall health condition on a five-category scale ranging from excellent to poor.

These indicators were included to assess health-related capability within the COM-B framework, recognising that physical functioning, fatigue, chronic illness, and psychological wellbeing may influence participation readiness.

Social Support

Social support was assessed through questions examining perceived availability of family support and peer support. Participants indicated whether support was available, absent, or limited. Social support was examined as an environmental and interpersonal factor influencing opportunity for participation and social inclusion.

Physical Activity Participation

Participants reported their previous engagement in physical activity, including frequency of participation and involvement in structured sport or exercise programmes. These variables were used to describe existing behavioural patterns and previous exposure to physical activity opportunities.

Theory of Planned Behavior Constructs

The questionnaire incorporated TPB-based measures (Ajzen, 1991)assessing:

Attitudes toward physical activity, referring to participants' overall evaluation of exercise participation and perceived benefits (Cronbach a = .91).

Subjective norms, referring to perceived social expectations and beliefs regarding whether significant others support participation (Cronbach a = .78).

Perceived behavioural control, referring to participants' perceived ability, confidence, and control over engaging in physical activity despite potential constraints (Cronbach a = .83).

Behavioural intentions, referring to participants' willingness and plans to participate in physical activity in the future (Cronbach a = .95).

The inclusion of these constructs was based on the assumption that behavioural engagement results from the interaction between personal beliefs, perceived social influences, and perceived feasibility.

Perceived Barriers to Physical Activity

Perceived barriers to physical activity participation were assessed using a 14-item scale adapted from the **Exercise Benefits/Barriers Scale (EBBS)** developed by Sechrist, Walker, and Pender (1987). The adaptation was informed. The scale demonstrated high internal consistency (Cronbach's α = .88). Items assessed perceived obstacles related to exercise engagement, including anticipated difficulties, practical limitations, and concerns that may reduce willingness or ability to participate.

In addition, COM-B-informed items were developed to examine specific capability, opportunity, and contextual barriers affecting physical activity participation among adults experiencing homelessness. These included financial limitations, transportation difficulties, health-related constraints, fatigue, competing daily priorities, scheduling challenges, limited access to facilities or equipment, and perceptions of social exclusion or lack of belonging within physical activity environments. The COM-B barrier scale demonstrated excellent internal consistency (Cronbach's α = .94), supporting the reliability of the measure in assessing multidimensional determinants of participation within the GET-UP framework.

8.5.5 Statistical Analysis

Descriptive statistics were calculated to summarize participant characteristics, including frequencies, percentages, means, and standard deviations where appropriate. Categorical variables were presented using frequencies and percentages, while continuous variables were summarized using means and standard deviations. Analyses were conducted to describe demographic characteristics, housing conditions, health indicators, social support, physical activity participation, TPB constructs, and perceived barriers. The quantitative analysis focused primarily on identifying patterns of

behavioural readiness and participation constraints within the sample. Findings were interpreted through the theoretical perspectives of TPB and COM-B, emphasizing the interaction between individual capability, environmental opportunity, and motivational processes.

8.5.6 Methodological Rigor and Quality Assurance

Several methodological strategies were implemented to enhance the credibility of findings. These included:

- recruitment through established community organisations experienced in supporting individuals experiencing homelessness;
- standardized data collection procedures across participating sites;
- use of theoretically informed measures based on established behavioural frameworks;
- attention to accessibility and participant-centred procedures during questionnaire administration;
- protection of participant anonymity and confidentiality.

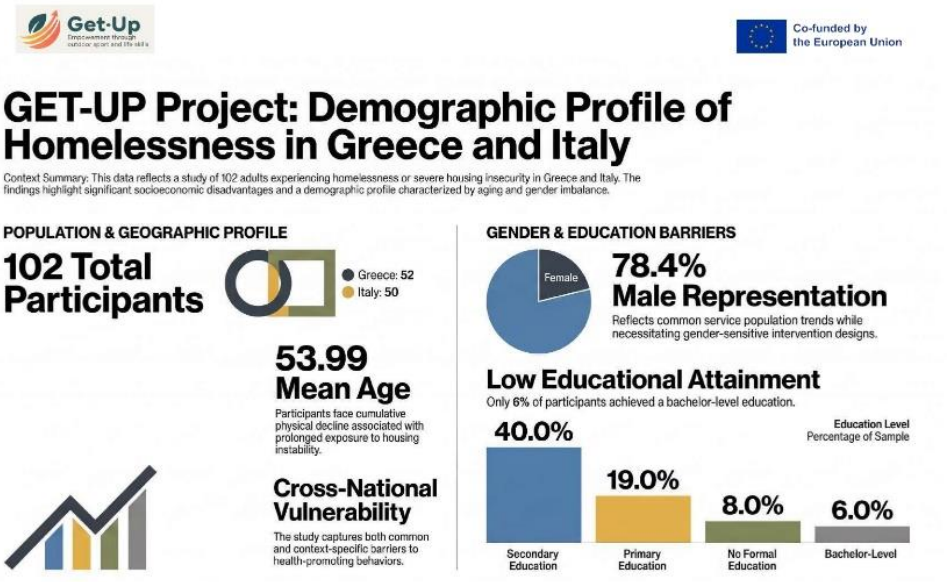
This methodological approach was designed to capture the complex relationship between environmental conditions, psychosocial resources, and behavioural readiness for sport-based life skills interventions among adults experiencing homelessness.

8.5.7 Results

8.5.7.1 Participant Characteristics

A total of 102 adults experiencing homelessness or severe housing instability participated in the quantitative component of the GET-UP study. Participants were recruited through two community-based organisations participating in the project: the Open Day Centre for Homeless People in Corfu, Greece and Fraternità Cristiana Opera di Padre Marella in Italy. These organisations provide integrated support services for individuals experiencing homelessness, including social assistance, basic needs

support, and pathways towards social inclusion. Participants had a mean age of 53.99 years (SD = 14.28), indicating considerable heterogeneity in life stage and personal



circumstances. The sample was predominantly male, with men representing 78.4% of participants, while women accounted for 21.6%. This gender distribution is consistent with broader European homelessness research, where women experiencing homelessness are frequently underrepresented in official statistics due to gender-specific pathways into homelessness, greater reliance on informal coping strategies, and a higher likelihood of experiencing hidden forms of homelessness (Pleace, 2016; Bretherton, 2017). Therefore, the lower representation of women should be interpreted within the context of broader structural and methodological challenges in identifying and engaging women experiencing housing instability.

Educational attainment reflected substantial socioeconomic disadvantage and previous experiences of social exclusion. Secondary education was the most frequently reported educational level (40.0%), followed by primary education (19.0%) and vocational education (14.0%). A proportion of participants reported having no formal education (8.0%), while relatively few participants indicated completion of post-secondary or higher education qualifications. This educational profile highlights cumulative social inequalities that may influence access to employment opportunities, health resources, social participation, and engagement with structured physical activity opportunities.

Overall, the demographic characteristics of the sample reflect the complex socioeconomic and structural vulnerabilities commonly associated with homelessness, including educational disadvantage, gendered patterns of exclusion, and prolonged exposure to barriers affecting health and social participation. These characteristics provide important contextual information for interpreting participants' behavioural

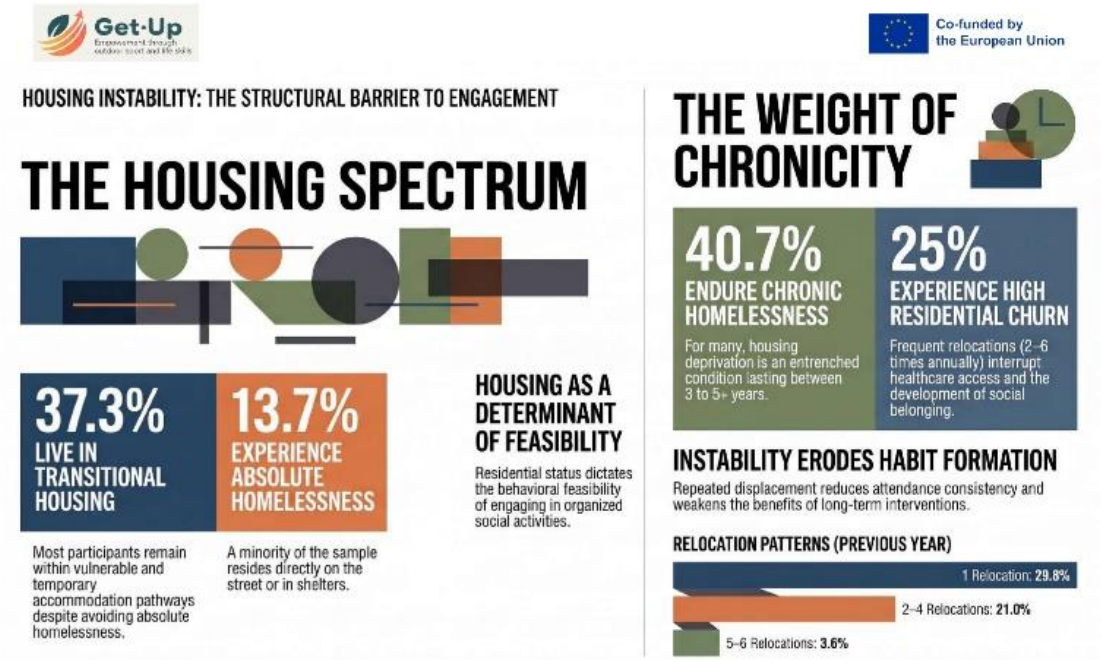
readiness, perceived opportunities, and experiences related to sport and physical activity engagement within the GET-UP framework. Detailed demographic characteristics are presented in Table 1.

Table 1. Demographic Characteristics of Participants

Variable	**Category**	**n**	**%**
Age	Mean (SD)	53.99 (14.28)	—
Gender	Men	80	78.4
	Women	22	21.6
Education level	No formal education	8	8.0
	Primary education	19	19.0
	Secondary education	40	40.0
	Post-secondary education	8	8.0
	Vocational education	14	14.0
	Bachelor degree	6	6.0
	Other	5	5.0

8.5.7.2 Housing Status and Homelessness Characteristics

Participants reported diverse housing circumstances, reflecting different stages of housing instability. Transitional housing represented the most common living situation (37.3%), followed by temporary accommodation (18.6%). Thirteen participants (12.7%) were classified as being at risk of homelessness, while smaller proportions reported street homelessness (7.8%) or shelter accommodation (5.9%). Sixteen participants (15.7%) reported living in owner-occupied housing.



Regarding homelessness duration, among participants providing information on homelessness history 26.6% reported homelessness lasting less than six months, 18.8% reported 1–2 years, 21.9% reported 3–5 years, and 18.8% reported more than five years of homelessness exposure.

Residential instability was further assessed through relocation patterns during the previous year. Among the 58 participants who reported relocation history, 29.8% experienced one relocation, whereas 21.0% reported multiple relocations. These findings indicate a substantial degree of residential instability among participants experiencing homelessness or housing insecurity. Detailed housing characteristics and relocation patterns are presented in Table 2.

Table 2. *Housing Situation, Homelessness Duration, and Residential Relocation Patterns*

Variable	Category	*n*	%
Housing Situation	Street	8	7.8
	Shelter	6	5.9
	Temporary accommodation	19	18.6
	Transitional housing	38	37.3
	At risk of homelessness	13	12.7
	Rental accommodation	1	1.0
	Vehicle-based accommodation	1	1.0
	Owner-occupied housing	16	15.7
Homelessness Duration	<6 months	17	26.6
	1–2 years	12	18.8
	3–5 years	14	21.9
	5+ years	12	18.8
	Other	9	14.1
Relocation Frequency During Previous Year	0 relocations	26	45.6
	1 relocation	17	29.8
	2 relocations	4	7.0
	3 relocations	4	7.0
	4 relocations	4	7.0
	5 relocations	1	1.8
	6 relocations	1	1.8

8.5.7.3 Physical and Mental Health Status

Participants reported substantial variability in perceived health status (Table 3). Regarding physical health, 15.7% rated their health as excellent, 29.4% as good, 33.3% as fair, and 21.6% as poor. Overall, 54.9% of participants reported fair or poor physical health.

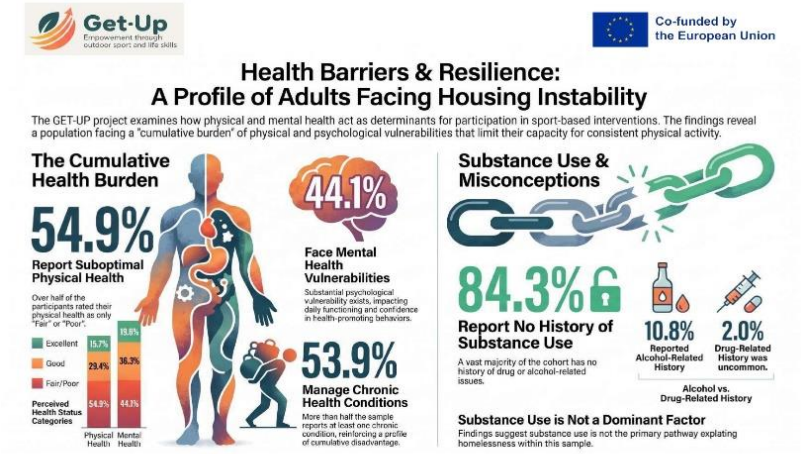


Table 3. Physical Health Status

Variable	Category	n	%
Physical health status	Excellent	16	15.7
	Good	30	29.4
	Fair	34	33.3
	Poor	22	21.6

Mental health ratings demonstrated a similar pattern (Table 4). Twenty participants (19.6%) reported excellent mental health, 37 (36.3%) reported good mental health, 30 (29.4%) reported fair mental health, and 15 (14.7%) reported poor mental health.

Table 4. *Mental Health Status*

Variable	Category	n	%
Mental health status	Excellent	20	19.6
	Good	37	36.3
	Fair	30	29.4
	Poor	15	14.7

The prevalence of chronic health conditions further reinforces the substantial health burden experienced by participants (Table 5). More than half of the sample reported the presence of at least one chronic condition (53.9%) whereas 46.1% reported no chronic health condition.

Table 5. Chronic Health Conditions

Variable	Category	n	%
Chronic health conditions	Yes	55	53.9
	No	47	46.1

8.5.7.4 Substance Use History and Social Support

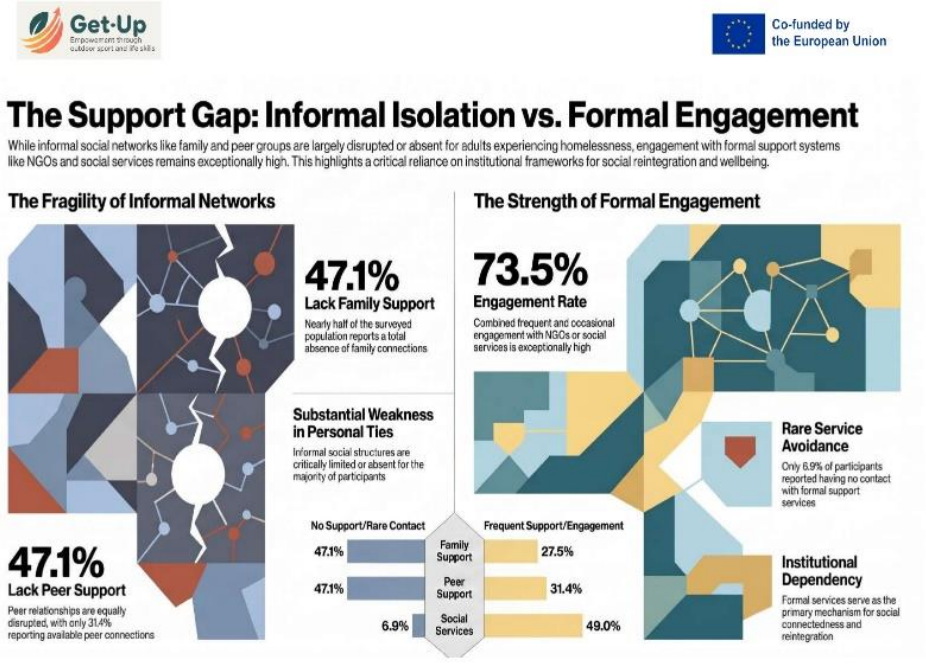
Most participants reported (Table 6) no current or previous substance use problems (84.3%). Alcohol-related problems were reported by 11 participants (10.8%), drug-related problems by 2 participants (2.0%), and combined alcohol and drug-related problems by 3 participants (2.9%).

Table 6. Substance Use History

Variable	Category	*n*	%
Substance Use History	No history of substance use	86	84.3
	Alcohol-related history	11	10.8
	Drug-related history	2	2.0
	Alcohol and drug history	3	2.9

8.5.7.5 Social Support Networks and Engagement With Formal Services

Social support networks were limited. Regarding family support, 28 participants (27.5%) reported having family support, whereas 48 (47.1%) reported no family support and 26 (25.5%) reported limited support. Similar patterns were observed for peer



support: 32 participants (31.4%) reported receiving peer support, 48 (47.1%) reported no peer support, and 22 (21.6%) reported limited peer support (Table 7).

In contrast to the weakness of informal networks, engagement with formal social support systems was exceptionally high. Frequent engagement with NGOs or social services was reported by 49.0% of participants, while an additional 24.5% reported occasional engagement. Only 6.9% reported no contact with formal support services.

Table 7. Family, Peer, and Formal Social Support Networks Among Adults Experiencing Homelessness or Housing Instability

Variable	Category	n	%
Family Support	Yes	28	27.5
	No	48	47.1
	Limited	26	25.5
Peer Support	Yes	32	31.4
	No	48	47.1
	Limited	22	21.6
Engagement With Social Services	Frequent	50	49.0
	Occasional	25	24.5
	Rare	20	19.6
	None	7	6.9

8.5.7.6 Physical Activity Participation

Patterns of physical activity participation indicated heterogeneous engagement levels. Forty participants (39.2%) reported regular physical activity participation, whereas 19 (18.6%) reported occasional participation. Eleven participants (10.8%) reported rare participation, and 32 (31.4%) reported no participation.

Participation in organised physical activity programmes was limited, with only 25 participants (24.5%) reporting previous participation in structured programmes, while 77 (75.5%) reported no previous involvement.

Table 8. Physical Activity Participation History Among Adults Experiencing Homelessness

Variable	Category	n	%
Past Physical Activity Participation	Regular	40	39.2

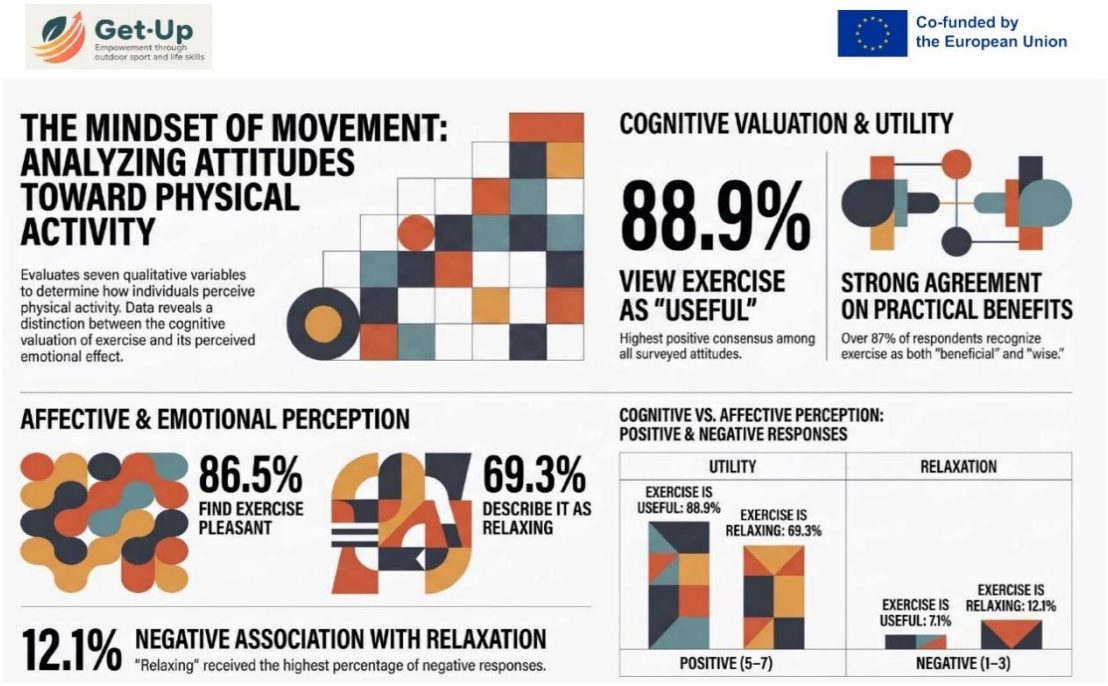
Variable	Category	n	%
	Occasional	19	18.6
	Rare	11	10.8
	Never	32	31.4
Participation in Structured Sport Programs	Yes	25	24.5
	No	77	75.5

8.5.7.7 Attitudes Toward Physical Activity

Within the framework of the Theory of Planned Behavior (TPB), attitudes toward physical activity represent a fundamental determinant of behavioral intention because they reflect individuals' overall evaluation of a behavior in terms of perceived benefits, personal value, emotional meaning, and anticipated consequences. The present analysis examined whether adults experiencing homelessness or housing instability participating in the GET-UP project perceived physical activity as desirable, beneficial, and personally meaningful. The findings provide important insight into the psychological foundations of exercise readiness within a population exposed to severe structural disadvantage (Table 9).

Contrary to assumptions that low participation among marginalized populations may primarily result from lack of interest or negative perceptions toward exercise, the findings demonstrate a consistently positive attitudinal profile. Participants expressed highly favorable evaluations across all TPB attitude indicators, suggesting that limited engagement in physical activity cannot be attributed to negative beliefs about exercise itself. Rather, the results indicate a substantial discrepancy between recognizing the value of physical activity and possessing the practical capability and opportunity to translate these beliefs into sustained participation.

The strongest cognitive evaluations concerned the perceived usefulness, wisdom, and benefits of physical activity. Specifically, 88.9% of participants evaluated exercise as useful, 86.4% considered it wise, and 87.9% perceived it as beneficial (responses 5–7). These findings indicate that participants possess substantial reflective awareness regarding the health, psychological, and functional value of physical activity. Within the TPB framework, such favorable evaluations represent an important motivational resource because positive attitudes generally contribute to stronger behavioral intentions.



Importantly, participants appeared to conceptualize physical activity not merely as leisure or recreation, but as a meaningful health-promoting behavior associated with improved wellbeing, personal functioning, and potentially social reconnection. This interpretation is particularly significant within homelessness contexts, where daily experiences are frequently dominated by uncertainty, survival demands, and social exclusion. The persistence of positive health-related beliefs suggests that exposure to adversity does not eliminate future-oriented health aspirations.

Affective evaluations were similarly positive. Approximately 86.5% of participants described exercise as pleasant and 80.8% evaluated it as good. These findings demonstrate that participants not only cognitively understand the value of exercise but also associate physical activity with positive emotional experiences. Such affective evaluations may represent an important foundation for engagement in sport-based interventions, particularly those aiming to enhance wellbeing, social belonging, and empowerment.

However, the comparatively lower endorsement of exercise as relaxing (69.3%) requires careful interpretation. Within the context of homelessness, physical activity may simultaneously represent a source of psychological relief and an additional

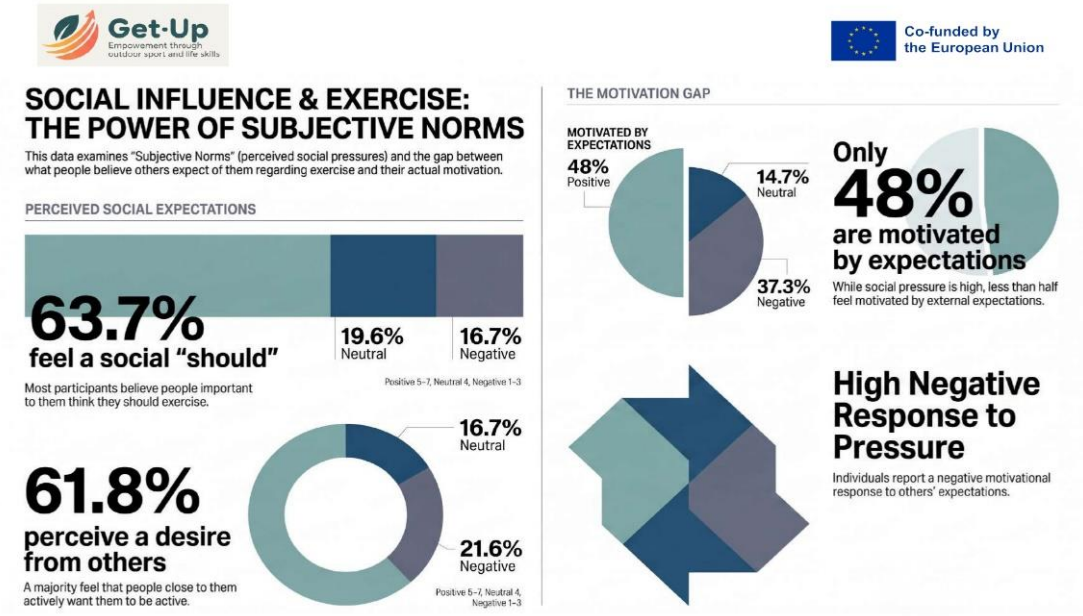
physical demand for individuals experiencing chronic fatigue, poor sleep, health difficulties, and prolonged stress. Therefore, lower relaxation ratings should not be interpreted as negative attitudes toward exercise, but rather as reflecting the tension between the potential restorative effects of activity and participants' existing physical exhaustion.

Table 9. Attitudes Toward Physical Activity Based on Theory of Planned Behavior

Item	Positive (5–7)	Neutral (4)	Negative (1–3)
Exercise is good	80.9%	9.1%	10%
Exercise is pleasant	86.5%	9.0%	4.5%
Exercise is important	82.7%	8.0%	9.0%
Exercise is relaxing	69.3%	14.1%	16.6%
Exercise is beneficial	87.9%	6.1%	6.1%
Exercise is useful	88.9%	6.1%	5%
Exercise is wise	86.4%	9.1%	4.5%

8.5.7.8 Subjective Norms

The findings indicate that participants generally perceived moderate-to-strong social approval regarding exercise engagement (Table 10). Specifically, 63.7% of participants reported positive agreement that important people in their lives believed they should participate in physical activity, while 61.8% indicated that significant others wanted them to engage in exercise. These findings suggest that physical activity was not socially rejected within participants' interpersonal environments. Rather, there appears to be a degree of perceived normative support for adopting healthier behaviors.



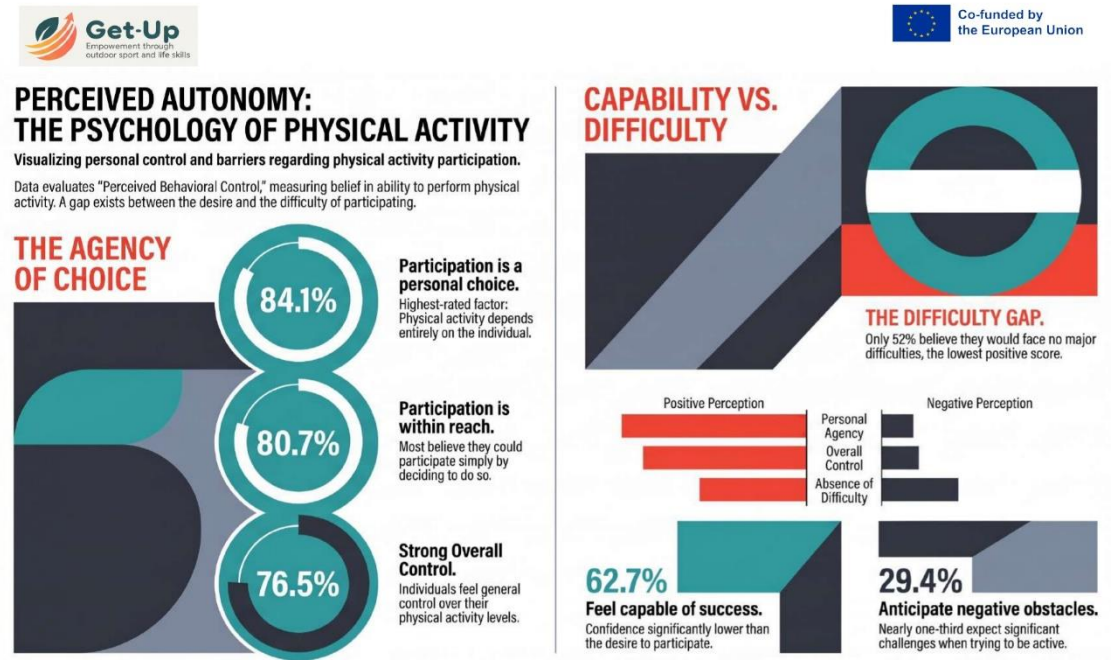
However, the translation of perceived social expectations into personal motivation was substantially weaker. Only 48.0% of participants reported that they felt motivated because others expected them to exercise, whereas more than half remained neutral or expressed disagreement. This pattern indicates an important distinction between perceived social approval and internalized normative motivation. Although participants recognized that others viewed exercise positively, these external expectations were not consistently transformed into personally meaningful behavioral drivers.

Table 10. Subjective Norms Regarding Physical Activity

Item	Positive (5–7)	Neutral (4)	Negative (1–3)
Important people think I should exercise	63.7%	19.6%	16.7%
Important people want me to exercise	61.8%	16.7%	21.6%
I feel motivated because others expect me to exercise	48.0%	14.7%	37.3%

8.5.7.9 Perceived Behavioral Control

Perceived Behavioral Control (PBC) emerged as the pivotal determinant of physical activity readiness among adults experiencing homelessness and housing instability. Consistent with the overarching aim of the GET-UP project—to identify the psychosocial and structural mechanisms that facilitate or hinder participation in sport-based interventions—the findings indicate that participants' readiness to engage in physical activity is influenced less by motivation than by their perceived ability to translate intentions into action within conditions of socioeconomic deprivation.



According to the Theory of Planned Behavior, perceived behavioral control reflects individuals' beliefs regarding their capability to perform a behavior despite existing

obstacles. The present findings reveal an important discrepancy between perceived personal autonomy and perceived practical capability.

A large majority of participants reported high levels of perceived autonomy. Approximately 80.7% agreed that they could participate in physical activity if they wanted to, 84.1% believed that participation depended primarily on themselves, and 76.5% reported an overall sense of control over engaging in physical activity. These findings suggest that participants generally assume personal responsibility for health-related behaviors and do not attribute inactivity solely to external forces.

However, this perception of autonomy was not accompanied by equally strong perceptions of capability. Only 62.7% believed that they were genuinely capable of participating successfully in physical activity, while only 52% believed they would not encounter major difficulties. Conversely, one-third (29.4%) anticipated substantial barriers that would prevent successful participation.

Table 11. Perceived Behavioral Control Toward Physical Activity

Item	Positive (5–7)	Neutral (4)	Negative (1–3)
If I wanted to, I could participate in physical activity	80.7%	9.9%	9.4%
Participation depends entirely on me	84.1%	4.0%	11.9%
I am capable of participating successfully	62.7%	12.7%	24.6%
I would not face major difficulties participating	52.0%	18.6%	29.4%
Overall, I have control over participating in physical activity	76.5%	9.8%	13.7%

8.5.7.10 Behavioral Intentions Toward Participation in Physical Activity

Behavioral intention represents the immediate antecedent of behavior within the Theory of Planned Behavior (Ajzen, 1991) and constitutes a central outcome in the present study, whose primary objective was to examine the psychosocial readiness of adults experiencing homelessness to engage in sport- and physical activity-based interventions developed within the GET-UP project. While previous TPB constructs demonstrated highly favorable attitudes toward exercise and moderately supportive subjective norms, the findings indicate that these positive psychological dispositions did not consistently translate into firm intentions to participate.

Only 34.7% of participants expressed a clear intention to participate in future physical activity programmes, whereas 45.5% reported little or no intention and 19.8% remained undecided. Similar distributions were observed for the remaining intention indicators. Approximately 37.3% indicated that they would actively try to participate in physical activity, while 45.1% expressed low commitment and 17,6% remained neutral. Likewise, 38.2% reported that they would make a serious effort to attend organised activities, whereas an almost equal proportion (44.2%) reported limited willingness to make such an effort.

Table 12. Behavioral Intentions Toward Participation in Physical Activity

Item	Positive (5–7)	Neutral (4)	Negative (1–3)
I intend to participate in physical activity programmes	34.7%	19.8%	45.5%
I will try to participate in physical activity	37.3%	17.6%	45.1%
I will make a serious effort to attend physical activity programmes	38.2%	17.6%	44.2%

8.5.7.11 Perceived Barriers to Physical Activity Participation

To address the central objective of the GET-UP project—identifying the psychosocial and structural determinants that influence physical activity participation among adults experiencing homelessness—the present analysis examined perceived barriers to exercise engagement. Fourteen potential barriers were assessed using a seven-point Likert scale and interpreted through the integrated theoretical framework of the Theory of Planned Behavior (TPB; Ajzen, 1991) and the COM-B Behaviour Change Model (Michie et al., 2011).

Overall, the findings indicate that reduced participation in physical activity among adults experiencing homelessness is not primarily explained by negative attitudes toward exercise or a lack of recognition of its benefits (Table 13). Instead, barriers were predominantly associated with limited opportunity, constrained resources, reduced perceived feasibility, and psychosocial processes related to identity and belonging. This pattern is consistent with previous findings from the GET-UP study demonstrating that participants generally expressed favourable attitudes toward physical activity but experienced difficulties translating these positive beliefs into sustained participation because of structural disadvantage, health-related limitations, and unstable living conditions.

These results reinforce the concept of an intention–behaviour gap within highly vulnerable populations. In accordance with TPB, individuals may possess positive attitudes and intentions toward physical activity; however, behavioural enactment depends strongly on perceived behavioural control. From a COM-B perspective, participation is restricted when physical capability and environmental opportunity are insufficient, even when motivation is present. Therefore, the observed barriers should not be interpreted as indicators of low motivation but rather as manifestations of constrained behavioural opportunities within an adverse social environment.

8.5.7.12 Socioeconomic and Accessibility Barriers

Economic constraints emerged as one of the most relevant structural determinants affecting physical activity participation. Although responses demonstrated variability, half of participants agreed that participation required financial resources they could not

afford (45.5%), indicating that the perceived economic burden of exercise represents a substantial barrier for a considerable proportion of the sample.

Importantly, these findings highlight that physical activity interventions requiring membership fees, equipment purchases, or additional personal expenditure may unintentionally exclude those who could benefit most. Within the COM-B framework, financial deprivation represents a limitation of physical opportunity because it restricts access to facilities, programmes, and supportive environments. Consequently, low-cost or free participation models, provision of equipment, and integration of activities within existing social support services are essential components of inclusive intervention design.

Transportation and geographical accessibility represented another major structural barrier. 42.0% of participants indicated that exercise locations were too distant and that transportation costs limited their ability to participate. This finding demonstrates that accessibility is not simply a logistical issue but a fundamental determinant of behavioural opportunity. For individuals experiencing unstable housing, limited mobility, financial insecurity, and competing daily demands, even moderate travel requirements may substantially reduce the feasibility of regular participation.

These findings support ecological models of physical activity promotion, which propose that health behaviours emerge from dynamic interactions between individuals and the social, physical, and organisational environments in which they live. Therefore, increasing physical activity participation requires not only strengthening individual motivation but also creating accessible, supportive, and enabling environments (Sallis et al., 2015). For vulnerable populations, interventions should therefore prioritize proximity, accessibility, flexible delivery, and integration within existing community-based services.

8.5.7.13 Institutional and Scheduling Constraints

Conflicts between exercise schedules and essential support services represented a relevant barrier for a subgroup of participants. Approximately 23% reported that exercise schedules could conflict with meal distribution times or social service appointments. Although responses were heterogeneous, this finding highlights an important implementation consideration: physical activity programmes should not require participants to reorganize already fragile daily routines.

Rather than expecting individuals experiencing homelessness to adapt to conventional sport schedules, successful interventions should be embedded within existing support structures and designed around participants' lived realities. Flexible attendance options, coordination with service providers, and low-threshold participation models may increase accessibility and retention.

8.5.7.14 Survival Priorities and Competing Demands

Contrary to assumptions frequently described in homelessness research, participants generally did not perceive physical activity as competing substantially with essential survival responsibilities. A majority rejected the idea that exercise reduced time available for obtaining food or shelter, suggesting that participation itself was not viewed as incompatible with survival needs.

Similarly, most participants disagreed that exercise would interfere with their social support networks. This finding is particularly important because it challenges deficit-based interpretations suggesting that individuals experiencing homelessness are unwilling or unable to prioritize health-promoting behaviours. Instead, the results indicate that when activities are accessible and appropriately designed, physical activity may coexist with participants' existing social and survival strategies.

8.5.7.15 Physical Capability and Survival-Related Fatigue

Physical capability emerged as an important determinant of participation. Participants reported mixed perceptions regarding fatigue and physical demands. Approximately 37% agreed that daily survival fatigue reduced their energy to participate, while responses regarding exhaustion after exercise were more variable.

A particularly important finding was that exercise itself was not necessarily perceived as the primary source of fatigue; rather, participants' existing physical and psychosocial burden appeared to influence their readiness for engagement. This distinction is theoretically relevant within the COM-B framework because it suggests that barriers originate primarily from reduced physical capability and accumulated disadvantage rather than from exercise avoidance.

Furthermore, a substantial proportion of participants perceived exercise as physically demanding for their current condition. This finding highlights the importance of adaptive intervention models incorporating gradual progression, individualized intensity, and activities appropriate for diverse functional abilities. Programmes designed for homeless populations should avoid assumptions of homogeneous physical capacity and instead adopt inclusive approaches that accommodate chronic illness, reduced fitness, and previous inactivity.

8.5.7.16 Social Identity, Belonging, and Psychological Barriers

The strongest psychosocial barrier identified in the study concerned social identity and perceived belonging. 42% of participants agreed that they did not feel that they belonged among people who exercise, indicating that participation barriers extend beyond practical accessibility to include issues of identity, stigma, and social inclusion.

This finding is highly relevant within both TPB and empowerment perspectives. Subjective norms and perceived social acceptance influence whether individuals

perceive participation as socially appropriate and personally achievable. For individuals experiencing homelessness, previous experiences of exclusion may contribute to expectations of judgement, rejection, or difference from mainstream sport environments.

Therefore, effective sport-based interventions should not focus exclusively on increasing physical activity opportunities but should actively create inclusive social environments where participants experience acceptance, competence, and belonging. Peer support, group cohesion, trauma-informed facilitation, and non-competitive approaches may be particularly valuable strategies for reducing identity-related barriers.

8.5.7.17 Environmental Safety and Appearance-Related Concerns

In contrast to some findings in disadvantaged populations, environmental safety was not identified as a dominant barrier in the present sample. Approximately two-thirds of participants disagreed that there were no safe places to exercise, suggesting that safety concerns were not the primary factor limiting participation.

Similarly, feelings of embarrassment or exposure related to wearing sports clothing represented one of the least influential barriers. Nearly three-quarters of participants rejected this concern, indicating that appearance-related stigma was not a central determinant of participation within this group.

These findings are important because they demonstrate that barriers should not be assumed based solely on characteristics associated with homelessness. Instead, intervention planning should be guided by empirical assessment of the specific population and context.

Table 13. Perceived Barriers to Physical Activity Participation

Item	Disagree (1–3)	Neutral (4)	Agree (5–7)
Activity location is too far and transportation is unaffordable	40.0%	18.0%	42.0%
Participation requires expenses I cannot afford	43.6%	10.9%	45.5%
Schedule conflicts with meal services or social services	62.4%	14.9%	22.7%
Exercise feels too physically demanding	45.1%	18.8%	36.1%
Exercise exhausts me given my daily survival fatigue	50%	**13%**	**37%**
Exercise leaves me too tired to function afterward	47.6%	16.8%	35.6%
I do not belong among people who exercise	43.0%	15%	42%
People around me do not encourage me	40.6%	18.8%	40.6%
My environment discourages me from starting exercise	61.4%	14.9%	23.7%
Exercise takes time away from finding food or shelter	59.4%	14.9%	25.7%

Exercise takes time from other survival responsibilities	46.1%	11.8%	42.1%
Exercise takes time away from my support network	74.5%	13.7%	11.8%
There are no safe spaces to exercise without fear	65.0%	6.0%	29.0%
I feel exposed or ashamed wearing sports clothes	84.3%	5.9%	9.8%

8.5.7.18 Diagnostic Assessment of Physical Activity Readiness

Capability

The Capability domain demonstrated that participants possessed considerably stronger psychological than physical readiness for engaging in regular physical activity (Table 14). More than nine out of ten participants understood the importance of physical activity (90.1%), while over three-quarters reported knowing how to be physically active (77.2%). Similarly, approximately two-thirds reported adequate mental skills (66.3%), mental resilience (67.7%), and the ability to overcome psychological barriers (68.3%).

In contrast, indicators reflecting physical capability were substantially weaker. Only about half of the participants perceived that they possessed sufficient physical skills (50.5%), physical strength (55.4%), endurance (52.5%), or the ability to overcome physical limitations (52.5%). These findings suggest that although participants were psychologically prepared for engagement, many questioned their physical capacity to sustain regular activity.

This discrepancy reflects the cumulative effects of chronic illness, fatigue, poor nutrition, prolonged stress, and functional limitations commonly associated with homelessness. Consequently, physical inactivity appears to be constrained more by perceived physical capability than by inadequate knowledge or psychological readiness.

Table 14. *Capability Indicators*

Indicator	Disagree (1-3)	Neutral (4)	Agree (5-7)
Knowledge of importance	6.9%	3.0%	90.1%
Knowledge of how to exercise	9.9%	12.9%	77.2%
Physical skills	40.6%	8.9%	50.5%
Mental skills	20.8%	12.9%	66.3%
Physical strength	27.7%	16.8%	55.4%
Mental resilience	20.2%	12.1%	67.7%
Overcome physical limitations	35.6%	11.9%	52.5%
Overcome mental barriers	19.8%	11.9%	68.3%
Endurance	29.7%	17.8%	52.5%
Stay active during difficulties	25.7%	17.8%	56.4%

Opportunity

Opportunity emerged as the weakest behavioural domain and represented the principal obstacle to physical activity participation (Table 15). Although approximately two-thirds of participants indicated that they had sufficient time to engage in physical activity (67.3%), most reported lacking the material and social resources necessary for participation.

The greatest barriers were insufficient access to exercise equipment (70.3%), inadequate financial resources (64.6%), and the absence of exercise companions (66.3%). More than half also reported limited behavioural prompts (56.0%) and insufficient social support (50.0%).

These findings clearly indicate that inactivity among adults experiencing homelessness cannot be attributed to unwillingness or lack of motivation. Instead, participation is constrained by environmental deprivation, social isolation, and limited access to supportive resources. Within the COM-B framework, opportunity therefore represents the dominant behavioural bottleneck.

Table 15. *Opportunity Indicators*

Indicator	Disagree (1-3)	Neutral (4)	Agree (5-7)
Time availability	17%	15.8%	67.3%
Financial resources	64.6%	11.1%	24.2%
Equipment/materials	70.3%	5.9%	23.8%
Safe places	33.7%	11.2%	55.1%
People to exercise with	66.3%	9.9%	23.8%
Reminders/triggers	56.0%	7.0%	37.0%
Social support	50.0%	12.0%	38.0%

Motivation

The Motivation domain revealed generally positive attitudes toward physical activity. Most participants expressed a desire to be physically active (66.3%), perceived regular activity as personally necessary (81.2%), and strongly believed that physical activity benefits their health (88.1%).

However, motivation declined substantially when behavioural maintenance was examined. Only 56.4% reported actively planning regular participation, while fewer than half (45.5%) indicated that they were developing a consistent physical activity habit.

These findings suggest that participants possess strong reflective motivation but comparatively weak automatic motivation. They recognize the value of exercise and

intend to participate, yet unstable living conditions and disrupted daily routines limit the establishment of long-term behavioural habits

Table 16. *Motivation Indicators*

Indicator	Disagree (1-3)	Neutral (4)	Agree (5-7)
Desire to be active	17.8%	15.8%	66.3%
Need to be active	10.9%	7.9%	81.2%
Physical activity is beneficial	7.0%	5.0%	88.1%
Planning activity	35.6%	7.9%	56.4%
Developing habit	40.6%	13.9%	45.5%

8.5.8 Qualitative Research

8.5.8.1 Participants and Recruitment Procedure

The qualitative component of the GET-UP study included adults experiencing homelessness, housing instability, or severe housing insecurity who were recruited through community-based organisations and homelessness support services participating in the project. The recruitment strategy aimed to capture diverse lived experiences of homelessness across different European contexts and to explore how structural conditions, psychosocial resources, behavioural readiness, and perceptions of sport-based interventions are experienced by individuals facing housing-related vulnerability. The final qualitative sample consisted of 28 participants recruited from two partner organisations operating in Greece and Italy:

- 17 participants were recruited through the Open Day Centre for Homeless People of the Municipality of Corfu, Greece, managed by Equal Society, a community-based organisation providing social support and services to individuals experiencing homelessness and social exclusion.

- 11 participants were recruited through homelessness support services operated by Fraternità Cristiana Opera di Padre Marella, Italy, an organisation providing integrated assistance and social support to people experiencing homelessness and severe socioeconomic vulnerability.

A purposive sampling strategy was employed to ensure that participants had direct experience of homelessness or housing insecurity and were able to provide rich, contextually grounded accounts of their everyday realities, challenges, coping mechanisms, and perspectives regarding physical activity and sport participation. Purposive sampling was considered appropriate because the study aimed not to achieve statistical representativeness but to obtain in-depth understanding of the meanings, perceptions, and lived experiences of individuals experiencing homelessness.

Eligibility criteria were defined by the GET-UP project consortium and included:

- being aged 18 years or older;
- currently experiencing homelessness, housing instability, or being at significant risk of homelessness according to the operational criteria applied by the participating organisations;
- having sufficient capacity to provide informed consent;
- being willing to participate voluntarily in an interview concerning their experiences, wellbeing, social relationships, and perceptions of sport and physical activity.

Potential participants were identified and approached by trained professionals working within the participating services. This approach ensured that recruitment was conducted within trusted support environments and reduced potential concerns related to unfamiliar researchers approaching individuals experiencing vulnerable circumstances. Before participation, individuals received detailed verbal and written information regarding the purpose of the study, the voluntary nature of participation, confidentiality procedures, data protection measures, and their right to withdraw at any stage without any consequences for their access to services.

Following provision of informed consent, participants completed individual semi-structured interviews conducted by trained members of the research team. Interviews lasted approximately 25–30 minutes and followed a topic guide developed specifically for the GET-UP project. The semi-structured format allowed participants to describe their experiences in their own words while ensuring systematic exploration of key research domains.

8.5.8.2 Ethical Considerations

The study was conducted in accordance with internationally recognised ethical principles for research involving human participants and adhered to the ethical requirements established within the GET-UP project framework. Particular attention was given to the protection of participants experiencing homelessness, recognising their potential vulnerability due to social exclusion, economic hardship, and previous experiences of marginalization

Participation was entirely voluntary, and informed consent was obtained from all participants prior to data collection (Appendix 7). Participants were informed that they could refuse to answer any question or withdraw from the study at any point without experiencing any negative consequences regarding their access to support services (Appendix 6).

To protect confidentiality, no personally identifiable information was collected during interviews. Participants were assigned anonymous identification codes, and all interview data were securely stored and processed according to applicable data

protection regulations, including the principles of the General Data Protection Regulation (GDPR).

The research process was designed to minimise potential discomfort or distress. Interviewers adopted a respectful, trauma-informed approach, allowing participants to determine the depth of disclosure and avoid discussing topics they did not wish to address. The study recognised participants not only as research subjects but as experts of their own lived experiences, ensuring that their perspectives were represented with dignity and respect.

8.5.8.3 Data Collection Procedure

Interviews were carried out within the premises of the collaborating organisations to provide participants with a familiar, safe, and accessible environment. The interview guide was developed in alignment with the conceptual foundations of the GET-UP framework and explored the interaction between structural conditions, psychosocial resources, behavioural readiness, and opportunities for sport participation. Questions were open-ended to encourage participants to reflect on their personal experiences while allowing researchers to explore emerging issues relevant to the study objectives.

All interviews were conducted by trained researchers or professionals experienced in qualitative interviewing and working with vulnerable populations. Interviews were audio-recorded with participants' informed consent, transcribed verbatim, and prepared for analysis. Data were analysed using reflexive thematic analysis, following the methodological principles proposed by Braun and Clarke (2019), which emphasise researcher reflexivity, active engagement with the dataset, and the interpretative development of themes. The analysis aimed to identify patterns of meaning across participants' accounts while preserving the contextual richness of individual experiences within different European homelessness settings.

8.5.8.4 Thematic Analysis

Theme 1. Physical and Psychosomatic Experiences of Everyday Life Under Conditions of Homelessness

The first overarching theme captured participants' embodied experiences of living under conditions of homelessness or housing instability. Across interviews, participants described their bodies as being continuously shaped by everyday demands, uncertainty, health challenges, and the practical requirements of survival. Physical activity was not always experienced as structured exercise or leisure; rather, movement was frequently embedded within daily routines, including walking to access services, completing personal responsibilities, searching for employment, or maintaining independence. Within this context, participants' accounts reflected two interconnected dimensions: (a) the physical burden associated with daily life and (b) the preservation of personal agency and control despite challenging circumstances.

Subtheme 1.1. Daily Functioning: Movement Between Necessity, Fatigue, and Health Maintenance

Participants frequently described high levels of daily movement, although this activity was often driven by necessity rather than intentional exercise. Walking emerged as a central component of everyday life, particularly because many participants had limited access to private transportation or faced financial restrictions. Physical movement therefore represented both a functional requirement and an unavoidable physical demand. An Italian participant described how walking constituted the main way of navigating daily responsibilities:

"My typical day involves a lot of walking. Since I don't have my own vehicle and public transport is often expensive or doesn't coincide with my schedules, I move almost exclusively on foot. I walk to come to the day center, to go to the canteen, or to go to various offices. I would say I walk several kilometers every day." (Italian 1)

Although movement was part of everyday functioning, participants often associated it with bodily exhaustion. The physical demands of homelessness, including extensive walking, unstable routines, and limited opportunities for recovery, were experienced as cumulative burdens. The same Italian participant explained:

"At the end of the day, I feel really exhausted." (Italian 1)

Similar experiences were described by Greek participants, who portrayed everyday mobility as physically demanding and closely connected to survival rather than leisure. A Greek participant explained:

"All day I am outside walking. If I have some small job, I do it, then I come to the centre, and afterwards I am back on the streets." (Greek 1)

Reflecting on the physical consequences of this routine, the same participant stated:

"Tired. Very tired. And I never really get to rest in this situation." (Greek 1)

Greek participants also described movement primarily through everyday activities such as walking, household responsibilities, and attending essential appointments. For some participants, walking represented an accessible form of physical activity that contributed positively to their health. A Greek participant explained:

"I would say that yes, I walk quite a lot." (Greek 2)

When reflecting on bodily sensations after daily activity, this participant associated movement with physical wellbeing:

"I feel good. I have no pains, I feel rested." (Greek 2)

For other participants, however, physical limitations restricted opportunities for participation in sport or structured activity. Health-related barriers, pain, and reduced mobility were described as significant constraints. A Greek participant explained:

"I don't move. I don't exercise at all, I can't, I have health problems. I only move around for my responsibilities. I limp as well." (Greek 3)

Similarly, a Greek participant described how chronic health difficulties influenced everyday functioning:

"I get tired easily and because of my health problem my legs hurt." (Greek 6)

Health-related limitations were also evident in participants whose chronic illnesses constrained even basic forms of movement. One participant living with multiple sclerosis explained:

"Every hour I have to sit down because I get tired... My legs hurt and I cannot move much." (Greek 6)

Likewise, another participant described how daily responsibilities had replaced any possibility of recreational exercise:

"I don't exercise anymore. I only walk." (Greek 5)

These accounts correspond with the codebook categories of **physical fatigue** and **physical pain**, reflecting how bodily limitations affected participants' perceived capacity to engage in additional activities. Importantly, participants did not necessarily reject physical activity; rather, participation was understood through the lens of individual physical possibilities and existing health burdens.

Subtheme 1.2. Physical Activity as a Source of Bodily Wellbeing and Psychological Relief

Despite experiences of fatigue and physical difficulty, participants consistently attributed positive meanings to movement. Physical activity was perceived as contributing to maintaining health, improving mood, reducing psychological pressure, and creating moments of relief from difficult life circumstances.

Greek participants frequently referred to walking as a meaningful health-related behaviour. One Greek participant explained:

"I believe it is because of walking, because the doctors told me to walk. It is good." (Greek 7)

Other Greek participants also recognised walking as one of the few accessible health-promoting behaviours available within their circumstances. As one participant explained:

"Walking is good for the body and for the mind... generally it does you good." (Greek 2)

Similarly, another participant associated renewed participation in physical activity with improved wellbeing:

"It would be good for my body to exercise again." (Greek 5)

For some participants, movement represented not only physical maintenance but also a psychological strategy for coping with distress. Greek participant 9 described running as an experience that helped create distance from difficult thoughts:

"Running makes me forget everything. It helps me forget everything and look only forward, not look back." (Greek 9)

Italian participants similarly emphasized the relationship between physical and psychological wellbeing. One participant highlighted that physical and mental health were inseparable within the experience of homelessness:

"Physical and mental well-being are strictly connected for a person who lives on the street." (Italian 1)

Another Italian participant similarly viewed physical activity as an opportunity to regain emotional balance and maintain optimism despite difficult living conditions:

"When I manage to stay active, I feel calmer and more positive. It helps me deal with everyday problems." (Italian 10)

Thus, movement was not described merely as improving physical condition but as providing opportunities for emotional regulation, restoration, and temporary escape from daily stressors.

Subtheme 1.3. Control, Agency, and Maintaining a Positive Sense of Self

Alongside descriptions of vulnerability and physical difficulty, participants also articulated experiences of personal strength, autonomy, and control. Maintaining a sense of agency appeared to be an important psychological resource in coping with homelessness.

Several participants resisted a passive identity and emphasized their ability to manage their own lives. One Greek participant stated:

"I am the one who knows what I need and I know that I can do it." (Greek 2)

Agency was also expressed through participants' determination to remain self-reliant despite prolonged adversity. Greek participant 4 reflected:

"Life and the situations I have lived through have made me strong. I have learned to manage on my own." (Greek 4)

Similarly, a Greek participant described confidence in his ability to manage his daily life:

"I know what I do and how to walk. I know what I do, I don't believe others. I trust myself." (Greek 7)

This sense of agency was also evident among Italian participants. One Italian participant described maintaining a positive mindset despite difficulties:

"Most of the time, yes. I try to maintain a positive mindset and remind myself that I am capable of changing my situation." (Italian 2)

However, participants' narratives also demonstrated that agency existed within significant structural and health-related constraints. The ability to exercise control over one's life did not necessarily mean that external circumstances were easily changed. Instead, agency was often expressed through small daily decisions, persistence, and attempts to preserve dignity.

Theme 2. Social Connection, Belonging and the Relational Value of Sport

Across participants' narratives, homelessness was not described only as a condition of material deprivation, but also as an experience of **social disconnection, reduced belonging, and weakened interpersonal bonds**. Within this context, sport and physical activity were frequently conceptualized as potential relational spaces where participants could reconnect with others, experience acceptance, and rebuild a sense of belonging.

Subtheme 2.1. Social Isolation and the Loss of Meaningful Relationships

A recurring experience described across participants' narratives was the erosion of social networks and the progressive loss of meaningful relationships following homelessness. Participants frequently referred to loneliness, social disconnection, and a sense of being detached from the wider community. Homelessness was not only experienced as the absence of stable housing but also as a process of social exclusion, in which previous relationships weakened and opportunities for social participation became increasingly limited.

For some participants, social isolation appeared to function as an adaptive response to prolonged adversity. Rather than actively seeking new social connections, some individuals described having gradually learned to depend primarily on themselves, developing self-reliance as a way of coping with uncertainty, disappointment, and repeated experiences of exclusion. A Greek participant expressed this sense of individual survival and limited social attachment:

"I belong to myself. I don't have friends." (Greek 2)

Although this participant did not directly describe loneliness, the absence of meaningful social relationships was evident. His social world appeared significantly restricted, with a sense of belonging experienced mainly within the temporary and supportive environment of the service setting:

"Here yes, depending on the day… depending on whether there are people." (Greek 2)

Similarly, another Greek participant described the gradual disappearance of previous social connections and the experience of becoming socially isolated:

"I had friends in the past, but now I am alone, I don't have any of them." (Greek 6)

However, this participant also framed solitude as a personal decision rather than exclusively as a negative consequence of homelessness:

"I chose it myself and I like it." (Greek 6)

This illustrates the complexity of social isolation among people experiencing homelessness. Being alone was not always perceived solely as a form of deprivation; for some individuals, withdrawal from social relationships represented a form of autonomy, emotional protection, or a way of managing difficult interpersonal experiences. Nevertheless, other narratives reflected a more painful experience of isolation, characterized by reduced motivation, emotional exhaustion, and a diminished sense of connection with others:

"There is no one. Because of homelessness I don't feel I have any strength at all... Sometimes I neglect everything. I don't feel like doing anything." (Greek 1)

Another Greek participant described the profound absence of social support:

"I'm alone. I have no family and no friends." (Greek 3)

Similarly, a participant emphasized the contrast between previous social relationships and current isolation:

"I used to have friends, but now I'm alone. I don't have any of them anymore." (Greek 6)

Italian participants also described homelessness as a condition associated with disrupted social belonging and weakened connections with wider society. Their accounts highlighted the emotional consequences of feeling excluded, overlooked, and socially unrecognized. One Italian participant described this experience through the metaphor of invisibility:

"Outside this place it's difficult to feel part of society. Often you feel invisible." (Italian 1)

The feeling of invisibility emerged as a particularly important dimension of participants' experiences, suggesting that homelessness affected not only material living conditions but also individuals' sense of identity, dignity, and social recognition. Another Italian participant described homelessness as a gradual process of losing contact with others:

"When you don't have a home, you slowly lose contact with people." (Italian 5)

This account highlights how homelessness may contribute to a progressive weakening of social bonds, where isolation develops over time rather than occurring as a single event. The narratives suggest that social exclusion operates through both external processes—such as reduced opportunities for participation and acceptance—and internal processes, including withdrawal, loss of confidence, and reduced expectations of meaningful connection.

Overall, participants' accounts demonstrate that social isolation was experienced in diverse and sometimes contradictory ways. For some, being alone represented loss, abandonment, and exclusion from society; for others, it reflected a conscious strategy of self-protection and emotional regulation. Nevertheless, across both Greek and Italian narratives, homelessness was consistently associated with a disruption of social belonging and a challenge to maintaining meaningful interpersonal relationships. These findings underline the importance of interventions that go beyond meeting basic needs and actively create opportunities for social reconnection, community participation, and restoration of a sense of belonging.

Subtheme 2.2. Support Networks as Protective Resources

Despite widespread experiences of social isolation, disrupted relationships, and limited social connectedness, participants consistently identified specific individuals, peers, and service providers who functioned as important sources of emotional reassurance, practical assistance, and stability. Support networks were often fragile and limited; however, even small forms of connection appeared to play a protective role by

reducing feelings of loneliness, providing a sense of belonging, and helping participants cope with the uncertainty associated with homelessness and housing insecurity.

Among Greek participants, support was frequently described as restricted to a small number of family members, friends, or the professionals and social environment of the support centre. Some participants highlighted the absence of broader social networks and the importance of the service setting as one of the few remaining spaces where meaningful human contact was available. As one participant explained:

"My sister helps me a little, but mainly I am alone." (Greek 2)

Similarly, another participant described the day centre as his primary source of social connection and support:

"I don't have anyone. Only here when I come to the centre." (Greek 5)

For these participants, the centre represented more than a place where basic needs were addressed. It operated as a relational space where they could experience recognition, communication, and temporary relief from social exclusion. Another Greek participant emphasized the value of conversations with staff and other service users in helping him process difficulties and regain clarity:

"Maybe talking with the people here at the centre. Many times they help me think more clearly." (Greek 1)

However, not all Greek participants experienced support as exclusively institutional. Some identified informal friendships as important protective resources. A Greek Participant described the significance of maintaining positive relationships and the emotional value of having trustworthy people around him:

"Myself, my friends... I have very good friends and I'm very lucky." (Greek 4)

These accounts illustrate that, even within contexts of significant social vulnerability, existing interpersonal relationships could provide participants with emotional security, encouragement, and a sense of continuity.

Italian participants similarly highlighted the importance of both formal and informal support networks. A recurring theme was the contribution of professionals working in support services, who were perceived not only as providers of practical assistance but also as reliable and compassionate figures during periods of instability. One Italian participant described the combined role of family support and professional assistance:

"I have a cousin who helps me when he can, maybe giving me a hot meal or just listening to me. And then there are the operators of this centre, who are always very

kind and try to help me with practical matters. Without them, it would be much harder." (Italian 1)

This narrative highlights how support was often multidimensional, combining material assistance, emotional availability, and guidance in navigating everyday challenges. The participant's description of professionals as "always kind" suggests that respectful and consistent relationships with service providers contributed to feelings of safety and trust.

In addition to professional support, Italian participants emphasized the importance of peer relationships and mutual solidarity. One participant described a reciprocal friendship developed within the context of homelessness, where emotional sharing and practical cooperation helped reduce isolation:

"I have a very good friend whom I met a year ago. We support each other a lot, talk through our problems, and share a meal when possible." (Italian 11)

Similarly, the same participant emphasized the collective dimension of peer support:

"We support each other a lot, we talk about our problems and when we can we even share meals." (Italian 11)

Across both Greek and Italian contexts, these narratives demonstrate that support networks operated as important psychological and social resources rather than merely sources of practical help. Whether provided by family members, friends, peers, or professionals, supportive relationships offered participants opportunities for connection, emotional validation, and shared coping. In environments characterized by uncertainty, marginalization, and disrupted social ties, even limited networks of support appeared to function as protective factors that helped participants maintain hope, strengthen resilience, and navigate everyday challenges associated with homelessness.

These findings further suggest that homelessness services may play a critical relational role beyond the provision of material assistance. By creating spaces where individuals can establish trusting relationships and experience social inclusion, support centres can contribute to rebuilding social connectedness and restoring aspects of identity and belonging that are frequently eroded through prolonged experiences of homelessness.

Subtheme 2.3. Sport Groups as Safe Spaces of Belonging and Recognition

Across the interviews, participants consistently constructed group-based physical activity as a potential space for rebuilding social relationships, reducing isolation, and experiencing a sense of belonging. Sport was rarely described merely as a form of exercise or a means of improving physical health; instead, its value was

primarily associated with the social environment it could create. Participants emphasized that being physically active together with others who shared similar life circumstances could foster mutual understanding, emotional support, and a sense of acceptance.

For many participants, the possibility of participating alongside people experiencing similar difficulties was perceived as particularly meaningful because it reduced feelings of difference and social exclusion. A Greek participant highlighted the importance of being understood by others with comparable experiences:

"This is good… because someone else is in the same situation as you and understands you." (Greek 7)

For this participant, the potential emotional benefits of sport were directly linked to the feeling of belonging and shared experience:

"Yes, it would make me feel better." (Greek 7)

Similarly, Greek participants emphasized that the social context surrounding physical activity could transform exercise into an opportunity for companionship and interpersonal connection. One participant described walking not simply as a physical activity but as an enjoyable social experience when shared with others:

"I like walking, especially if it is with good company." (Greek 4)

The importance of companionship and social interaction was also evident when participants discussed organized group activities. A Greek Participant explained that participation through the support centre could provide motivation and strengthen existing social bonds:

"It would be nice. I would like it. If it was organised through the centre it would be good. We spend the whole day together here. It would motivate me." (Greek 1)

This account illustrates that sport groups were perceived not only as opportunities for exercise but also as extensions of existing supportive environments, where daily interactions could be transformed into more meaningful collective experiences.

Shared experiences and the possibility of identifying with others emerged as central mechanisms through which sport could facilitate belonging. Greek Participant 2 explained:

"If I have things in common with someone else, that's good." (Greek 2)

Likewise, a Greek Participant highlighted the social value of meeting others and developing new connections:

"I like meeting new people." (Greek 4)

When reflecting on participating with people who had similar experiences, she further emphasized the sense of comfort and acceptance this could provide:

"Then I would like it. I would feel comfortable." (Greek 4)

Another important aspect concerned the role of the group in overcoming practical and emotional barriers to participation. Greek Participant 5 explained that collective participation could make engagement easier, while exercising alone might represent an additional challenge:

"If everyone else was doing it and there was a group, I would come. Alone it would be difficult." (Greek 5)

This finding suggests that group-based sport environments may function as enabling contexts by increasing motivation, reducing anxiety about participation, and creating a sense of shared responsibility among participants.

Italian participants similarly described sport groups as emotionally safe environments where they could experience acceptance without stigma or judgement. Italian Participant 1 explained that attending the centre and interacting with others created a feeling of familiarity and belonging:

"When I come here I feel a bit more at home. I meet people who share similar situations to mine, and there is a sort of unspoken understanding. You don't feel judged, and this makes you feel less lonely." (Italian 1)

For this participant, the significance of group participation was not primarily related to the activity itself but to the emotional security generated through shared experiences. The group became a space where participants could be recognized beyond their homelessness status and experience a sense of inclusion.

The same participant further emphasized the importance of collective participation:

"Being in a group, yes, that's worth a lot." (Italian 1)

Another Italian participant reinforced this perspective by describing group participation as a way of reducing the emotional burden of facing difficulties alone:

"Being in a group makes you feel that you're no longer facing everything by yourself." (Italian 4)

Taken together, these narratives indicate that sport groups were perceived as potential safe spaces of belonging, recognition, and social identity reconstruction. Participants valued sport not only because it involved movement or exercise, but

because it created opportunities for interpersonal connection, mutual support, and the development of a shared sense of community. In contexts characterized by social exclusion, loneliness, and disrupted relationships, group-based physical activity was constructed as a potential social bridge that could facilitate movement from isolation toward connection, from anonymity toward recognition, and from individual struggle toward collective belonging.

Subtheme 2.4. Sport Participation as a Vehicle for Trust, Cooperation and Social Skills

Beyond facilitating social contact and reducing isolation, participants conceptualized sport participation as a meaningful social environment in which trust, cooperation, interpersonal skills, and a sense of belonging could gradually be developed. Sport was not described merely as a physical activity, but as a shared experience that could encourage interaction, mutual support, and the rebuilding of social connections.

Greek participants frequently emphasized the role of group-based activities in fostering cooperation, patience, and collective effort. One participant highlighted the social learning potential of participating with others:

"Through a group activity, walking together, this would help develop teamwork, patience and cooperation." (Greek 7)

The same participant described how observing others' participation could create reciprocal encouragement and spontaneous social connection:

"They will see me walking and they will say 'let's walk together'." (Greek 7)

These narratives indicate that participants viewed sport as a context where relationships could emerge naturally through shared activity, rather than through formal social interventions. Participation was perceived as creating opportunities for mutual encouragement, trust-building, and the development of cooperative behaviours.

Greek participants also associated sport with increased motivation, social openness, and the possibility of reconnecting with others. For example, Greek Participant 1 described sport as a source of personal activation:

"It would motivate me." (Greek 1)

Similarly, a Greek Participant emphasized the expectation that sport could provide positive social experiences and opportunities for new relationships:

"I hope I would have nice experiences and meet new people." (Greek 4)

For a Greek Participant, participation represented an opportunity to regain structure and meaning in everyday life:

"My day would be fuller instead of doing nothing. It would help me escape my daily routine and my problems." (Greek 5)

Participants also highlighted the emotional and behavioural benefits associated with engaging in structured physical activities. A Greek Participant suggested that sport could contribute to improved emotional regulation:

"Yes, maybe it would help me manage my anger better." (Greek 2)

Italian participants similarly described sport as a pathway towards greater self-confidence, social inclusion, and interpersonal engagement. Italian Participant 2 explained that even light physical activities could have important psychological and social benefits:

"Light sports… can help me mentally to have more confidence in myself and to be more stimulated to be among people and socialize." (Italian 2)

This perspective was reinforced by the same participant, who further emphasized the role of sport in encouraging interaction:

"It would give me more confidence in myself and encourage me to be among people." (Italian 2)

Italian participants also highlighted the importance of maintaining daily structure and having meaningful activities that support a sense of usefulness and personal agency. An Italian Participant described the value of staying active and engaged:

"My day must be kept busy. I must do things, I must practically make myself useful to always keep the brain moving." (Italian 8)

Similarly, the participant later reinforced the importance of routine and purposeful engagement:

"I have to keep myself busy. I have to make myself useful." (Italian 8)

Another Italian participant emphasized the collective and emotional dimension of shared activities, suggesting that sport could temporarily shift attention away from individual struggles and promote connection with others:

"When you're doing something together, you stop thinking only about your own problems." (Italian 10)

Taken together, these accounts demonstrate that participants understood sport participation as a social and psychosocial process rather than simply a form of exercise. Through shared experiences, sport was perceived as a space where individuals could rebuild confidence, practise cooperation, regulate emotions, and develop a renewed

sense of social identity. The opportunity to participate alongside others appeared particularly important for people experiencing homelessness, as it offered moments of belonging, recognition, and mutual support that contrasted with experiences of isolation and social exclusion.

Thus, sport functioned as a vehicle for rebuilding interpersonal trust, strengthening social skills, and restoring everyday routines and personal purpose. Participants' narratives suggest that the social value of sport lies not only in the activity itself, but in the relationships, meanings, and sense of usefulness created through collective participation.

Subtheme 2.5. The Importance of a Non-Judgemental and Inclusive Environment

A consistent element emerging across participants' narratives was the fundamental importance of creating non-judgemental, inclusive, and psychologically safe environments where individuals experiencing homelessness could participate without fear of criticism, exclusion, or stigma. Participants emphasized that engagement in physical activity was not determined solely by the type of activity offered, but was strongly influenced by the interpersonal atmosphere, the attitudes of other participants, and the extent to which they felt accepted and respected within the group.

For many participants, feeling comfortable and socially accepted appeared to be a prerequisite for continued participation. A Greek participant highlighted the importance of interpersonal relationships and emotional comfort within the group:

"If I don't fit with the people, I wouldn't come again. But if I had a good time, I would definitely come." (Greek 4)

This narrative illustrates that participation was closely linked to a sense of belonging and psychological safety. The activity itself was not sufficient to ensure continued engagement; rather, participants needed to experience positive social interactions and a supportive group climate.

Similarly, Italian participants strongly emphasized the importance of feeling welcomed and included. One participant explained:

"If there is a welcoming atmosphere, if you feel part of a team and there is no judgment, you come back willingly even if you missed a day." (Italian 11)

Another Italian participant reinforced the significance of acceptance and the absence of stigma:

"You don't feel judged." (Italian 1)

and added:

"If there's a welcoming atmosphere and nobody judges you, you want to come back." (Italian 1)

These accounts suggest that a supportive environment could counteract previous experiences of marginalization and social exclusion, allowing participants to reconnect with others in a context characterized by dignity and mutual respect.

The importance of autonomy within inclusive environments was also evident. While participants valued social connection, they also expressed the need to maintain personal choice and boundaries. Greek Participant 6 stated:

"I would come, but I wouldn't want to make friends." (Greek 6)

This reflects a nuanced understanding of inclusion: participation did not necessarily require immediate social closeness, but rather the opportunity to engage at one's own pace within an environment free from pressure. Respecting individual preferences and readiness appeared essential for fostering trust and sustained involvement.

The influence of group participation and peer presence was also highlighted. A Greek Participant explained:

"If everyone else was participating, I would come too." (Greek 5)

This indicates that collective engagement and the presence of peers could function as important motivational factors, reducing feelings of isolation and encouraging participation through social modelling and shared experience.

Overall, these narratives demonstrate that psychological safety, acceptance, and respect were not secondary features of sport-based interventions but essential conditions for meaningful engagement among people experiencing homelessness. Participants' accounts suggest that effective physical activity programmes should move beyond providing opportunities for exercise and intentionally cultivate environments where individuals feel valued, included, and free from judgement. Such environments may contribute to rebuilding trust, strengthening social belonging, and supporting sustained participation among populations who have often experienced exclusion and stigma.

Theme 3: Physical Activity as a Pathway for Empowerment, Self-Development and Rebuilding Personal Identity

A third overarching theme identified across the interviews concerned the role of physical activity and sport as a potential pathway for **personal empowerment,**

restoration of self-confidence, development of life skills, and reconstruction of identity beyond homelessness. Participants did not primarily describe sport as competitive performance or physical achievement. Instead, they conceptualized movement-based activities as opportunities to regain a sense of competence, establish meaningful routines, experience achievement, and reconnect with positive aspects of themselves.

Subtheme 3.1: Physical Activity as a Source of Self-Confidence and Perceived Competence

Participants frequently associated physical activity with feelings of capability, strength, and personal control. For individuals experiencing homelessness, whose daily lives are often characterized by uncertainty and reduced control over circumstances, physical activity was perceived as a context where they could experience personal agency and achievement.

Several participants described movement not simply as exercise, but as a way of maintaining a positive relationship with their bodies and reinforcing their belief in their own abilities. Greek participants particularly emphasized the connection between previous or current engagement in physical activity and their self-perception. For example, one participant explained that past involvement with exercise continued to influence his current sense of strength:

"Because I used to exercise in the past, I feel capable and strong." (Greek 5)

This perception of competence was also evident among participants who maintained regular walking routines. Walking was not considered merely a necessity but also a behaviour associated with autonomy and self-management:

"I believe I have control. I know what I do and how to walk. I know what I am doing; I trust myself." (Greek 7)

Similarly, another Greek participant described physical activity as something that contributed to his personal confidence:

"I know what I need and I know that I can do it." (Greek 2)

These accounts indicate that movement practices may provide experiences of mastery, reinforcing perceived behavioural control and self-efficacy.

Italian participants also described physical activity as a mechanism through which individuals could rediscover personal capabilities and overcome perceived limitations. One participant highlighted the psychological meaning of physical challenges:

"Resilience, which, especially in sports, is the first thing. The ability to set your mind on achieving a goal despite the efforts that sport demands from you." (Italian 2)

Another Italian participant emphasized that commitment to physical activity could strengthen confidence:

"If someone commits themselves to sport, they manage to understand that any commitment and carrying that commitment through to the end… gives a strength, a self-esteem, an ability to overcome one's own results." (Italian 4)

Thus, participants understood physical activity as an experiential process through which individuals could regain confidence by setting goals, overcoming challenges, and experiencing success.

Subtheme 3.2: Sport as a Context for Developing Life Skills and Behavioural Change

Beyond physical benefits, participants frequently described sport as an environment capable of strengthening psychosocial skills that are relevant to everyday life. These included patience, discipline, emotional regulation, cooperation, and perseverance. Greek participants often referred to structured physical activity as a potential opportunity to rebuild routine and develop behavioural consistency. One participant explained:

"I think it could help me to be more disciplined and to have a more fixed routine, which is something you easily lose in this condition." (Greek 1)

The same participant also highlighted the interpersonal learning processes embedded within group activities:

"Playing in a team helps you to cooperate, to trust others, and also to manage frustration when things don't go well. These are all things that are useful in everyday life." (Greek 1)

Participants also recognized that sport could provide opportunities to practise emotional control. For example, one Greek participant identified anger management as an area where physical activity could be beneficial:

"Yes, because sometimes I get angry easily… with exercise and being with other people I could manage it better." (Greek 4)

Similarly, another participant described the value of group walking as a mechanism for mutual motivation:

"They will see me, the other people who walk, and they will say 'walking together'... we will give motivation to each other." (Greek 7)

Italian participants also emphasized sport as a learning environment where individuals could develop persistence and social skills. Physical activity was viewed as a structured experience where individuals could practise commitment and recognize their ability to progress:

"Sport teaches you commitment and effort. Beyond the result, completing something gives strength, self-esteem, and the ability to overcome your own limits." (Italian 4)

Another Italian participant highlighted the collective dimension of skill development:

"Self-esteem is also important; it develops through mutual compliments, a shift from individuality to collectivity." (Italian 5)

These narratives suggest that sport was understood as a social learning environment, where participants could acquire transferable skills relevant to coping with everyday challenges.

Subtheme 3.3: Participation as a Mechanism for Restoring Identity, Purpose, and Everyday Structure

A prominent element across interviews was the idea that participation in physical activity could provide meaning, structure, and a renewed sense of identity. Participants frequently described homelessness as a condition characterized by disrupted routines, inactivity, and social withdrawal. Within this context, sport was perceived as a meaningful activity capable of filling time constructively and creating opportunities for positive engagement. A Greek participant explained:

"My day would be better filled instead of doing nothing. It would help me because I would escape from my everyday life and my problems." (Greek 5)

Similarly, another participant described physical activity as a way to move beyond isolation and reconnect with everyday experiences:

"I would escape from everyday life, from the house. I would spend some time, meet new people, probably." (Greek 8)

For some participants, sport was also associated with restoring a sense of normality and participation in ordinary social life. One participant highlighted that joining a group activity would create positive feelings because of shared experiences:

"If I have something in common with another person, it is good." (Greek 2)

Italian participants similarly described sport as a pathway for reconnecting with meaningful activities and developing a sense of purpose. One participant emphasized that structured activities could help maintain cognitive engagement and daily organization:

"My day must be kept busy. I must do things, I must make myself useful to always keep the brain moving." *(Italian 9)*

Another Italian participant described participation in organized activities as an opportunity to rebuild social connection:

"After a quite long period of time, more than being just guests, we developed a good relationship of friendship too. I think it's the best thing." (Italian 10)

These narratives demonstrate that physical activity was valued not only because of its direct health effects but also because it created opportunities for individuals to occupy meaningful social roles and experience belonging.

Theme 4: Empowerment and Future-Oriented Change Through Sport Participation

The final analytical theme captured participants' reflections on the potential transformative role of sport and physical activity beyond immediate physical benefits. Across Greek and Italian participants, sport was conceptualized as a possible pathway for rebuilding everyday structure, strengthening self-perception, developing psychosocial resources, and reconnecting with others. However, participants did not describe sport as a solution to homelessness itself; rather, they positioned it as a supportive practice that could create moments of stability, meaningful engagement, and personal empowerment within otherwise uncertain life circumstances.

Subtheme 4.1 Sport as a Mechanism for Rebuilding Routine and Meaningful Daily Activity

A dominant pattern across interviews was that participants perceived structured physical activity as valuable because it could introduce organization and predictability into fragmented daily lives. Many participants described homelessness or unstable living conditions as situations characterized by uncertainty, inactivity, and loss of routine. Therefore, sport was valued not only because of movement itself, but because it represented a scheduled activity that could provide purpose and temporal structure. A Greek participant emphasized that participation could provide an alternative to passive daily routines:

"*It would fill my day better instead of doing nothing. It would do me good because I would escape from my everyday life and my problems." (Greek 5)*

This statement illustrates how physical activity was interpreted as a meaningful occupation rather than simply exercise. The anticipated benefit was not limited to physical improvement but included psychological distance from daily stressors. Similarly, another Greek participant explained that joining an organised activity would create a reason to leave the repetitive nature of everyday life:

"I would escape from the everyday routine, from the house. I would spend some time, meet new people, probably." (Greek 8)

For this participant, sport represented an opportunity for activation and engagement. The value of participation was associated with doing something meaningful and socially oriented.

Italian participants expressed similar views, particularly emphasizing the importance of having structured activities that prevent isolation and inactivity. Italian Participant 11 described the importance of remaining mentally active:

"My day must be kept busy. It shouldn't just be a commitment on the phone. I must do things, I must practically make myself useful to always keep the brain moving." (Italian 11)

This narrative extends the meaning of physical activity beyond exercise. Participation was framed as a way to maintain cognitive engagement, personal usefulness, and daily purpose. Likewise, an Italian Participant described the uncertainty created by unstable employment and waiting periods:

"Some months I work a lot, but lately, instead, I've been working little to nothing... so I just wait for them to call me." (Italian 8)

Within this context, sport was perceived as a potential stabilizing activity that could provide structure during periods of inactivity. Overall, participants positioned sport as a **routine-building intervention**, capable of restoring elements of normality that are frequently disrupted by homelessness and socioeconomic instability.

Subtheme 4.2 Sport as a Context for Psychological Strengthening and Self-Efficacy

Beyond routine formation, participants frequently associated sport participation with improvements in confidence, emotional regulation, and personal strength. The possibility of engaging in physical activity was linked with regaining a positive relationship with oneself and developing a stronger sense of capability. Greek

participants frequently referred to previous experiences of physical activity as sources of identity and strength. One participant explained:

"Because I used to exercise in the past, I feel capable and strong." (Greek 5)

This quote demonstrates how previous engagement with sport remained part of the participant's self-concept, even after experiencing significant life difficulties.

Another Greek participant described walking as a source of confidence and autonomy:

"I know what I do and how to walk. I know what I do; I don't believe others. I know what I do myself." (Greek 7)

Here, physical activity was connected with personal control and independence, reflecting the codebook category of **sense of control**.

For other participants, sport was perceived as a tool for emotional regulation. A Greek Participant highlighted the potential role of exercise in managing emotional reactions:

"Yes, because why not… I think it could help me manage my anger better." (Greek 2)

Similarly, a Greek Participant described running as a psychological escape:

"Running makes me forget everything. It helps me forget everything and look only forward, not backwards." (Greek 9)

This illustrates sport as a coping mechanism that temporarily reduces psychological burden and supports future-oriented thinking.

Italian participants also described psychological benefits, particularly related to mood and confidence. Italian Participant 1 explained:

"It could help to clear the mind and stay healthy." (Italian 1)

Another Italian participant emphasized the combined physical and psychological effects of participation:

"Definitely physical changes because I would burn off some fat, and mentally too because being in a group distracts you and stimulates you. I would feel better, definitely, both mentally and physically." (Italian 9)

These accounts suggest that sport was viewed as a resource for rebuilding psychological capacity, particularly through increased confidence, emotional relief, and renewed motivation.

Subtheme 4.3 Sport as a Pathway for Social Participation and Belonging

A further dimension of empowerment concerned the social opportunities created through group-based activities. Participants frequently emphasized that sport could provide opportunities to meet others, experience acceptance, and reduce feelings of isolation. A Greek Participant described the importance of being with people who share similar experiences:

"This is good… because someone else is in the same situation as you, understands you. It would make you feel better." (Greek 7)

Similarly:

"If they did it as a group and there was a team, I would come. Alone it is difficult." (Greek 5)

This highlights that participation was not only dependent on individual motivation but also on the presence of supportive social environments.

Italian participants expressed comparable expectations regarding group belonging. Italian Participant 1 described the importance of feeling accepted:

"When I come here I feel a bit more at home. I meet people who share similar situations to mine, and there is a sort of unspoken understanding. You don't feel judged, and this makes you feel less lonely." (Italian 1)

The social dimension of sport was particularly important because many participants described experiences of isolation and invisibility. Group-based physical activity was therefore conceptualized as a context where relationships could be rebuilt.

An Italian Participant similarly highlighted companionship as a key facilitator of continued engagement:

"Simply being together with people definitely helps me find motivation. It stimulates me to keep going further and further." (Italian 9)

Thus, sport was interpreted as a social intervention capable of creating supportive networks, strengthening belonging, and promoting interpersonal trust.

Subtheme 4.4 Developing Life Skills Through Sport Participation

Participants also recognized sport as a potential environment for developing transferable skills relevant to everyday life. These included patience, cooperation, discipline, resilience, and communication. A Greek Participant explained:

"Through a group activity… it would help develop teamwork, patience, and cooperation. I believe it." (Greek 7)

Another participant similarly linked sport with discipline:

"Because a team works with discipline, it has rhythm, it has a programme." (Greek 8)

Italian participants also emphasized skills beyond physical performance. One participant explained:

"Being in a group helps you find motivation… and reach goals that are increasingly bigger and further away." (Italian 9)

Another Italian participant highlighted the importance of organisation and planning:

"I would like to collaborate in the phase of programming… to structure the day, to manage the day." (Italian 11)

These findings suggest that participants did not perceive sport merely as recreational activity but as an experiential environment where personal competencies could be strengthened.

Subtheme 4.5 Future Expectations and Realistic Transformation

Although participants expressed positive expectations, they generally avoided portraying sport as a complete solution to their broader social difficulties. Instead, they described realistic and incremental changes. A Greek Participant reflected:

"My life itself stays the same. What I am, I am. But in my health, of course, it would help." (Greek 7)

Similarly,

"No big changes… okay." (Greek 4)

These statements demonstrate a realistic understanding that sport can support wellbeing without directly resolving structural problems related to homelessness.

Italian participants expressed comparable expectations. An Italian Participant suggested that participation would improve wellbeing but remained dependent on practical circumstances:

"My mood and also my physical condition would obviously benefit from it… but again, it always depends on when I have time based on my work schedule." (Italian 8)

Therefore, empowerment was conceptualized not as complete life transformation but as the creation of meaningful opportunities for agency, health improvement, social connection, and personal development.

8.5.9 Discussion

The present study provides a theoretically integrated understanding of physical activity readiness and sport participation among adults experiencing homelessness or severe housing insecurity by combining quantitative assessment of behavioural determinants with qualitative exploration of lived experiences. By integrating the Theory of Planned Behavior (TPB), the COM-B Behaviour Change Model, and the GET-UP Risk Environment Framework, the study moves beyond individual-level explanations of physical inactivity and demonstrates how participation in sport-based interventions emerges from the dynamic interaction between structural conditions, psychosocial resources, behavioural readiness, and supportive intervention environments.

A central finding emerging from the triangulation of quantitative and qualitative data is that limited participation in physical activity among people experiencing homelessness should not be interpreted as a consequence of low motivation or lack of recognition of the benefits of exercise. Instead, behavioural engagement was constrained by the interaction between structural disadvantage, reduced opportunities, health-related limitations, and weakened social resources. Quantitative findings showed that participants generally held positive attitudes towards physical activity, with the majority recognising its benefits for health, stress reduction, psychological wellbeing, and social connection. Similarly, qualitative narratives demonstrated that participants perceived movement and sport as meaningful resources capable of improving daily structure, emotional wellbeing, and social inclusion. As one Greek participant explained:

"It would fill my day better instead of doing nothing. It would help me escape my everyday problems." (Greek 5)

This convergence between quantitative attitudes and qualitative experiences provides strong evidence that physical activity is valued among adults experiencing homelessness. The challenge therefore does not primarily concern the creation of motivation but rather the transformation of existing motivation into feasible and sustainable behavioural opportunities.

The GET-UP Risk Environment Framework proposes that sport participation among people experiencing homelessness is shaped through a sequential but interconnected pathway:

Structural Environment → Psychosocial Resources → Behavioural Readiness → Sport-Based Life Skills Intervention → Life Skills Development → Long-Term Outcomes.

The findings provide empirical support for this pathway by demonstrating that behavioural readiness cannot be separated from the environmental conditions in which individuals live. Homelessness represents not simply the absence of housing but a complex risk environment characterised by material deprivation, unstable routines, restricted access to services, social exclusion, and cumulative exposure to adversity. These structural conditions influence both the capacity and opportunity to participate in physical activity.

The quantitative findings identified transportation difficulties, financial limitations, insufficient access to facilities and equipment, and competing survival priorities as major barriers. These findings were strongly confirmed through qualitative accounts, where participants described sport as desirable but often difficult to prioritise within contexts dominated by immediate concerns related to housing, safety, health, and daily survival. Thus, physical inactivity appeared less as a personal choice and more as an adaptive response to constrained environments.

This interpretation extends traditional approaches to health behaviour change. Whereas conventional models often emphasise modifying individual attitudes and motivation, the GET-UP findings demonstrate that positive beliefs alone are insufficient when structural environments restrict behavioural possibilities. In this sense, the study supports the Risk Environment perspective, which argues that health-related behaviours are produced through interactions between individuals and their social, economic, and physical environments.

The first level of the GET-UP framework concerns the **structural environment** in which behavioural choices are formed, negotiated, and ultimately enacted. This level recognises that engagement in physical activity does not occur in isolation but is embedded within broader social, economic, institutional, and material conditions that shape what individuals are realistically able to do. The findings demonstrated that homelessness influenced physical activity participation through multiple interconnected pathways, indicating that behavioural readiness cannot be fully understood without considering the environmental contexts in which participants lived.

Across both quantitative and qualitative findings, structural disadvantage emerged as a fundamental determinant of participation. Participants frequently described unstable living circumstances, limited financial resources, inadequate transportation options, restricted access to safe and appropriate spaces for exercise, and

difficulties maintaining predictable daily routines. These barriers reflected the broader realities of homelessness, where immediate concerns related to housing security, food access, healthcare needs, safety, and survival often compete with opportunities for health-promoting behaviours such as physical activity. Consequently, participation in organised sport required additional resources—time, money, transportation, physical energy, and psychological availability—that were often difficult to mobilise within conditions of prolonged uncertainty.

The quantitative findings strongly supported this interpretation. Environmental and organisational opportunity represented one of the most constrained components within the COM-B assessment, with participants reporting limited access to infrastructure, equipment, financial resources, and supportive opportunities for participation. Similarly, barriers identified through the TPB assessment indicated that perceived behavioural control was shaped not only by personal confidence but also by realistic evaluations of whether participation was practically achievable. Thus, although participants generally believed that physical activity was beneficial and personally valuable, their ability to transform these positive beliefs into action was restricted by environmental limitations.

Importantly, qualitative findings expanded this understanding by demonstrating that structural disadvantage influenced not only material access but also participants' perceptions of social belonging and legitimacy within sport environments. Several participants described feeling disconnected from conventional sport settings and uncertain whether they would be accepted among people who regularly exercise. For individuals who have experienced prolonged homelessness, stigma, exclusion, and repeated social rejection, mainstream sport environments may represent unfamiliar or psychologically unsafe spaces. Therefore, opportunity barriers were not exclusively related to the availability of facilities or financial costs; they also involved symbolic and relational dimensions, including whether participants perceived themselves as individuals who "belong" in sport.

This finding highlights an important extension of traditional ecological models of physical activity. While physical environments and resources are essential, participation is also influenced by social environments that communicate acceptance, recognition, and inclusion. A programme may therefore be geographically accessible and financially free, yet remain inaccessible if participants perceive it as an environment where they do not fit, where they may be judged, or where previous experiences of exclusion may be reproduced.

Within this context, sport was valued by participants precisely because it represented an alternative social environment characterised by acceptance, equality, shared experience, and mutual support. Across Greek and Italian interviews, participants consistently described sport-based groups as spaces where they could interact with others without stigma, develop relationships based on common experiences, rebuild trust, and experience recognition beyond their identity as people

experiencing homelessness. Sport was not merely perceived as an opportunity to exercise but as a context where individuals could temporarily move away from experiences of marginalisation and participate as valued members of a group.

These findings suggest that effective sport-based interventions for people experiencing homelessness should move beyond the provision of physical activity opportunities alone. Interventions must actively address the structural and social conditions that influence participation by reducing practical barriers while simultaneously creating environments characterised by psychological safety, inclusion, and belonging. This requires accessible locations, transportation support where necessary, provision of equipment, flexible scheduling, and integration within trusted homelessness services. Equally important is the intentional development of supportive group cultures based on respect, non-judgement, peer connection, and participant autonomy.

From the perspective of the GET-UP Risk Environment Framework, the structural environment therefore represents both a barrier system and a potential intervention target. While homelessness creates conditions that restrict opportunities for healthy behaviours, appropriately designed sport-based environments can partially counteract these constraints by creating new spaces of inclusion, social connection, and empowerment. In this way, modifying the environment becomes a central mechanism of behaviour change rather than a secondary implementation consideration. The findings reinforce the principle that sustainable engagement in physical activity among adults experiencing homelessness requires not only motivated individuals but also environments that make participation realistically possible and socially meaningful.

The second component of the GET-UP framework highlights **psychosocial resources** as critical mediating mechanisms linking structural conditions with behavioural engagement. While the structural environment determines the availability of opportunities and resources, psychosocial factors influence how individuals perceive their own capacity to participate, overcome barriers, and sustain engagement in meaningful activities. Within this framework, physical and mental health, self-efficacy, resilience, perceived competence, social support, and previous experiences of adversity interact dynamically to shape readiness for sport participation.

The quantitative findings indicated substantial health-related vulnerability among participants, reflecting the cumulative impact of homelessness and prolonged social disadvantage. A considerable proportion of participants reported poor or fair perceived physical health, chronic health conditions, and psychological difficulties that potentially limited their ability to engage in regular physical activity. These vulnerabilities appeared to influence perceived behavioural control, as participants often distinguished between wanting to participate and feeling physically and practically capable of participating consistently. In this respect, reduced confidence was not simply a reflection of low self-belief but represented a realistic assessment of the

challenges associated with engaging in structured activities while managing pain, fatigue, illness, psychological distress, and unstable daily circumstances.

This interpretation is consistent with the COM-B model, where capability involves not only physical functioning but also psychological capacity, including confidence, emotional regulation, coping ability, and the perceived ability to manage behavioural demands. The findings suggest that prolonged exposure to homelessness may gradually erode these resources by disrupting routines, limiting opportunities for mastery experiences, and reducing access to environments where individuals can experience competence and achievement. Furthermore, social isolation and weakened support networks may contribute to reduced confidence, as participation in physical activity often depends on encouragement, social reinforcement, and a sense of belonging.

However, the qualitative findings provide an important counterbalance by demonstrating that psychosocial resources among people experiencing homelessness should not be conceptualised exclusively through a deficit perspective. Participants did not describe themselves only in terms of illness, limitation, or vulnerability. Instead, many narratives revealed a strong awareness of personal strengths and identified sport as a potential pathway through which these strengths could be rediscovered and strengthened. Physical activity was described not merely as a means of improving physical health but as an opportunity to regain confidence, experience personal achievement, establish routines, and reconstruct a more positive sense of self.

Participants frequently emphasised the importance of small successes and meaningful participation experiences. Completing an activity, contributing to a team, receiving encouragement from others, or achieving a personal goal were perceived as important moments that challenged previous experiences of failure, exclusion, and marginalisation. Through these experiences, sport created opportunities for developing self-efficacy and perceived competence, two psychosocial mechanisms that are central to sustained behavioural change. Rather than requiring participants to possess confidence before engagement, sport-based interventions can become environments where confidence is gradually developed through participation itself.

The qualitative findings also highlighted the role of sport in strengthening emotional resilience and identity reconstruction. Participants described physical activity as providing structure within otherwise uncertain daily lives, creating moments of normality, purpose, and personal agency. For individuals whose identities may have been shaped by experiences of homelessness, social rejection, or dependence on support services, participation in sport offered opportunities to experience themselves differently: as active participants, teammates, learners, and contributors rather than solely as recipients of assistance. This process reflects broader theories of empowerment and social identity, suggesting that sport may contribute to recovery by creating alternative narratives of competence, belonging, and possibility.

Importantly, these findings challenge deficit-based conceptualisations of homelessness that portray individuals experiencing housing insecurity primarily through their vulnerabilities. The present study demonstrates that although homelessness is associated with significant psychosocial risks, individuals retain important strengths, capacities, aspirations, and motivations. These strengths may become less visible under conditions of chronic adversity but can be activated when individuals are provided with supportive, inclusive, and meaningful environments.

Within the GET-UP framework, sport-based interventions therefore represent more than opportunities to increase physical activity levels. They function as **developmental environments** where psychosocial resources can be rebuilt and expanded. Through progressive participation, experiential learning, peer interaction, and reflective processes, sport can strengthen self-efficacy, resilience, emotional regulation, social connectedness, and personal agency. In this way, physical activity operates simultaneously as both a behavioural outcome and a mechanism of change: participation requires existing resources, but participation itself generates new resources that increase the likelihood of future engagement.

Consequently, the role of sport within homelessness services should not be limited to addressing physical inactivity. Instead, sport should be understood as a psychosocial intervention capable of restoring capacities that are essential for broader recovery processes, including health improvement, social inclusion, community participation, and reintegration. This interpretation reinforces the central proposition of the GET-UP Risk Environment Framework: sustainable behavioural change emerges when individuals' existing strengths are supported through environments that enable capability development, meaningful social connection, and renewed experiences of agency.

The integration of the Theory of Planned Behavior (TPB) and the COM-B Behaviour Change Model provides a comprehensive explanation of why favourable perceptions of physical activity did not consistently translate into strong behavioural intentions among adults experiencing homelessness. While TPB highlights the importance of attitudes, subjective norms, and perceived behavioural control in shaping intentions (Ajzen, 1991), COM-B expands this interpretation by emphasising that behaviour requires the simultaneous presence of capability, opportunity, and motivation (Michie et al., 2011). The convergence of these two theoretical perspectives was particularly valuable because it revealed that the main challenge was not the development of motivation but rather the translation of existing motivation into realistic behavioural opportunities within highly constrained environments.

A consistent finding across both quantitative and qualitative data was the presence of strong reflective motivation. Quantitative results indicated that participants largely recognised the importance and benefits of physical activity, reporting positive attitudes towards exercise and acknowledging its potential contribution to physical health, psychological wellbeing, stress reduction, and social connection. Similarly,

qualitative narratives demonstrated that participants did not perceive sport as irrelevant or inaccessible in principle; rather, they constructed physical activity as a meaningful resource capable of improving their everyday lives. Participants associated sport with improved mood, emotional relief, interaction with others, and opportunities for personal development. These findings challenge assumptions that low participation among people experiencing homelessness primarily results from negative attitudes, lack of interest, or insufficient health awareness.

The qualitative findings further strengthened this interpretation by illustrating the symbolic and emotional value that participants attributed to sport. Physical activity was described not simply as a form of exercise but as a temporary escape from the psychological burden of homelessness, a source of daily structure, and an opportunity to experience competence and personal value. As one Greek participant explained, sport "would fill my day better instead of doing nothing" and "help me escape my everyday problems" (Greek 5). Such narratives indicate that physical activity already occupied a positive position within participants' belief systems, functioning as a representation of normality, social participation, and personal agency in contexts where many aspects of everyday life were characterised by uncertainty and limited control.

Consequently, interventions focusing primarily on increasing awareness of the benefits of exercise are unlikely to generate substantial behavioural change within this population because the motivational foundations for participation are already present. The findings suggest that the critical intervention challenge is not convincing individuals that physical activity is valuable, but creating the conditions that allow them to transform positive beliefs into repeated behavioural experiences. This distinction has important implications because it shifts intervention strategies away from primarily motivational approaches towards approaches that address capability, opportunity, and environmental accessibility.

Despite highly favourable attitudes, behavioural intentions remained only moderate, revealing a clear intention–behaviour gap. According to TPB, intentions represent the immediate antecedent of behaviour; however, the strength of this relationship depends substantially on perceived behavioural control (Ajzen, 1991). In the present study, participants generally expressed the belief that engaging in physical activity was possible if they chose to do so, suggesting preserved perceptions of personal autonomy. However, confidence decreased when participation was considered within the practical realities of daily life, including financial limitations, transportation difficulties, health problems, unstable routines, and lack of appropriate opportunities. This distinction between psychological willingness and realistic feasibility represents one of the central findings of the study.

Importantly, reduced perceived behavioural control should not be interpreted as a personal limitation or lack of determination. Rather, participants' responses reflected realistic assessments of the environmental challenges surrounding participation. For individuals experiencing homelessness, engaging in organised physical activity often

requires overcoming multiple simultaneous barriers that are less prominent among populations with stable housing and resources. Therefore, lower confidence in maintaining participation may represent an accurate perception of contextual difficulty rather than diminished self-efficacy alone.

The COM-B framework provides further insight into this process by demonstrating that motivation must be supported by adequate capability and opportunity. From a capability perspective, participants experienced multiple factors that could restrict engagement, including reduced physical functioning, chronic health conditions, fatigue, psychological distress, disrupted sleep patterns, and limited previous exposure to organised physical activity. These factors may reduce confidence in performing physical activities, particularly when programmes are perceived as demanding or designed according to mainstream expectations of fitness and performance.

However, the qualitative findings provide an important counterbalance by demonstrating that participants did not view limited capability as a fixed personal characteristic. Instead, they frequently described sport as a pathway through which capability could be rebuilt. Participants highlighted the importance of gradual improvement, achievement of personal goals, development of discipline, and experiences of success. This suggests that capability should not only be considered a prerequisite for participation but also an outcome that can be developed through appropriately designed interventions.

This interpretation aligns strongly with the principles of experiential learning and self-determination theory. Capability can be strengthened when participants engage in meaningful activities that provide opportunities for competence, autonomy, and relatedness. Within the GET-UP framework, sport therefore functions as a developmental environment where individuals can gradually reconstruct confidence through successful experiences rather than being expected to demonstrate readiness before participation. Progressive participation, adaptive activities, and challenge-by-choice approaches are particularly relevant because they allow individuals to regulate their involvement according to their physical condition, emotional readiness, and personal goals.

The principle of challenge-by-choice is especially important within homelessness contexts because participants represent highly heterogeneous groups with different ages, health conditions, trauma histories, previous sport experiences, and levels of confidence. Standardised programmes based on performance or competition may unintentionally reinforce feelings of inadequacy or exclusion. Conversely, flexible and participant-centred approaches allow individuals to experience achievable challenges, recognise personal progress, and develop stronger perceptions of behavioural control.

Overall, the integration of TPB and COM-B demonstrates that behavioural readiness for physical activity among adults experiencing homelessness is characterised by a paradox: participants possess strong motivation and recognise the value of sport, yet their ability to act upon these beliefs is constrained by limited capability and opportunity. This finding reinforces the central assumption of the GET-UP Risk Environment Framework that sustainable behavioural change requires more than individual motivation. It requires supportive environments that transform existing motivation into accessible opportunities for participation, empowerment, and long-term social inclusion.

Among all behavioural determinants examined in the present study, opportunity emerged as the most influential constraint shaping physical activity readiness and participation. While participants demonstrated positive attitudes towards exercise and strong reflective motivation, the translation of these beliefs into actual engagement was substantially dependent on whether appropriate physical, social, and organisational opportunities were available. Quantitative findings identified environmental barriers as the dominant factors limiting readiness for participation, with participants reporting difficulties related to financial resources, transportation, access to facilities and equipment, competing daily priorities, and limited availability of structured programmes. These findings indicate that reduced physical activity engagement among adults experiencing homelessness is not primarily a consequence of unwillingness, but rather reflects the restricted behavioural opportunities created by their social and material circumstances.

The qualitative findings provided deeper insight into how these opportunity barriers were experienced in everyday life. Participants described how unstable living conditions, limited income, health-related challenges, and unpredictable daily routines reduced their ability to organise participation in regular physical activity. For many, engaging in sport required overcoming multiple interconnected obstacles, including finding transportation, accessing suitable spaces, having appropriate clothing or equipment, and fitting activities around immediate survival needs. Consequently, opportunity should not be understood merely as the physical availability of facilities or programmes; rather, within the GET-UP Risk Environment Framework, opportunity represents the broader social and environmental conditions that enable individuals to participate meaningfully.

Importantly, the findings highlight that **social opportunity** constitutes an equally important dimension of behavioural engagement. Participation was influenced not only by whether activities were accessible, but also by whether individuals felt welcomed, respected, and accepted within the activity environment. This aspect was particularly significant given that homelessness is frequently accompanied by social exclusion, stigma, weakened interpersonal relationships, and feelings of invisibility. Several participants described uncertainty regarding whether they belonged in

conventional sport settings, suggesting that psychological safety and social inclusion are essential components of opportunity.

The qualitative evidence strongly reinforced this interpretation, with participants consistently describing sport as valuable because it created opportunities for:

- meeting people with similar experiences and shared challenges;
- reducing loneliness and social isolation;
- rebuilding trust and positive relationships;
- receiving encouragement, recognition, and emotional support;
- developing cooperation and interpersonal skills;
- becoming part of a supportive community.

These findings position sport not simply as a physical activity opportunity but as a social environment capable of restoring disrupted connections and rebuilding community belonging. For individuals experiencing homelessness, whose social networks may have been weakened through prolonged adversity, sport-based programmes can provide structured contexts where new relationships emerge and where participants experience themselves as valued members of a group.

Within the GET-UP framework, sport therefore functions as an intervention that expands opportunity at multiple levels: by reducing practical barriers through accessible delivery models, by creating supportive social networks, and by establishing environments characterised by trust, inclusion, and belonging. This interpretation suggests that successful sport-based interventions should prioritise not only increasing access to activities but also designing socially meaningful spaces where participants can reconnect with others, experience acceptance, and gradually rebuild their capacity for sustained community participation.

The fourth component of the GET-UP framework proposes that **sport-based interventions** can transform behavioural readiness into broader psychosocial outcomes when they are designed according to evidence-based principles that integrate physical activity, experiential learning, social support, and psychological safety. The findings of the present study indicate that sport should not be conceptualised merely as the provision of opportunities for exercise or as a strategy for increasing physical activity levels. Instead, sport represents a structured developmental environment in which individuals experiencing homelessness can rebuild personal resources, strengthen social relationships, and develop transferable competencies that extend beyond the sporting context.

The qualitative findings were particularly important in illustrating the mechanisms through which sport may generate psychosocial change. Participants consistently described sport as a meaningful context where they could experience achievement, interaction, and personal growth. Through participation in shared activities, individuals reported opportunities to develop communication skills, teamwork, emotional regulation, patience, discipline, problem-solving abilities, leadership, and goal-setting skills. These competencies correspond directly with the life skills component of the GET-UP framework and highlight the potential of sport as a vehicle for empowerment and social reintegration rather than simply a health-related behaviour.

Importantly, participants' narratives suggest that these life skills emerge not automatically through participation but through intentionally designed pedagogical processes. Experiential learning approaches, including structured reflection, feedback, cooperation, and opportunities for decision-making, are essential mechanisms through which sporting experiences can be transformed into meaningful personal learning. For individuals experiencing homelessness, who may have experienced repeated losses of control, social exclusion, and diminished opportunities for positive achievement, sport can provide a context in which competence, agency, and self-efficacy are gradually reconstructed.

The findings also strongly support the integration of trauma-informed principles within sport-based interventions. Many participants described experiences of adversity, stigma, social rejection, and uncertainty, which may influence trust, engagement, and willingness to participate in unfamiliar environments. Consequently, effective interventions should prioritise psychological safety, respect, predictability, autonomy, and voluntary engagement rather than imposing performance expectations or competitive structures. A trauma-informed sport environment recognises participants' individual histories and creates conditions where participation becomes a positive and empowering experience.

Within this perspective, the principle of challenge-by-choice becomes particularly relevant. Allowing participants to determine their level of involvement, regulate activity intensity, and progress according to their own readiness respects autonomy while simultaneously creating opportunities for mastery experiences. Small, achievable successes can gradually challenge previous perceptions of inability, strengthen perceived behavioural control, and reinforce motivation for continued participation. Therefore, the transformational potential of the GET-UP sport-based intervention lies not only in the activities delivered but in the quality of the environment created around them—an environment where individuals experiencing homelessness can experience competence, connection, belonging, and renewed agency.

8.5.10 Limitations of the Study

Despite providing important insights into behavioural readiness, environmental determinants, and the potential role of sport-based interventions among adults experiencing homelessness or severe housing instability, several limitations should be acknowledged.

First, the cross-sectional nature of the quantitative component limits the ability to establish causal relationships between identified determinants and behavioural outcomes. The study examined associations among attitudes, subjective norms, perceived behavioural control, capability, opportunity, motivation, and readiness for participation at a specific point in time. Although these constructs were theoretically informed by the Theory of Planned Behavior and the COM-B Behaviour Change Model, the findings cannot determine whether changes in environmental conditions, psychosocial resources, or behavioural determinants would directly result in increased sport participation over time. Longitudinal research is required to examine how readiness develops, changes, and translates into sustained behavioural engagement following participation in sport-based life skills interventions.

Second, the study relied partly on self-reported data, which may be influenced by recall bias, social desirability bias, and participants' current emotional or situational circumstances. This limitation is particularly relevant when researching populations experiencing homelessness, as responses may be shaped by immediate survival priorities, interactions with support services, trust toward researchers, or perceptions of expected answers. Although interviewer-administered questionnaires were selected to reduce literacy-related barriers and facilitate participation among individuals with diverse educational backgrounds, this approach may also introduce interviewer effects during data collection.

Third, the recruitment of participants through community-based organisations and support services may have influenced the characteristics of the sample. Individuals who maintain contact with homelessness services may differ from those who are socially disconnected, living in hidden homelessness conditions, or experiencing more severe exclusion. Consequently, the findings may not fully represent the broader heterogeneity of the homeless population, including individuals with limited service engagement or those facing more acute structural vulnerabilities.

Fourth, although the study adopted a mixed-methods design to capture both measurable determinants and lived experiences, the relatively limited sample size and contextual specificity restrict the generalisability of findings across different European settings. Homelessness is shaped by national welfare systems, housing policies, cultural norms, healthcare accessibility, and local service infrastructures. Therefore, the behavioural and environmental factors identified within the Greek and Italian contexts should be interpreted as contextually situated rather than universally applicable. Nevertheless, the convergent integration of quantitative and qualitative evidence

strengthens the contextual validity of the findings by illustrating how structural conditions interact with personal experiences and behavioural processes.

Fifth, while the GET-UP Risk Environment Framework integrates multiple theoretical perspectives—including Risk Environment Theory, TPB, COM-B, Self-Determination Theory, Sport for Development, and experiential learning theory—the complexity of this multidimensional framework presents challenges regarding empirical testing. The framework conceptualises behavioural readiness as an emergent process resulting from interactions among structural environments, psychosocial resources, motivation, and intervention conditions. However, the present study represents an initial empirical foundation rather than a definitive validation of all proposed pathways. Future studies should examine the framework using larger samples, longitudinal designs, and advanced analytical approaches capable of testing mediating and moderating mechanisms among its components.

Finally, the study examined readiness and perceived pathways toward participation rather than evaluating the long-term effectiveness of an implemented sport-based intervention. Therefore, conclusions regarding empowerment, life skills development, social inclusion, and reintegration should be interpreted as theoretically supported pathways and perceived outcomes rather than confirmed intervention effects. Future research should include prospective evaluations of GET-UP-informed programmes using longitudinal follow-up, behavioural participation indicators, and objective measures of psychosocial and social outcomes.

Despite these limitations, the study provides a valuable contribution by moving beyond individual-level explanations of physical activity participation and demonstrating the importance of integrating structural, psychosocial, behavioural, and organisational perspectives when designing sport-based interventions for adults experiencing homelessness. By identifying both barriers and enabling conditions, the findings provide an evidence-informed foundation for developing inclusive, trauma-informed, and sustainable sport-for-development approaches within homelessness support systems.

8.5.11 Conclusion

The present study contributes to the theoretical understanding of sport participation among adults experiencing homelessness by extending existing behavioural models beyond individual-level determinants and incorporating the structural realities that shape everyday opportunities for action. While the Theory of Planned Behavior explains how attitudes, subjective norms, and perceived behavioural control influence intentions, and the COM-B model explains how capability, opportunity, and motivation interact to generate behaviour, the GET-UP Risk Environment Framework integrates these perspectives within the broader social, economic, and environmental conditions that determine whether behavioural engagement is realistically possible.

The findings demonstrate that physical activity participation among adults experiencing homelessness is not primarily limited by a lack of motivation or recognition of the benefits of exercise. Instead, participants displayed positive attitudes towards physical activity and identified sport as a valuable resource for health, psychological wellbeing, social connection, and personal development. The main challenge concerned the translation of positive intentions into sustained participation within contexts characterised by housing instability, financial insecurity, health-related limitations, disrupted routines, and social exclusion. Therefore, behavioural change in this population requires not only empowered individuals but also enabling environments that reduce structural barriers and expand meaningful opportunities for participation.

The GET-UP Risk Environment Framework provides a comprehensive explanation of this process by conceptualising sport participation as the outcome of dynamic interactions between structural conditions, psychosocial resources, and behavioural readiness. Within this framework, sport extends beyond its traditional role as a health promotion activity and becomes a structured social intervention capable of supporting physical wellbeing, psychological recovery, identity reconstruction, empowerment, social inclusion, and long-term reintegration.

The barrier profile identified in the present study highlights important implications for the development of effective and sustainable sport-based interventions. The findings suggest that interventions should move beyond approaches focused primarily on increasing motivation and instead address the environmental, organisational, and psychosocial mechanisms that constrain participation. At the structural level, programmes should reduce practical barriers through free or low-cost participation opportunities, transportation support, accessible community-based delivery, and flexible scheduling compatible with the realities of homelessness and existing support services. Embedding sport within trusted homelessness organisations may further enhance accessibility, continuity, and engagement by reducing institutional barriers and strengthening relationships of trust.

At the psychosocial level, effective interventions should recognise the diversity of participants' physical health conditions, previous experiences, and personal histories by incorporating adaptive, progressive, and inclusive activities. Trauma-informed facilitation should be considered a fundamental principle rather than an additional component, as environments characterised by safety, respect, autonomy, and predictability are essential for rebuilding trust and supporting sustained engagement. Similarly, peer-supported approaches should be integrated as core mechanisms of intervention delivery, as social connection, belonging, and mutual encouragement emerged as central pathways through which sport generated meaning and value for participants.

Furthermore, interventions should intentionally develop self-efficacy and perceived behavioural control through mastery experiences, goal-setting, reflection,

and gradual progression. The positive attitudes already present among participants represent an important foundation for change; however, these motivational resources can only be transformed into sustained behaviour when individuals are provided with realistic opportunities to experience competence, success, and social recognition.

Overall, the findings strongly support the central premise of the GET-UP Risk Environment Framework: physical activity participation among adults experiencing homelessness is shaped by the interaction between individual capability, social opportunity, and environmental conditions. Consequently, effective sport-based interventions require an ecological approach that simultaneously reduces structural constraints, strengthens psychosocial resources, and promotes agency, empowerment, and inclusion. In this context, sport should be understood not simply as a means of increasing physical activity levels, but as a developmental and relational environment through which individuals experiencing homelessness can rebuild confidence, acquire life skills, establish meaningful social connections, and progress towards broader processes of recovery and social reintegration.

Chapter 2. Professional and Organizational Readiness for Sport-Based Interventions in Homelessness Services

1. Introduction

Investigating the readiness and implementation capacity of professionals and volunteers to deliver sport-based interventions for the social inclusion of individuals experiencing homelessness or housing instability constitutes the central focus of the GET-UP project, funded by the Erasmus+ Sport Programme of the European Union. While a growing body of evidence demonstrates that sport and physical activity can improve physical health, psychological well-being, social connectedness, and community participation among socially excluded populations, considerably less attention has been devoted to the preparedness of the workforce responsible for implementing these interventions (Schulenkorf et al., 2016; Dawes et al., 2024). Consequently, implementation success depends not only on intervention effectiveness but also on the capability, organizational readiness, and institutional environments within which professionals operate (Damschroder et al., 2009).

The theoretical foundation of the present study is informed by the COM-B Behaviour Change Model (Capability, Opportunity, Motivation–Behaviour), which conceptualizes behaviour as the product of the dynamic interaction between individual capability, environmental opportunity, and motivational processes (Michie et al., 2011). Although COM-B has been extensively applied to understand individual behaviour change in health promotion, physical activity, and implementation research, its application to workforce readiness and organizational implementation remains relatively limited (Marques et al., 2021). The GET-UP study extends this perspective by operationalising COM-B at the organizational level, examining not the behavioural determinants of homeless individuals themselves but the implementation readiness of the professionals and volunteers responsible for planning, delivering, and sustaining sport-based life skills interventions. This perspective aligns with contemporary implementation science, which emphasizes that intervention success depends equally on intervention characteristics, implementation processes, organizational context, and workforce competence (Damschroder et al., 2009).

The study is situated within Greece and Italy, two countries representing the Southern European welfare regime, characterized by fragmented welfare provision, limited social housing, comparatively weak income protection mechanisms, and a historically strong reliance on family solidarity and third-sector organizations (Busch-Geertsema et al., 2010). Unlike Northern European welfare systems, where homelessness policies are supported by extensive public housing infrastructures and institutionalized social protection, Southern European countries have traditionally relied upon home ownership, informal family support, and charitable organizations to compensate for limited state intervention (Busch-Geertsema et al., 2010; FEANTSA, 2024). Consequently, homelessness services frequently operate under conditions of

fragmented governance, resource scarcity, and dependence on voluntary organizations, creating substantial implementation challenges for innovative interventions.

The prolonged consequences of the global financial crisis, subsequent austerity measures, the COVID-19 pandemic, escalating housing costs, rapid expansion of short-term rental markets, energy inflation, and continuing migration pressures have fundamentally reshaped the social landscape of Southern Europe (Kourachanis, 2019; FEANTSA, 2024). These overlapping crises have weakened traditional family protection mechanisms, increased labour market insecurity, reduced housing affordability, and accelerated the growth of homelessness and housing exclusion. Increasingly, homelessness in Southern Europe reflects structural failures in housing markets and welfare systems rather than solely individual vulnerabilities (Busch-Geertsema et al., 2010; Baptista & Marlier, 2019; FEANTSA, 2024).

Contemporary homelessness research has therefore moved beyond the traditional dichotomy between structural and individual explanations. The current scientific consensus conceptualizes homelessness as the outcome of dynamic interactions between structural conditions—including poverty, housing shortages, unemployment, welfare retrenchment, and labour market instability—and individual vulnerabilities such as adverse childhood experiences, trauma, mental illness, substance use disorders, relationship breakdown, and chronic health conditions (Shinn & Khadduri, 2020). Homelessness is increasingly understood as a multidimensional and dynamic life-course trajectory rather than a static social status.

Within this context, homelessness service organizations perform functions extending well beyond emergency assistance. NGOs, municipal day centres, outreach teams, shelters, and community organizations increasingly operate as "arrival infrastructures" that facilitate access to housing, healthcare, employment, social participation, and civic inclusion (Ambrey, 2025; Van der Stighelen et al., 2025). Simultaneously, these organizations contribute to what recent governance literature describes as "bottom-linked governance," whereby community organizations develop collaborative networks capable of influencing local social policy despite limited institutional resources (Paidakaki et al., 2018; Van der Stighelen et al., 2025). However, achieving these objectives requires not only innovative interventions but also adequately prepared professionals capable of implementing them effectively.

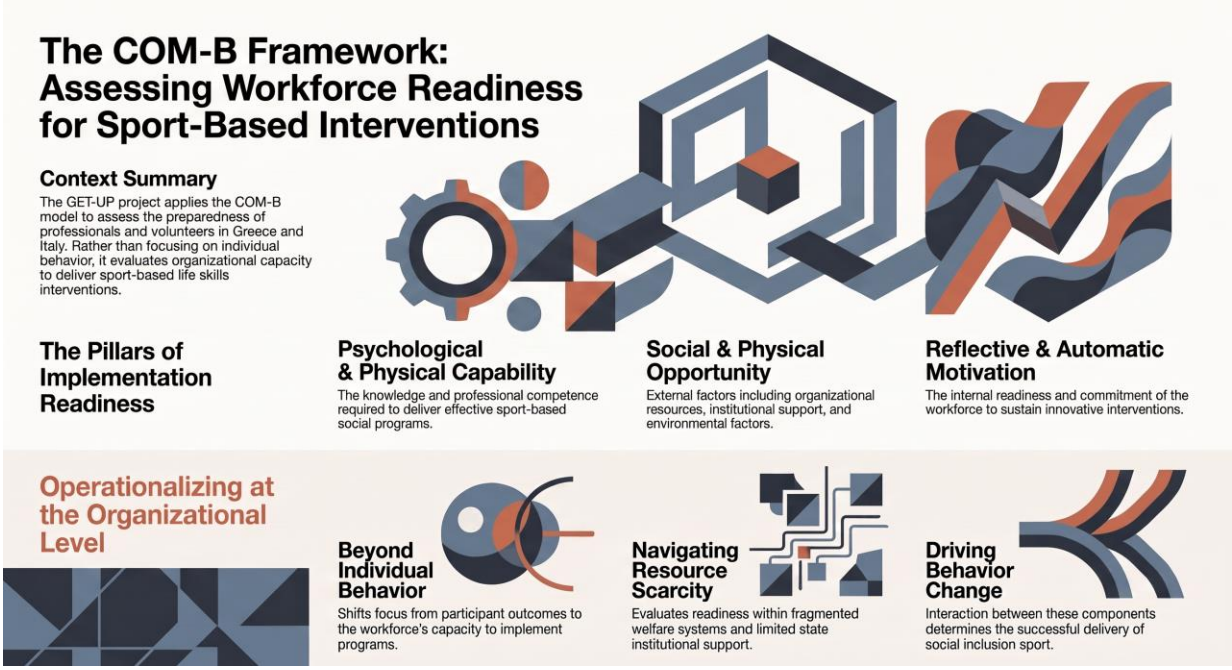
Sport-based interventions have emerged internationally as promising social innovation strategies capable of promoting social inclusion among vulnerable populations. Beyond their well-established physiological benefits, sport and physical activity contribute to improved mental health, emotional regulation, self-esteem, social connectedness, life skills development, resilience, and community integration (Warburton & Bredin, 2017; Eime et al., 2013;). Recent systematic reviews focusing specifically on homelessness further demonstrate that sport-based interventions improve psychological well-being, reduce anxiety and depressive symptoms, strengthen social relationships, increase self-efficacy, and facilitate engagement with

broader health and social services (Dawes et al., 2024). Sport provides a unique non-stigmatising environment where individuals participate as teammates rather than service recipients, thereby fostering identity reconstruction, empowerment, and social belonging.

Despite this growing evidence base, implementation research remains remarkably underdeveloped. Most published studies evaluate participant outcomes while largely overlooking the workforce responsible for programme delivery. Questions concerning professionals' knowledge, implementation competence, organizational readiness, institutional support, and resource availability remain largely unanswered. This omission is particularly important because implementation science consistently demonstrates that workforce capability, leadership support, organizational culture, and implementation climate represent major determinants of programme sustainability (Damschroder et al., 2009; Aarons et al., 2011).

The originality of the GET-UP study lies precisely in addressing this evidence gap. Rather than examining only participant outcomes, the study investigates workforce capacity for implementing sport-based social inclusion interventions within homelessness services operating under the resource-constrained conditions characteristic of Southern European welfare systems. By integrating the COM-B framework with implementation science and homelessness research, the study provides one of the first empirical assessments of professional readiness to deliver sport-based interventions in Greece and Italy. Mapping professionals' capability, organizational opportunity, and motivational readiness generates evidence capable of informing workforce development, organizational capacity building, and policy planning across homelessness services.

Ultimately, the GET-UP study contributes to the emerging international discourse advocating the institutionalization of sport-based social work as an interdisciplinary field positioned at the intersection of sport sciences, social work, public health, behavioural science, and implementation research. Such an approach supports the development of specialized competencies that extend beyond traditional professional education and may help bridge the persistent gap between professionals' positive attitudes toward sport and their practical capacity to deliver sustainable, evidence-informed interventions for people experiencing homelessness.



2. Methodology

2.1 Study Aim and Objectives

The Professional Capacity Survey was conducted within the framework of the Erasmus+ Sport project **GET-UP (Life Skill Empowerment for Homeless People through Sport)** to examine the readiness, capacity, and contextual conditions influencing the implementation of sport-based life skills interventions for adults experiencing homelessness or severe housing instability. While the complementary beneficiary-focused component of the GET-UP study investigated psychosocial determinants influencing participation in sport and physical activity among people experiencing homelessness, the present study adopted an **implementation perspective**, focusing on the professionals and volunteers responsible for designing, delivering, and sustaining sport-based interventions within homelessness services.

The study was theoretically informed by the **Capability–Opportunity–Motivation Behaviour (COM-B) model** (Michie et al., 2011), which proposes that behavioural performance results from the dynamic interaction between individual capability, environmental opportunity, and motivational processes. Although COM-B was initially developed to explain individual behaviour change, the present study extends its application to an **organizational implementation context**, conceptualizing workforce readiness as a behaviour requiring sufficient professional capability, organizational opportunity, and motivation to translate evidence-informed approaches into routine practice. Accordingly, implementation readiness was conceptualized as a multidimensional construct encompassing:

- **Capability**, referring to professionals' knowledge, understanding, and practical skills required to design and deliver sport-based interventions;

- **Opportunity**, referring to organizational and environmental conditions enabling implementation, including resources, infrastructure, managerial support, collaboration, and protected time;
- **Motivation**, referring to professional beliefs, values, commitment, and intentions to integrate sport-based approaches within homelessness services.

The study pursued four interconnected objectives:

1. **To assess conceptual knowledge** regarding the role of sport and physical activity in promoting psychosocial wellbeing, social inclusion, recovery, and life skills development among adults experiencing homelessness.
2. **To evaluate perceived implementation competence**, including professionals' confidence in planning, adapting, delivering, monitoring, and evaluating sport-based interventions for individuals experiencing complex social and health vulnerabilities.
3. **To examine organizational readiness and structural opportunities**, including availability of infrastructure, equipment, financial resources, managerial support, interdisciplinary collaboration, and organizational capacity to incorporate sport-based activities into existing services.
4. **To investigate professional motivation, commitment, and future implementation intentions** regarding the integration of sport-based approaches within routine homelessness support practices.

Together, these objectives aimed to generate a comprehensive assessment of workforce capacity by identifying both individual-level competencies and organizational-level conditions influencing sustainable implementation.

The study was guided by the following research questions:

1. What level of conceptual knowledge and practical competence do professionals and volunteers possess regarding sport-based interventions for adults experiencing homelessness?
2. To what extent do organizational resources, leadership support, infrastructure, and institutional priorities facilitate or constrain implementation?
3. How motivated and committed are professionals to incorporate sport-based interventions into routine homelessness services?
4. Which capability, opportunity, and motivational factors represent the principal barriers to sustainable implementation?

2.2 Study Design

A convergent mixed-methods design was employed, integrating quantitative survey data with qualitative semi-structured interviews collected during the same

implementation period in Greece and Italy. The mixed-methods approach was selected because implementation readiness represents a complex phenomenon that cannot be adequately captured through numerical indicators alone. Quantitative assessment provides information regarding the distribution and magnitude of workforce competencies, organizational barriers, and motivational orientations, whereas qualitative inquiry allows exploration of the contextual mechanisms, professional experiences, and organizational realities underlying these patterns.

The quantitative and qualitative components were analysed independently using appropriate analytical procedures and subsequently integrated through methodological triangulation. This approach enabled the identification of:

- **convergence**, when quantitative and qualitative findings supported similar interpretations;
- **complementarity**, when qualitative data provided contextual explanations for quantitative patterns;
- **divergence**, when professional experiences revealed complexities not captured through standardized measures.

The design was considered particularly appropriate for the GET-UP project because successful implementation of sport-based interventions requires not only motivated professionals but also supportive organizational environments capable of sustaining innovation within highly constrained homelessness service systems.

2.3 Study Setting

The study was conducted within partner organizations participating in the Erasmus+ GET-UP project in Greece and Italy. The participating organizations were:

- **Equal Society – Open Day Centre for Homeless People, Municipality of Corfu, Greece**
- **Fraternità Cristiana Opera di Padre Marella, Italy**

Both organizations provide comprehensive homelessness support services, including:

- emergency and day-centre support;
- psychosocial counselling;
- outreach services;
- social inclusion programmes;
- employment support;
- community reintegration activities; and
- assistance for individuals experiencing housing instability and social exclusion.

2.4 Participants and Sampling

The quantitative component included **81 professionals and volunteers** involved in homelessness services and community-based social inclusion programmes. Participants represented a multidisciplinary workforce including:

- social workers;
- psychologists;
- counsellors;
- educators;
- outreach workers;
- shelter personnel;
- programme coordinators;
- sport trainers;
- volunteers; and
- other professionals involved in supporting adults experiencing homelessness.

Participants were recruited using **purposive convenience sampling**, targeting individuals with direct experience of homelessness services and professional knowledge regarding intervention delivery.

The sample included:

- **39 participants from Greece (48.1%)**
- **42 participants from Italy (51.9%)**

This balanced national representation enabled examination of implementation readiness across two Southern European contexts with comparable welfare challenges.

To complement survey findings, **24 professionals participated in semi-structured individual interviews**, including:

- 14 participants from Greece;
- 10 participants from Italy.

Interview participants were purposively selected to maximize diversity in professional background, organizational role, and practical experience. Although the sample does not allow statistical generalization beyond participating organizations, it provides valuable insight into workforce capacity and implementation challenges within homelessness services operating under conditions of resource limitation and social vulnerability.

2.5 Survey Instrument

Professional implementation readiness was assessed using a structured self-administered questionnaire developed specifically for the GET-UP project to evaluate the preparedness of professionals to design, implement, and sustain sport-based interventions for adults experiencing homelessness. The instrument was theoretically grounded in the **COM-B Behaviour Change Model** (Michie et al., 2011) and informed by contemporary implementation science frameworks, the sport-for-development literature, workforce capacity-building approaches, and evidence generated from previous Erasmus+ projects promoting sport-based social inclusion (Appendix 8).

The questionnaire comprised six domains:

1. Demographic and professional characteristics;
2. Knowledge and conceptual understanding of sport-based interventions (Cronbach's α = .85);
3. Practical implementation skills and professional competencies (Cronbach's α = .92);
4. Organizational opportunity and structural readiness (Cronbach's α = .93);
5. Professional motivation and attitudes toward implementation (Cronbach's α = .89); and
6. Commitment and future implementation readiness (Cronbach's α = .85).

All substantive items were rated on a seven-point Likert scale ranging from **1 (Strongly disagree)** to **7 (Strongly agree)**, with higher scores indicating greater implementation readiness.

Consistent with the COM-B framework, the instrument was designed to assess implementation readiness as a multidimensional construct encompassing **Capability** (knowledge and implementation skills), **Opportunity** (organizational resources, infrastructure, and institutional support), and **Motivation** (professional attitudes, commitment, and willingness to implement sport-based interventions). Rather than measuring individual competence in isolation, the questionnaire captures the dynamic interaction between professionals' capabilities and the organizational conditions required for the successful implementation and sustainability of sport-based social inclusion programmes. The instrument demonstrated good to excellent internal consistency across all domains (Cronbach's α = .85–.93), indicating satisfactory reliability for research and implementation evaluation purposes.

2.6 Qualitative Interview Procedures

Following completion of the questionnaire, professionals were invited to participate in semi-structured interviews exploring contextual factors influencing implementation (Appendix 9).

The interview guide was developed based on:

- the study objectives;
- COM-B theoretical domains;
- implementation science principles; and
- previous sport-for-social-inclusion research.

The interviews explored four analytical Themes:

1. Psychosocial Reconstruction and Life Skills Development Through Sport Participation
2. The Conflict Between Survival Priorities and Sport Participation
3. Professional Readiness, Training Needs, and Systemic Barriers
4. Institutional Integration of Sport into Holistic Support Models

All interviews were audio-recorded with participant consent and transcribed verbatim before analysis.

2.7 Ethical Considerations

The study complied with the ethical principles of the Declaration of Helsinki and the requirements of the General Data Protection Regulation (GDPR; Regulation EU 2016/679). Ethical approval was obtained according to the requirements of the participating institutions before data collection. Participation was voluntary, and all participants provided informed consent prior to participation. Separate consent was obtained for audio recording of interviews. Participants were informed that they could withdraw at any stage without consequences for their employment or organizational involvement. Survey responses were anonymized, and no personally identifiable information was retained. All electronic data were stored securely on password-protected institutional servers accessible only to authorized members of the research team.

2.8 Data Analysis

Quantitative and qualitative findings were integrated through a convergent triangulation approach. The integration process examined how professional narratives explained quantitative patterns related to:

- capability limitations;
- organizational opportunity constraints;
- motivational readiness; and
- future implementation potential.

This methodological integration provided a comprehensive understanding of workforce readiness and identified the individual, organizational, and systemic factors

that must be addressed to support sustainable implementation of sport-based life skills interventions within homelessness services.

2.9 Quantitative Analysis

Quantitative analyses were conducted using **JASP (Version 0.95.4.0)**. Descriptive statistics were calculated, including:

- frequencies;
- percentages;
- means; and
- standard deviations.

These analyses described participant characteristics and implementation readiness across all study domains. Given the ordinal nature of Likert-scale responses, responses were additionally categorized into:

- **high agreement (scores 5–7)**, representing positive implementation readiness;
- **low agreement (scores 1–3)**, representing limited readiness.

2.10 Qualitative Analysis

Interview data were analysed using **reflexive thematic analysis** following Braun and Clarke's (2021) six-phase approach.

The analytical process involved:

1. Familiarization with interview transcripts;
2. Generation of initial codes;
3. Development of candidate themes;
4. Review and refinement of themes;
5. Definition and naming of final themes;
6. Production of the analytical narrative.

Coding was conducted iteratively, with regular discussions among researchers to enhance interpretative consistency.

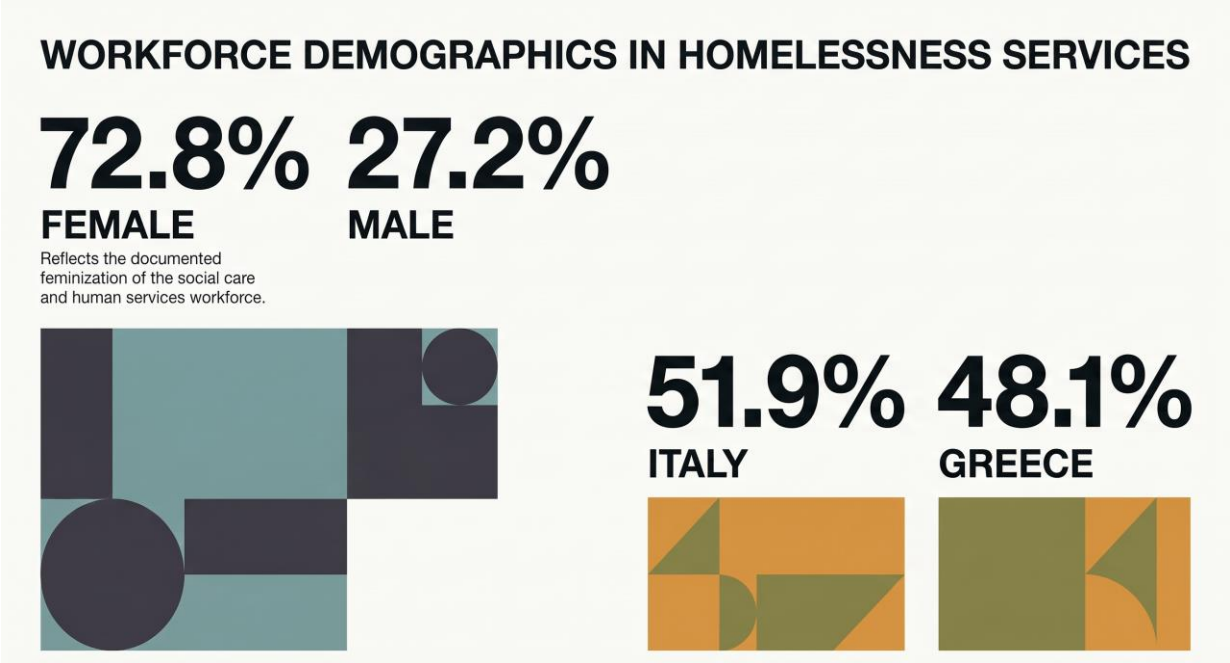
Trustworthiness was strengthened through:

- investigator triangulation;
- iterative coding discussions;
- comparison between Greek and Italian datasets; and
- continuous reflection on emerging interpretations.

2.11 Demographic and Professional Characteristics

A total of 81 professionals and volunteers working in homelessness services participated in the workforce capacity survey. Participants had a mean age of 42.05 years (*SD* = 14.69), indicating a relatively mature workforce that combines early-career and experienced practitioners. The wide age variability suggests considerable heterogeneity in professional backgrounds, which may contribute to diverse perspectives regarding service delivery and innovation (Győri et al., 2025).

The workforce was predominantly female, with 59 women (72.8%) and 22 men (27.2%). This gender distribution reflects the well-documented feminization of the social care and human services workforce, where women traditionally constitute the majority of professionals engaged in psychosocial support, community outreach, and social welfare services (Hicks, 2014).



The employment profile demonstrates a multidisciplinary workforce composed of salaried professionals and volunteers, reflecting the organizational diversity that characterizes homelessness services in Southern Europe. Slightly more than half of respondents (54.3%) were employed on a full-time basis, while 21.0% served as volunteers. Freelance and part-time staff each represented 12.3% of the sample.

The relatively high proportion of volunteers is particularly noteworthy. In many homelessness services operating within resource-constrained environments, volunteers play an essential role in maintaining programme delivery and extending organizational capacity beyond what permanent staffing alone can provide (Wirth et al., 2019). Their contribution enhances service flexibility and community engagement; however, heavy reliance on volunteer labour may also create challenges related to continuity of care, consistency of intervention delivery, professional supervision, and long-term

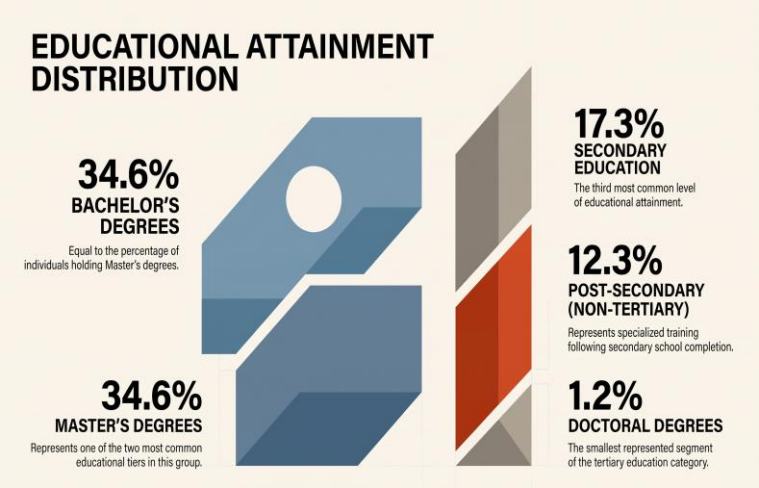
organizational sustainability. Volunteer turnover may reduce institutional memory and complicate the implementation of structured, evidence-based interventions such as sport-based life skills programmes, which require sustained professional engagement and ongoing participant relationships (Van der Veken et al., 2020).

Analysis of professional experience further highlights an important workforce characteristic. Nearly two-thirds of respondents (60.5%) reported less than five years of experience working with homeless populations. Only 24.7% had more than ten years of sector experience, while fewer than one in ten had worked in homelessness services for over twenty-five years.

This distribution suggests the emergence of a relatively young and developing professional workforce. Several structural explanations may account for this pattern, including the rapid expansion of homelessness services following successive economic, housing, and social crises, increased dependence on project-based funding, workforce mobility, and burnout-related staff turnover (Ng et al., 2024). The relatively limited proportion of highly experienced practitioners may reduce opportunities for mentorship, knowledge transfer, and clinical supervision, potentially affecting organizational learning and implementation quality.

From an implementation science perspective, these findings are particularly relevant. Introducing innovative interventions such as sport-based programmes requires not only motivated personnel but also experienced practitioners capable of adapting interventions to highly complex social contexts. Consequently, organizations may need to invest simultaneously in workforce retention, supervision, and structured professional development to strengthen long-term implementation capacity.

The workforce demonstrated a high level of educational attainment. More than two-thirds of participants (69.2%) held either a Bachelor's degree (34.6%) or a Master's degree (34.6%), while an additional respondent (1.2%) possessed a doctoral qualification. Only 17.3% reported secondary education, and 12.3% had completed post-secondary non-tertiary education.



This educational profile indicates that homelessness services are largely staffed by academically qualified professionals with substantial theoretical preparation. Such educational capital provides a strong foundation for understanding psychosocial vulnerability, health inequalities, and principles of social inclusion. However, the findings should not be interpreted as evidence of implementation readiness in themselves.

Indeed, when considered alongside subsequent survey findings, an important paradox becomes apparent. Although the workforce is highly educated, the majority possess relatively limited experience within homelessness services and later report lower confidence in implementing sport-based interventions. This suggests that formal education alone does not automatically equip professionals with the practical competencies required to design, adapt, and evaluate interventions for highly marginalized populations. This mismatch is a recognized structural challenge; tertiary curricula often exhibit ambiguous attitudes toward multiple exclusion homelessness, frequently leaving graduates without the specialized, practical literacy required to translate theoretical empathy into field-level interventions (Mason & Harris, 2025). Furthermore, while physical activity and sport-based interventions are increasingly recognized as powerful mechanisms for psychosocial and physical rehabilitation, their effective delivery requires staff to navigate highly complex, fluctuating physical and psychological deficits among service users, a task that demands highly tailored, hands-on training (Dawes et al., 2024).

Working effectively with adults experiencing homelessness requires specialized expertise extending beyond academic qualifications, including trauma-informed practice, behavioural change techniques, interdisciplinary collaboration, risk management, motivational interviewing, and adaptation of physical activity to complex physical, psychological, and social needs. Consequently, the findings reinforce the importance of continuing professional development and practice-based capacity building that complements formal educational preparation.

Taken together, the demographic profile portrays a workforce characterized by high educational attainment but comparatively limited field-specific experience,

highlighting an implementation gap between academic preparation and applied competence. This observation provides important context for interpreting the subsequent findings on professionals' knowledge, practical skills, organizational readiness, and motivation to implement sport-based interventions.

3. Professional Capacity Survey Report

3.1 Self-Perceived Knowledge and Conceptual Understanding

The Self-perceived Knowledge domain revealed consistently positive levels of conceptual understanding among professionals regarding the potential contribution of sport and physical activity to the psychosocial recovery, social inclusion, and reintegration of individuals experiencing homelessness (Dawes et al., 2024; Sofija et al., 2018). Overall, respondents demonstrated strong recognition of sport as more than a recreational activity, identifying its broader role as a mechanism for improving psychological well-being, strengthening social relationships, and supporting behavioral change among socially excluded populations (Table 1).

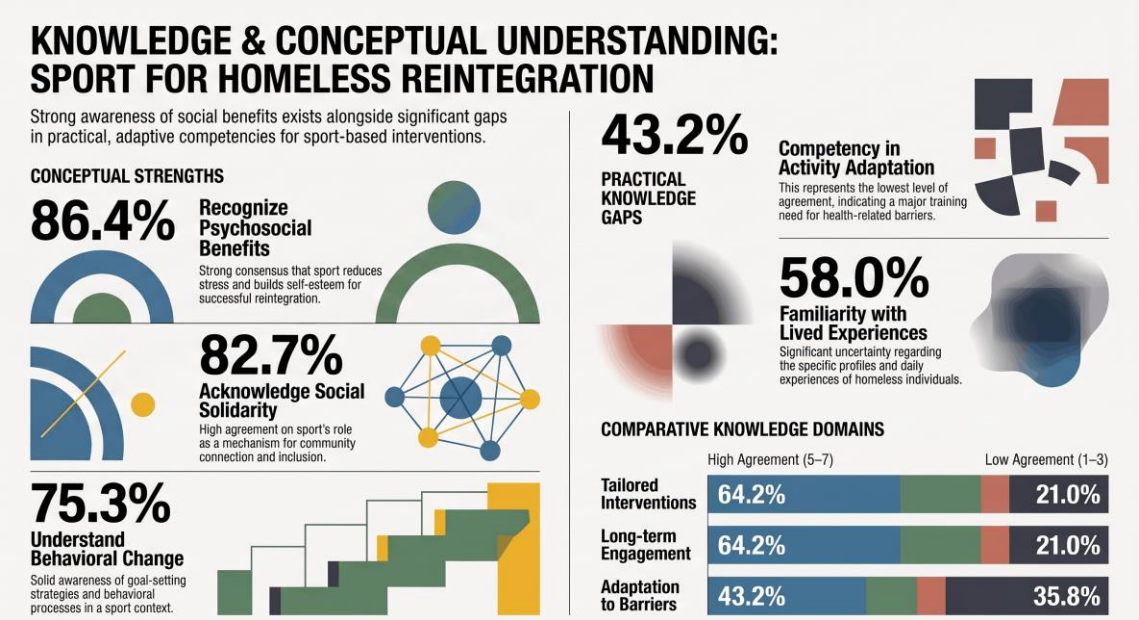
The strongest area of knowledge concerned the psychosocial benefits of sport. Specifically, respondents showed a high level of understanding regarding the role of sport in reducing stress and enhancing self-esteem, which represent important psychological resources for individuals experiencing homelessness. A total of 86.4% of participants selected “Agree,” “Somewhat Agree,” or “Strongly Agree,”. Only a small proportion expressed disagreement (9.9%), indicating a widespread recognition of sport as a potential protective factor supporting emotional regulation, self-worth, and psychological resilience. These findings suggest that professionals largely understand the relevance of sport-based approaches within recovery-oriented and reintegration-focused frameworks.

Similarly, respondents demonstrated substantial awareness of the social value of sport. Approximately 82.7% reported agreement to some degree that sport promotes community solidarity and social connection among individuals experiencing social exclusion. Specifically, 33.3% strongly agreed, 28.4% agreed, and 21.0% somewhat agreed, while disagreement remained limited (11.1%). This pattern highlights a strong conceptual appreciation of sport as a social integration tool capable of facilitating belonging, peer interaction, and opportunities for rebuilding social networks among marginalized populations.

Knowledge related to behavioral engagement processes was also relatively well developed. Regarding the understanding of behavior change and goal-setting strategies appropriate for unstable living conditions, 75.3% of respondents indicated some level of agreement. Within this group, 24.7% strongly agreed, 30.9% agreed, and 19.8% somewhat agreed. However, 22.2% selected a neutral response, suggesting that while many professionals recognize the importance of behavior change principles, a proportion may still lack confidence in translating theoretical models into practical strategies adapted to the complex realities of homelessness. Similarly, understanding of the behavioral processes required to engage homeless individuals in sustained physical

activity participation was endorsed by 64.2% of respondents. This indicates a relatively good foundation of knowledge but also suggests the need for further training in motivational processes, adherence strategies, and long-term engagement approaches (Stringer et al., 2019).

Recognition of the importance of developing homelessness-sensitive sport interventions was also evident. Nearly two-thirds of respondents (64.2%) indicated agreement that sport-based interventions should be tailored to the specific needs and circumstances of individuals experiencing homelessness. This finding reflects an awareness that standardized physical activity programs may not adequately address the multidimensional challenges faced by this population, including unstable living conditions, social exclusion, health inequalities, and reduced access to supportive environments (Stringer et al., 2019). Nevertheless, the relatively high proportion of neutral responses (14.8%) and disagreement (21.0%) indicates that some professionals may still require further clarification regarding principles of adaptation, accessibility,



and person-centered intervention design.

Despite these strengths, the findings identified important gaps between general conceptual awareness and specialized applied knowledge. Familiarity with the lived experiences and psychosocial profiles of homeless individuals was comparatively weaker. Although 58.0% of respondents reported agreement that they were familiar with the experiences of homeless individuals, including rejection, social loss, and disengagement, almost one-quarter (23.8%) expressed disagreement, and an additional 17.3% remained neutral. This suggests that some professionals may possess knowledge of homelessness primarily at a theoretical level but have limited exposure to the complex personal histories, trauma experiences, and social vulnerabilities commonly associated with homelessness.

The greatest knowledge limitation concerned the ability to adapt physical activity interventions to diverse physical and mental health barriers. Only 43.3% of respondents reported confidence in adapting activities for clients experiencing health-related challenges commonly associated with homelessness, whereas 35.8% expressed disagreement and 21.0% remained uncertain. This represents the clearest area of competency development and indicates that professionals may recognize the value of sport interventions but lack practical expertise in modifying activities according to chronic health conditions, psychological distress, trauma exposure, substance use histories, functional limitations, or fluctuating motivation levels (Hopper et al., 2010).

Summarizing, these findings demonstrate a clear distinction between conceptual recognition and implementation competence. Professionals appear highly aware of the theoretical benefits of sport for promoting well-being, social inclusion, and reintegration among homeless populations. However, confidence decreases when knowledge requires the application of specialized approaches, such as trauma-informed practice, individualized adaptation of sport and physical activities, management of complex psychosocial needs, and implementation under conditions of instability (Hopper et al., 2010).

This pattern has important implications for professional development. While existing awareness provides a strong foundation for the integration of sport-based approaches within homelessness services, targeted capacity-building initiatives are required to strengthen applied competencies. Future training should move beyond communicating the benefits of sport and focus on developing practical skills related to inclusive program design, motivational engagement, risk-sensitive delivery, health adaptation, and collaboration with multidisciplinary support systems. Such competencies are essential to ensure that sport interventions are not only accessible but also meaningful, sustainable, and responsive to the realities of people experiencing homelessness.

Table 1. Self-Perceived Knowledge and Conceptual Understanding

Knowledge Item	High Agreement (5–7)	Low Agreement (1–3)	Interpretation
Sport reduces stress and builds self-esteem for reintegration	86.4	9.9%	Strong conceptual understanding of psychosocial benefits
Sport promotes community solidarity and social connection	82.7%	11.1%	Strong recognition of sport as a social inclusion mechanism
Understanding behavior change and goal-setting strategies	75.3%	9.9%	Good awareness of behavioral processes

Understanding engagement processes for sustained participation	64.2%	21.0%	Moderate knowledge of long-term engagement strategies
Understanding need for tailored interventions for homelessness	64.2%	21.0%	Recognition of person-centered intervention principles
Familiarity with homeless individuals' experiences and profiles	58.0%	24.7%	Need for greater exposure to lived experiences
Ability to adapt activities to physical/mental health barriers	43.2%	35.8%	Major competency gap requiring training

3.2 Practical Skills and Implementation Competences

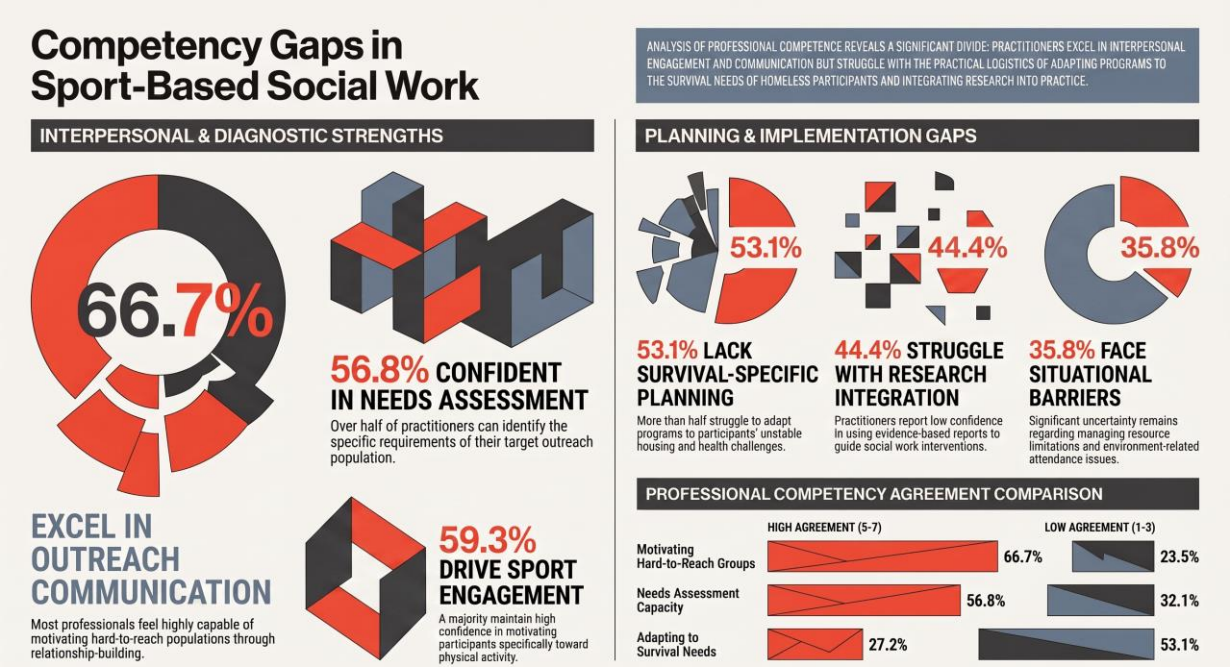
While the conceptual and attitudinal findings demonstrated strong professional recognition of the value of physical activities and sport-based interventions for supporting homeless and socially vulnerable populations, the practical skills domain revealed considerably lower levels of perceived competence (Coalter, 2017). This discrepancy suggests that professionals may endorse physical activity and sport as a meaningful psychosocial intervention approach but experience uncertainty regarding the operational knowledge and applied skills required to design, adapt, and sustain effective sport-based interventions in complex real-world contexts (Table 2).

The most pronounced limitation concerned the ability to plan physical activities and sport-based interventions that accommodate the survival realities experienced by homeless populations. Only 15.0% of participants expressed strong agreement that they could effectively plan programmes addressing challenges such as food insecurity, unstable housing conditions, health-related difficulties, transportation limitations, and unpredictable daily routines. When combining all levels of agreement, approximately 27.2% reported confidence in this capacity, whereas 53.0% expressed some degree of disagreement, indicating substantial uncertainty regarding the adaptation of sport activities to the complex circumstances of people experiencing homelessness (Cornett et al., 2026). A further 19.8% remained undecided, suggesting that many professionals may recognize the importance of contextual adaptation but lack practical frameworks for implementation.

A similar pattern was observed regarding the ability to overcome situational barriers that may interfere with participation. Only 25.9% of respondents reported confidence in addressing practical obstacles such as lack of appropriate equipment, poor nutrition, or inconsistent attendance patterns, while 35.8% indicated limited confidence. Additionally, 22.2% selected a neutral response, reflecting uncertainty about their ability to develop flexible strategies that maintain engagement despite unstable living conditions. These findings highlight a critical implementation

challenge: sport-based interventions for homeless populations require not only motivational capacity but also adaptive programme design skills that account for structural and environmental constraints.

Needs assessment competence appeared relatively stronger but remained inconsistent across respondents. Approximately 56.8% reported confidence in their ability to conduct needs assessments and identify the specific requirements of their outreach populations. However, 32.1% expressed low confidence, indicating that a substantial proportion of professionals may require additional training in systematic assessment procedures, participant profiling, and the translation of identified needs into tailored intervention strategies. Given the heterogeneity of homeless populations, including differences in health status, social support, substance use history, and previous sport experiences, needs assessment represents a fundamental prerequisite for effective intervention planning (Dawes et al., 2024).



In contrast to programme planning and technical implementation skills, interpersonal and communication competencies emerged as clear strengths. Approximately 66.7% of participants reported confidence in possessing the communication skills required to motivate hard-to-reach populations, with only 13.6% expressing disagreement. Similarly, confidence in motivating individuals specifically to participate in sport activities was relatively high, with 59.3% indicating agreement and 23.5% reporting low confidence. These findings suggest that professionals perceive themselves as capable of establishing supportive relationships, encouraging engagement, and communicating effectively with populations experiencing social exclusion. Such relational competencies represent an important foundation for sport-based interventions, where trust, psychological safety, and sustained interpersonal support are central mechanisms of engagement (Super et al., 2016).

However, the transition from relational competence to evidence-informed implementation remains a significant challenge. The use of evidence and professional reports to guide sport-based social work practice was one of the weakest domains assessed. Only 38.3% of participants indicated confidence in integrating evidence-based information into their practice, whereas 44.4% reported disagreement. This finding suggests that although professionals may value sport as a practical tool, many lack systematic approaches for incorporating research evidence, evaluation findings, and professional knowledge into programme development and decision-making (Sharma et al., 2026).

Overall, the practical skills findings reveal an important distinction between professional willingness and implementation readiness. Participants demonstrated strong interpersonal orientations and confidence in engaging vulnerable populations; however, they reported lower competence in the specialised technical skills required to implement sustainable sport-based interventions. The gap between relational capacity and operational expertise represents a key barrier to the wider adoption of sport as a structured social intervention for homelessness. These findings support the need for targeted capacity-building initiatives focusing on intervention design, contextual adaptation, evidence-informed practice, monitoring and evaluation, and strategies for overcoming participation barriers within highly vulnerable populations.

From an educational and professional development perspective, training programmes should therefore move beyond promoting the general benefits of sport and focus on developing applied competencies. Effective capacity building should equip practitioners with practical tools for conducting needs assessments, co-designing inclusive programmes, managing contextual barriers, applying behaviour change principles, and evaluating outcomes. Strengthening these implementation competencies may facilitate the transition from positive professional attitudes toward consistent, evidence-informed delivery of sport-based interventions in homelessness services.

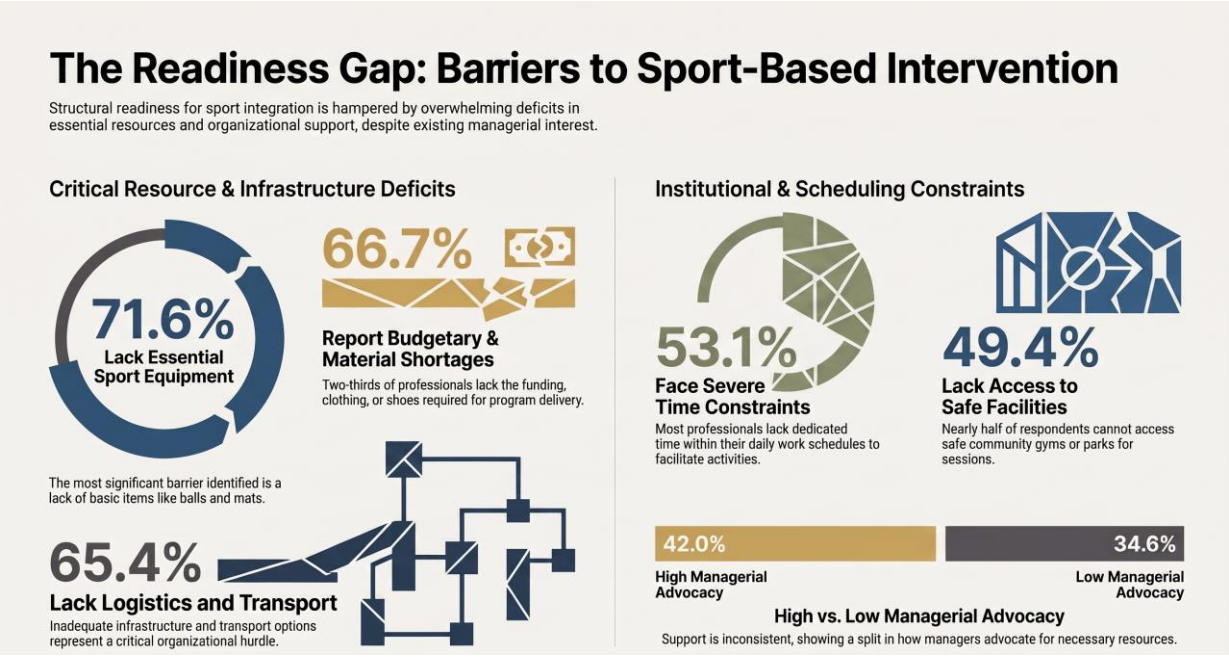
Table 2. Perceived Practical Skills and Implementation Competence for Sport-Based Interventions

Item	High Agreement (5–7)	Low Agreement (1–3)	Interpretation
I can effectively plan sport programs that meet the survival needs of homeless participants.	27.2%	53.1%	Most participants lacked confidence in designing sport programmes adapted to the complex survival conditions of homeless populations, including unstable housing, health challenges, transportation difficulties, and inconsistent routines.
I am capable of carrying out a needs assessment for	56.8%	32.1%	More than half of participants felt capable of identifying participant needs; however, one-third reported limited confidence, indicating

my specific outreach population.			the need for stronger assessment frameworks and population-specific profiling skills.
I use evidence and reports from other professionals to guide my sport-based social work.	38.3%	44.4%	. Participants showed limited confidence in integrating research evidence and professional reports into their practice, suggesting a need for training in evidence-based intervention planning and evaluation.
I have the communication skills needed to motivate hard-to-reach populations.	66.7%	23.5%	Communication and relationship-building emerged as key strengths, indicating that professionals feel prepared to engage and support socially excluded populations.
I have the communication skills needed to motivate hard-to-reach populations to participate in sports.	59.3%	23.5%	Most professionals expressed confidence in encouraging participation in sport activities, although some uncertainty remains regarding sport-specific engagement strategies.
I have the ability to overcome situational barriers to deliver these interventions.	42.0%	35.8%	Confidence in managing practical participation barriers was mixed, highlighting the need for strategies addressing resource limitations, attendance instability, and environmental constraints.

3.3 Organizational Opportunity and Structural Readiness

The organizational opportunity domain represented the most pronounced implementation challenge identified in the survey. Across the assessed indicators, professionals consistently reported limited access to the structural conditions required to deliver sustainable physical activities and sport-based interventions. The most



prominent barriers concerned material resources, equipment availability, transportation, and access to appropriate facilities (Table 3).

The strongest negative finding related to the availability of essential equipment and resources. More than two-thirds of respondents reported low agreement regarding access to necessary equipment (71.6%) and broader implementation resources, including budgets, clothing, and materials (66.7%). Similarly, 65.4% indicated insufficient access to infrastructure, such as transportation or sport-related resources for clients. These findings demonstrate that although sport-based approaches may be viewed positively, their implementation is constrained by the absence of basic operational resources.

Time-related constraints also emerged as a substantial organizational barrier. More than half of respondents reported limited availability of time within their daily work schedules to facilitate sport-based activities (53.1%), while 39.5% indicated that they lacked realistic time frames to integrate such activities alongside existing professional duties. These findings suggest that sport interventions may compete with established service priorities and workload demands.

Access to safe and appropriate facilities represented another important limitation. Almost half of participants (49.4%) reported low agreement regarding access to suitable spaces, such as parks or community gyms, whereas only one-third (33.3%) perceived sufficient availability. This indicates that implementation challenges extend beyond internal organizational resources and involve broader environmental and community-level infrastructure.

In contrast, perceptions of managerial and administrative support were comparatively more favorable but remained inconsistent. Approximately 42.0% reported that managers provided supportive advocacy for necessary resources, while a similar proportion (44.4%) perceived limited administrative prioritization of physical activity within their services. This variability suggests that organizational commitment may depend heavily on local leadership practices and institutional culture.

The findings indicate that barriers to implementing sport-based interventions are primarily structural and organizational rather than motivational. Professionals appear to recognize the value of physical activity as a component of support services; however, their capacity to translate this recognition into practice is restricted by limited resources, insufficient infrastructure, competing workload demands, and inconsistent institutional prioritization (Bush et al., 2025).

From a COM-B framework perspective, organizational opportunity represents a critical determinant of implementation behavior. While professionals may possess the psychological capability and motivation required to deliver sport-based interventions, the absence of adequate physical and organizational opportunities reduces implementation capacity. The findings highlight that successful integration of sport-

based approaches within services for vulnerable populations requires more than professional willingness; it requires systemic investment in resources, protected implementation time, organizational planning, and leadership support (Timkova et al., 2024; Timlin et al., 2020).

Consequently, future implementation strategies should focus on strengthening organizational readiness through dedicated funding mechanisms, improved access to facilities and equipment, formal inclusion of physical activity within service planning, and managerial strategies that allocate sufficient time and responsibility for sport-based programming. Without addressing these structural conditions, sport interventions risk remaining dependent on individual professional commitment rather than becoming sustainable components of routine service delivery (Rutten et al., 2009).

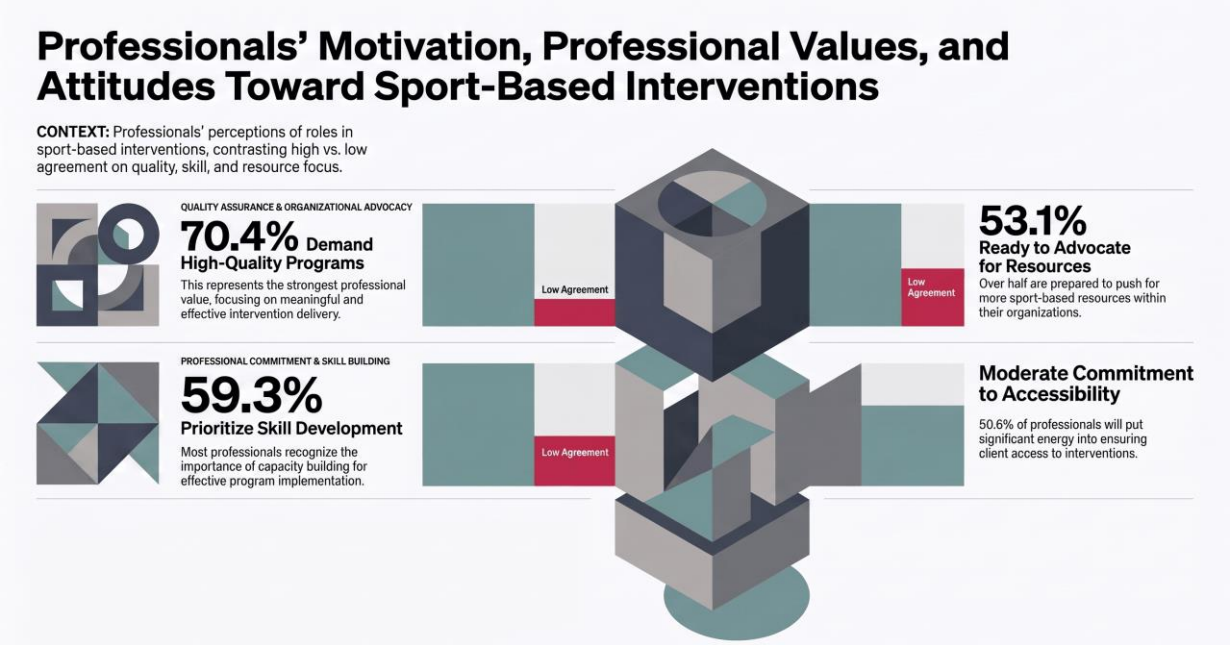
Table 3. *Perceived Organizational Opportunity and Structural Readiness for Sport-Based Intervention Implementation*

Item	High Agreement (5–7)	Low Agreement (1–3)	Interpretation
I have realistic time frames to implement sport activities alongside other duties.	32.1%	39.5%	Professionals frequently perceive limited time flexibility within existing workloads, indicating a substantial scheduling barrier.
I have access to infrastructure, such as transport or sport gear for clients.	23.5%	65.4%	Strong evidence of inadequate infrastructure and logistical resources, representing one of the most critical organizational barriers.
My managers provide supportive advocacy for the resources needed.	42.0%	34.6%	Managerial support is mixed, suggesting variability in institutional commitment and advocacy across organizations.
I have access to safe facilities (parks, community gyms) to conduct sessions.	33.3%	49.4%	Access to suitable and safe spaces remains a considerable limitation for implementation.
I have the time within my daily work schedule to facilitate sport-based activities for my clients.	33.3%	53.1%	Limited availability of working time represents a major structural constraint affecting implementation feasibility.
I have access to adequate resources (e.g., budget, clothing/shoes) to deliver these programs.	19.8%	66.7%	Professionals report substantial resource shortages, particularly regarding financial and material support.
I have the necessary equipment (balls, mats, etc.) required for sport-based interventions.	18.5%	71.6%	The strongest identified barrier concerns the availability of essential sport equipment required for intervention delivery.

I have the support of my organization's administration to prioritize physical activity as part of our service.	42.0%	44.4%	Administrative prioritization appears inconsistent, indicating uncertainty regarding the institutional status of physical activity within services.

3.4 Motivation, Professional Values, and Attitudes

Despite the structural and organizational limitations identified in previous sections, professionals demonstrated a generally positive motivational orientation toward sport-based interventions for supporting vulnerable populations. The findings indicate that respondents largely recognized the value of sport as a meaningful component of psychosocial support, while levels of personal commitment and organizational advocacy were comparatively more moderate.



The strongest endorsement was observed for the importance of delivering high-quality and effective sport programs. A total of 57 professionals (70.4%) reported high agreement that the quality and effectiveness of sport programs were important, indicating a strong professional commitment toward ensuring that sport-based initiatives are purposeful, well-designed, and capable of generating meaningful outcomes. Only 16.0% expressed low agreement, while 13.6% remained neutral.

Similarly, professionals showed considerable willingness to improve their own competencies in planning and evaluating sport-based programs. More than half of participants (59.3%) indicated high agreement with the statement that they would make efforts to enhance their skills, suggesting recognition of the need for professional

development and capacity building. However, 30.8% reported low agreement, highlighting potential differences in perceived responsibility or readiness to engage in further training.

The intention to advocate for additional sport-based resources within organizations received a moderately positive response. Specifically, 43 professionals (53.1%) expressed high agreement that they were prepared to promote greater availability of sport-based resources, whereas 25.9% reported low agreement and 21.0% remained undecided. This pattern suggests that although professionals acknowledge the value of sport, translating positive attitudes into organizational advocacy may be influenced by contextual factors, such as institutional priorities, available funding, and organizational culture.

The lowest, although still positive, level of endorsement concerned the willingness to invest significant energy in ensuring access to sport-based interventions for clients. Approximately half of respondents (50.6%) expressed high agreement, whereas 28.4% reported low agreement and 21.0% were neutral. This indicates that personal motivation exists but may be constrained by practical barriers, workload demands, or limited organizational support.

Overall, the findings demonstrate a strong alignment between professionals' values and the principles of sport-based interventions. However, the difference between recognizing the importance of sport and actively committing resources, advocacy, and personal effort suggests that implementation may require additional institutional support, structured training opportunities, and clearer integration of sport within professional roles (Anderson-Butcher & Bates, 2021). Sport appears to be perceived primarily as a valuable complementary psychosocial approach rather than yet being fully embedded as a core component of homelessness support services (Dawes et al., 2024).

Table 4. *Professionals' Motivation, Professional Values, and Attitudes Toward Sport-Based Interventions*

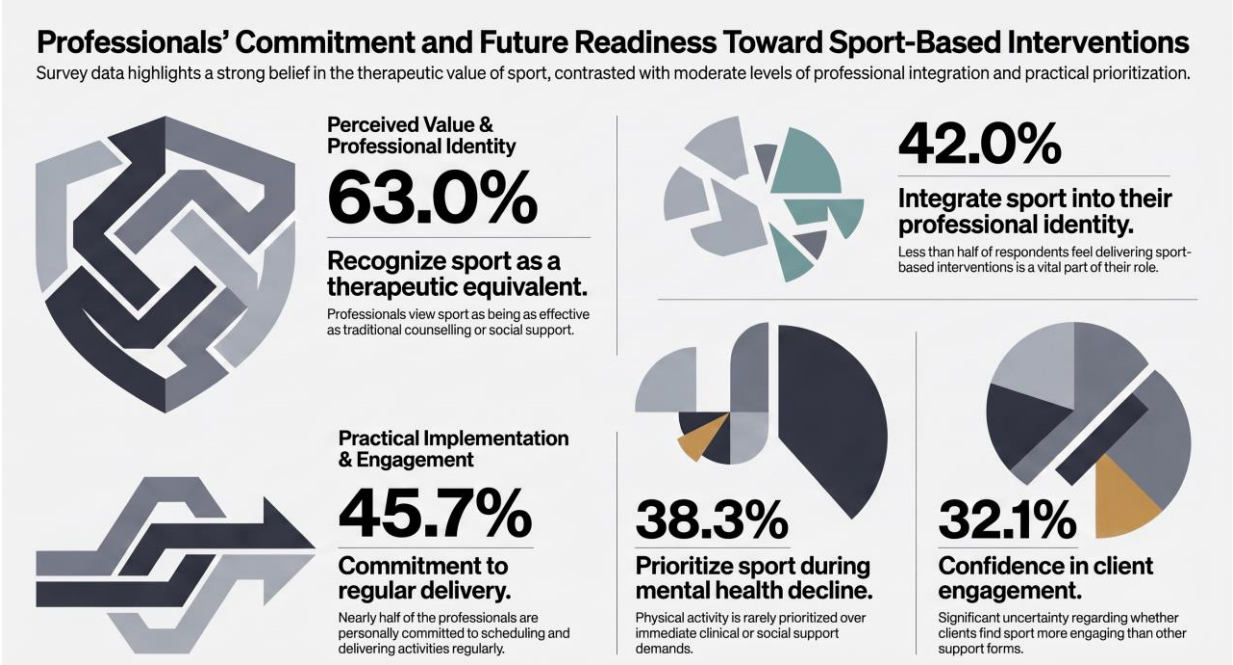
Item	High Agreement (5–7)	Low Agreement (1–3)	Interpretation
I will put significant energy into ensuring sport-based interventions are accessible to my clients.	50.6%	28.4%	Moderate personal commitment; willingness exists but may be influenced by practical constraints and competing professional demands.
I will try hard to improve my own skills in planning and evaluating these programs.	59.3%	30.8%	Indicates recognition of the importance of professional development and capacity building for effective implementation.

It is important to me that the sport programs we provide are high-quality and effective.	70.4%	16.0%	Strong professional value orientation toward quality assurance and meaningful intervention delivery.
I am prepared to advocate for more sport-based resources within my organization.	53.1%	25.9%	Positive organizational orientation, although advocacy may depend on institutional support and available resources.

3.5 Commitment and Future Readiness

The commitment domain examined professionals' willingness to translate positive perceptions of sport-based interventions into sustained implementation practices within homeless support services. Overall, findings indicated moderate levels of commitment, suggesting that while professionals generally recognized the value of sport-based approaches, their readiness to prioritize and institutionalize such activities remained variable (Table 5).

The strongest area of commitment concerned the perceived therapeutic value of sport. More than half of participants (63.0%) agreed that sport could be as therapeutic for clients as traditional counselling or social support approaches. This finding indicates



that professionals increasingly recognize sport not merely as a recreational activity but as a complementary psychosocial intervention capable of supporting recovery, engagement, and well-being among people experiencing homelessness (Malden et al., 2019).

Similarly, 45.7% of professionals expressed personal commitment to scheduling and delivering sport-based activities regularly, suggesting a willingness to move beyond conceptual endorsement toward practical implementation. However, commitment was somewhat less pronounced regarding the perception that delivering sport-based interventions represents a central professional responsibility, with only 42.0% expressing high agreement. This indicates that sport-based approaches may still be perceived as an additional or complementary responsibility rather than an integrated component of routine professional practice. This friction is often compounded by the pivotal role that staff behaviors and administrative attitudes play in encouraging client participation, where lack of formal embedding reduces proactive delivery (Rutenfrans-Stupar et al., 2019).

A more cautious pattern emerged regarding prioritization and client engagement. Only 38.3% agreed that they prioritize physical activity interventions when clients experience declining mental health, while 32.1% believed that clients find sport-based interventions more engaging than other forms of support. These findings suggest that although professionals acknowledge the potential benefits of sport, competing demands, uncertainty regarding client preferences, and organizational constraints may limit the prioritization of sport within everyday service delivery (Stringer et al., 2019).

Overall, the commitment findings reveal a gap between positive conceptual recognition and operational readiness. Professionals appear motivated to incorporate sport-based interventions but remain realistic about the challenges associated with sustainable implementation, including workload pressures, competing service priorities, limited resources, and the absence of established organizational structures supporting sport-based practice. Strengthening institutional support, providing implementation frameworks, and integrating sport into formal service pathways may therefore be essential for converting individual motivation into sustainable practice.

Table 5. Professionals' Commitment and Future Readiness Toward Sport-Based Interventions

Item	High Agreement (5–7)	Low Agreement (1–3)	Interpretation
I feel that delivering sport-based interventions is a vital part of my role in homeless support.	42.0%	39.5%	Professionals showed moderate recognition of sport as part of their professional role; however, a substantial proportion remained uncertain or disagreed, indicating that sport is not yet fully embedded within professional identity.
I believe that sport is as therapeutic for my clients as	63.0%	14.8%	Strongest commitment-related belief. Professionals largely acknowledged

traditional counselling or social support.			sport as a meaningful therapeutic complement to existing psychosocial support approaches.
I prioritize physical activity interventions over other tasks when I see a client's mental health declining.	38.3%	34.6%	Lower agreement suggests that sport is valued but rarely prioritized over immediate clinical or social support demands.
I believe my clients find sport-based interventions more engaging than other forms of support.	32.1%	45.7%	Limited confidence regarding client engagement indicates uncertainty about accessibility, attractiveness, or feasibility of sport participation among homeless populations.
I am personally committed to scheduling and delivering these activities regularly.	45.7%	43.2%	Commitment to implementation was moderate, reflecting willingness among professionals but also practical concerns affecting regular delivery.

4. Thematic Analysis

Across all professional interviews, physical activity and sport were consistently conceptualized as multidimensional interventions capable of influencing health, emotional stability, social reintegration, behavioral regulation, identity reconstruction, and human dignity among adults experiencing homelessness. The professionals did not frame sport narrowly as recreation or fitness promotion. Instead, they understood it as a relational, psychosocial, and community-based mechanism that can interrupt the cumulative effects of exclusion, chronic stress, trauma, social invisibility, and institutional marginalization.

At the same time, the interviews reveal a highly nuanced perspective: professionals repeatedly stressed that sport cannot operate independently from broader structural supports such as housing, employment, mental health care, transportation, and food security. Sport was therefore perceived not as a solution to homelessness itself, but as an enabling and complementary practice embedded within wider systems of care.

Theme 1. Psychosocial Reconstruction and Life Skills Development Through Sport Participation

This theme illustrates how participants conceptualized sport participation as a multidimensional psychosocial process that extends beyond physical activity and recreation. Across interviews, sport was described as a structured social and experiential environment through which adults experiencing homelessness may gradually rebuild confidence, restore a sense of personal agency, develop meaningful relationships, and acquire behavioural competencies relevant to everyday life. Rather than being perceived as an isolated leisure activity, sport was understood as a potential pathway for psychological recovery, social reconnection, and participation in society.

Adults experiencing homelessness frequently encounter cumulative experiences of social exclusion, stigma, instability, and reduced opportunities for positive recognition. These conditions may negatively influence self-perceptions, perceived competence, social identity, and expectations regarding future possibilities (Hopper et al., 2010; Shinn & Khadduri, 2020). Within this context, participants described sport as a context where individuals can experience achievable challenges, receive positive feedback, and regain a sense of effectiveness through gradual progress. The importance of small achievements was repeatedly emphasized, suggesting that sport participation may create opportunities to challenge narratives of failure and dependency by allowing individuals to experience themselves as capable and valued.

Participants also highlighted the relational dimension of sport. Unlike traditional service environments, where individuals may primarily be positioned according to their vulnerabilities or support needs, sport was perceived as a more equal and non-stigmatizing context based on shared participation, cooperation, and collective experiences. Through team membership and group activities, individuals could temporarily move beyond the social identity of "homelessness" and develop alternative identities associated with participation, contribution, and belonging. This interpretation is consistent with sport-for-development literature, which emphasizes that sport can create inclusive social spaces where marginalized individuals develop social capital, interpersonal connections, and opportunities for community participation (Coalter, 2017; Schulenkorf et al., 2016; Van der Veken et al., 2020).

Beyond psychosocial benefits, participants described sport as an experiential learning environment where practical life skills could emerge through repeated participation. Skills such as discipline, persistence, emotional regulation, teamwork, responsibility, and adherence to routines were not perceived as externally imposed behavioural requirements but as competencies gradually developed through engagement in meaningful activities. This perspective aligns with experiential learning approaches, suggesting that individuals develop knowledge and skills through cycles of participation, reflection, adaptation, and continued practice (Kolb, 1984). Previous research has similarly demonstrated that structured sport environments may support the development and transfer of life skills when activities are intentionally designed and delivered within supportive relationships (Super et al., 2016).

However, participants emphasized that the psychosocial value of sport depends on its integration within broader homelessness support systems. Sport was not viewed as a substitute for housing, healthcare, or social support but as a complementary intervention that can strengthen engagement with existing recovery pathways. Consistent with recovery-oriented and person-centred approaches, participants argued that sport should be embedded within holistic models of support where physical activity is connected with psychosocial interventions, social services, and community resources (Aarons et al., 2011; Damschroder et al., 2009).

Overall, the findings indicate that sport-based interventions may contribute to psychosocial reconstruction among adults experiencing homelessness through three

interconnected mechanisms: (a) restoring self-efficacy and personal identity, (b) rebuilding social belonging and relational connections, and (c) developing transferable behavioural competencies that support wider processes of reintegration.

Subtheme 1.1. Sport as a Mechanism for Restoring Agency, Self-Efficacy, and Identity Reconstruction

Participants consistently described sport as a context where adults experiencing homelessness could regain confidence, experience personal achievement, and reconstruct perceptions of themselves beyond experiences of exclusion and vulnerability. Sport participation was understood as providing opportunities for individuals to demonstrate competence through achievable goals, receive recognition from others, and gradually rebuild a sense of personal effectiveness.

Participants frequently linked homelessness with experiences of repeated failure, rejection, and diminished self-worth. Within this context, sport was perceived as valuable because it created situations in which individuals could experience success and receive immediate evidence of their abilities. As one participant explained:

"When someone achieves something... this has a direct impact on how they see themselves. And for someone who has repeatedly experienced failure and rejection, this is extremely important." (Greek 1)

This account highlights that the psychological significance of sport lies not only in the achievement itself but in the meaning attached to achievement. For individuals whose daily experiences may reinforce feelings of inadequacy or dependency, even small accomplishments within sport may function as corrective experiences that challenge negative self-perceptions. Another participant similarly emphasized the role of sport in strengthening personal confidence:

"Sports enhance their self-confidence, self-esteem, and sense of competence." (Greek 2)

These findings are strongly aligned with Bandura's Social Cognitive Theory (1986), particularly the concept of **mastery experiences** as the most influential source of self-efficacy development. According to Bandura, individuals develop stronger beliefs in their capabilities when they successfully complete meaningful tasks and observe evidence of their own competence. In the context of homelessness, where opportunities for mastery may be limited by structural disadvantage and social exclusion, sport may provide an accessible environment for repeated experiences of achievement.

This interpretation is supported by evidence from physical activity interventions among people experiencing homelessness. Dawes et al. (2024), in a systematic review of physical activity interventions, identified improvements in confidence, wellbeing, social connection, and perceived capability as important outcomes of sport and exercise participation. Similarly, Sofija et al. (2018) reported that group fitness participation among formerly homeless individuals contributed to a process of personal

transformation, with participants describing sport as a pathway toward a "new self" and improved wellbeing.

Participants further described sport as a context that enables individuals to reconnect with positive aspects of their identity:

"Sports enhance the sense of competence and can help the individual reconnect with positive aspects of themselves." (Greek 11)

This process of identity reconstruction represents a critical dimension of psychosocial recovery. Homelessness is frequently accompanied by stigmatizing social identities, where individuals may be defined primarily by their housing status rather than their abilities, experiences, or aspirations (Shinn & Khadduri, 2020). Sport was perceived as offering alternative identity positions based on participation and contribution. One participant specifically highlighted this transition:

"They take on other roles and can more easily distance themselves from the label of being 'homeless'." (Greek 14)

This finding can be interpreted through Social Identity Theory (Tajfel & Turner, 1986), which proposes that individuals derive part of their self-concept from membership in valued social groups. Participation in sport may therefore provide access to alternative collective identities, such as teammate, participant, or group member, reducing the psychological dominance of stigmatized identities associated with homelessness.

The importance of bodily confidence as a pathway toward broader psychosocial functioning was also identified by Italian participants:

"Developing trust in one's own body also makes you more... confident in general, in your own abilities, and this certainly helps, even if in a small part, social reintegration." (Italian 6)

This observation extends the interpretation beyond psychological confidence alone by highlighting the relationship between physical self-perception and social participation. For individuals experiencing homelessness, whose daily lives may involve reduced opportunities for autonomy and positive engagement with their bodies, physical activity may represent a process of reclaiming control and reconnecting with personal agency.

From the perspective of Self-Determination Theory (Deci & Ryan, 2000), these findings suggest that sport environments may support psychological wellbeing by satisfying three fundamental needs: competence, through skill development and achievement; autonomy, through active participation and personal choice; and relatedness, through meaningful relationships with others. The combination of these psychological experiences may strengthen intrinsic motivation and encourage continued engagement in other recovery-oriented behaviours.

Therefore, participants' accounts suggest that sport-based interventions may operate as environments of psychological reconstruction, where individuals experiencing homelessness can move from identities shaped by exclusion and dependency toward identities characterised by competence, participation, and personal agency.

Subtheme 1.2. Sport as a Social Context for Belonging, Recognition, and Community Reintegration

Participants consistently identified social isolation, loss of meaningful relationships, and reduced opportunities for social participation as central consequences of homelessness. Within this context, sport was perceived not only as an activity-based intervention but as a social environment where relationships could be reconstructed through shared experiences, equality, and collective participation. Participants emphasized that the value of sport was derived from its ability to create spaces where individuals were approached first as participants and group members rather than as recipients of support defined by vulnerability or social disadvantage.

Unlike conventional support settings, where interactions may be structured around assessment, needs, and intervention planning, sport was described as a more natural and non-stigmatizing context for social connection. Participants suggested that sport reduces interpersonal barriers because individuals can participate without needing to explain their personal history, justify their circumstances, or assume a passive service-user role. As one participant explained:

"Sports have something unique that many other activities do not: they bring people together in a natural, effortless way. Someone does not need to explain their history or justify their situation; they just participate." (Greek 1)

This account highlights a central mechanism through which sport may facilitate inclusion: the creation of **shared experiences based on participation rather than disadvantage**. The importance of this distinction is particularly relevant within homelessness contexts, where individuals often experience social categorization, stigma, and exclusion from mainstream community life (Shinn & Khadduri, 2020). Sport may temporarily disrupt these patterns by creating interactions organized around common goals, cooperation, and mutual recognition.

Participants repeatedly described sport groups as spaces where individuals could regain a sense of belonging:

"Participation in athletic activities helps reduce isolation and alienation. Individuals integrate back into teams and communities, distancing themselves from feelings of loneliness... They belong somewhere." (Greek 5)

The phrase "they belong somewhere" reflects a fundamental psychosocial need frequently disrupted by homelessness. Beyond the absence of stable housing, homelessness is associated with weakened social networks, reduced community participation, and experiences of invisibility or exclusion (Baptista & Marlier, 2019;

Shinn & Khadduri, 2020). Participants' narratives suggest that sport can operate as a transitional social space where individuals begin rebuilding interpersonal connections and experiencing recognition from others.

This interpretation aligns with **Social Identity Theory** (Tajfel & Turner, 1986), which proposes that individuals develop part of their self-concept through membership in meaningful social groups. For adults experiencing homelessness, whose social identities may become dominated by stigmatized categories, participation in sport groups can provide alternative identities associated with contribution, cooperation, and membership. Rather than being defined by the label of "homeless person," individuals may experience themselves as teammates, participants, or valued members of a collective. Italian participants similarly emphasized the importance of restoring social connection among individuals whose relationships had progressively diminished:

"Homeless people are used to… social relations are reduced to a minimum. Instead, with a group activity, like sport, it can be something extra you give them, or it makes them rediscover what they have forgotten." (Italian 8)

This quote illustrates that participants viewed sport not simply as creating new relationships but as facilitating the **recovery of relational capacities that may have been weakened through prolonged exclusion**. The emphasis on "rediscovering" suggests that social connection is not necessarily absent but may require supportive environments where trust, communication, and participation can gradually re-emerge.

From a social capital perspective, these findings are consistent with Putnam's (2000) conceptualization of social capital as the resources generated through social networks, trust, and reciprocal relationships. Sport environments may contribute particularly to the development of **bonding social capital** by strengthening connections among participants and **bridging social capital** by creating opportunities for interaction with wider community members (Coalter, 2017). This mechanism is especially relevant for populations experiencing homelessness, where social networks are often fragmented and opportunities for meaningful participation are limited.

Participants also emphasized that sport can provide a safer intermediate environment between social exclusion and broader community reintegration. Rather than expecting individuals to immediately reconnect with mainstream social structures, sport was viewed as a smaller and more manageable social context where confidence and interpersonal skills can gradually develop. One participant described this process:

"*The greatest benefit is that the reintegration of these people takes place within a smaller and safer social group... Therefore, the transition into society becomes easier."* (Greek 14)

This perspective reflects a gradual model of reintegration, where participation develops through accessible social experiences before extending into wider community involvement. Such an approach is consistent with recovery-oriented models that emphasize participation, empowerment, and the rebuilding of meaningful social roles

rather than focusing solely on symptom reduction or service compliance (Hopper et al., 2010).

The role of sport as a facilitator of inclusion is also supported by evidence from sport-for-development research. Van der Veken et al. (2020) demonstrated that sport-based initiatives can function as mechanisms of social inclusion by creating opportunities for recognition, meaningful interaction, and belonging among socially marginalized groups. Similarly, Coalter (2017) argues that sport contributes to social inclusion when programs intentionally create supportive environments that prioritize participation, relationships, and empowerment rather than competition alone.

However, participants' accounts also suggest that the social benefits of sport are not automatic. The development of belonging depends on how activities are designed and delivered. Inclusive coaching approaches, supportive relationships, and psychologically safe environments are essential conditions for ensuring that individuals experiencing homelessness feel accepted and valued. This aligns with trauma-informed approaches in homelessness services, which emphasize safety, trust, collaboration, and empowerment as foundations for meaningful engagement (Hopper et al., 2010).

Overall, participants conceptualized sport as a social bridge between isolation and community participation. Its contribution was not primarily attributed to the activity itself but to the social processes created through participation: meeting others, cooperating toward shared goals, receiving recognition, and experiencing membership within a collective. Through these mechanisms, sport may support adults experiencing homelessness in rebuilding social identities, strengthening relationships, and gradually reconnecting with wider communities.

Subtheme 1.3. Sport-Based Development of Life Skills: Discipline, Self-Regulation, Teamwork, and Behavioural Transfer

Participants described sport as an experiential learning environment where individuals experiencing homelessness can gradually develop behavioural competencies that extend beyond the sporting context. Rather than viewing life skills as abstract psychological characteristics that must be taught explicitly, participants emphasized that these competencies emerge through repeated participation, structured routines, interpersonal interactions, and opportunities to experience responsibility within a supportive environment.

For individuals experiencing homelessness, everyday life is frequently characterized by instability, uncertainty, and disrupted routines. Previous research has highlighted that prolonged exposure to housing insecurity and social exclusion can affect daily functioning, future planning, and engagement with structured activities (Busch-Geertsema et al., 2010; Shinn & Khadduri, 2020). Within this context, participants perceived sport as a predictable and meaningful structure that can gradually reintroduce organization, commitment, and personal responsibility into daily life.

A central element identified was the development of **discipline and routine**. Participants did not conceptualize discipline as external control or compliance with rules imposed by others; rather, they described it as an internally developed capacity emerging through regular attendance, commitment, and gradual engagement with structured activities. The repeated act of attending sessions was perceived as an important behavioural achievement for individuals whose lives may be affected by instability and competing survival priorities. One participant explained:

"Discipline develops through regularity—showing up every time, following rules, respecting the coach and teammates." (Greek 1)

"Giving a free but consistent schedule... the routine, in my opinion, is very important." (Italian 5)

These accounts suggest that sport may function as a behavioural scaffold, providing opportunities for individuals to practice consistency and self-management in an environment characterized by support rather than judgment. This interpretation is consistent with **Social Cognitive Theory** (Bandura, 1986), which proposes that behaviour change occurs through reciprocal interactions between individuals, their environment, and their perceived capabilities. Structured sport participation may therefore strengthen self-regulatory capacities by allowing individuals to repeatedly experience successful engagement and observe their own behavioural progress.

The development of discipline through sport also aligns with the **COM-B model of behaviour change** (Michie et al., 2011), particularly the interaction between psychological capability, social opportunity, and motivation. Sport programs may enhance capability by strengthening planning and self-regulation skills, while simultaneously increasing opportunity through structured social environments and supportive relationships. However, participants emphasized that these benefits depend on programs being accessible, flexible, and adapted to the unstable realities of homelessness rather than reproducing rigid expectations associated with conventional sport settings.

Beyond routine formation, participants identified sport as a context for developing **persistence, patience, and emotional regulation**. The process of learning a new skill, improving physical ability, or participating within a team requires individuals to tolerate frustration, manage emotions, and continue despite difficulties. These experiences were perceived as particularly valuable for individuals who may have experienced repeated setbacks in housing, employment, health, or social relationships. One participant stated:

"Patience comes when you see that progress is not immediate, but comes with consistency and perseverance." (Greek 1)

This finding reflects principles of **experiential learning theory** (Kolb, 1984), where learning occurs through cycles of concrete experience, reflection, adaptation, and renewed action. Sport provides repeated opportunities for individuals to encounter

challenges, evaluate their responses, and develop more adaptive behavioural strategies. Importantly, participants emphasized that these skills are not restricted to sport participation but may influence broader areas of functioning. As one participant explained:

"These skills do not remain on the field. They are internalized as new behavioral models that are absolutely necessary for social reintegration." (Greek 8)

This transferability represents a key mechanism through which sport-based interventions may contribute to recovery-oriented approaches in homelessness services. Rather than focusing exclusively on immediate participation outcomes, sport can provide a practical environment where individuals rehearse behaviours required for independent living, employment engagement, treatment adherence, and community participation.

A further life skill consistently identified was **teamwork and interpersonal responsibility**. Participants emphasized that team-based activities create opportunities to rebuild trust, cooperation, and reciprocal relationships. For people experiencing homelessness, who may frequently encounter social isolation and weakened community connections, participation in collective activities can represent an important opportunity to practice social interaction in a non-stigmatizing environment. One participant highlighted:

"Teamwork teaches you to trust others and to be reliable for others." (Greek 1)

Another participant described the broader interpersonal value of sport:

"Through teamwork, they learn communication, cooperation, and that they are not alone." (Greek 11)

These findings correspond with **Self-Determination Theory** (Deci & Ryan, 2000), particularly the psychological need for relatedness. Sport environments may support motivation and wellbeing by creating meaningful social connections where individuals experience acceptance, recognition, and mutual dependence. In contrast to traditional support environments where individuals may primarily occupy the role of service recipients, sport allows participation through shared goals and reciprocal contribution.

The development of teamwork also connects with the literature on **sport-for-development**, which identifies sport as a social setting where transferable competencies such as communication, cooperation, leadership, and problem-solving can emerge when supported by appropriate coaching approaches (Schulenkorf et al., 2016; Super et al., 2016). Participants' accounts reinforce the importance of viewing coaches and facilitators not simply as providers of physical activity but as agents who create psychologically safe environments that enable learning and personal growth.

However, participants also emphasized that behavioural transfer cannot be assumed automatically. The acquisition of life skills depends on intentional program design, supportive relationships, and opportunities to connect sporting experiences with broader psychosocial goals. For example, linking sport sessions with reflection activities, social work support, or individual goal-setting was considered important for transforming participation experiences into meaningful personal development. One participant explained:

"A sports activity can be followed by a group discussion with the social worker to gather information on how they felt..." (Greek 2)

This highlights the importance of integrating sport within wider psychosocial pathways rather than treating it as an independent recreational intervention. From an implementation perspective, this finding aligns with evidence-based practice frameworks emphasizing that successful interventions require compatibility with existing services, organizational support, trained personnel, and sustainable delivery structures (Aarons et al., 2011; Damschroder et al., 2009).

Subtheme 1.4. Sport as an Integrated Component of Psychosocial Support Pathways: From Optional Activity to Recovery-Oriented Intervention

Participants consistently challenged the perception of sport as an additional recreational activity that can be offered when resources and time are available. Instead, they conceptualized sport as a complementary psychosocial intervention that should be structurally embedded within homelessness services and connected with existing pathways of support, including social work, mental health care, housing assistance, and community reintegration programs.

This perspective reflects a broader shift within contemporary homelessness practice from fragmented, crisis-oriented responses toward **integrated, person-centred, and recovery-oriented models**. Individuals experiencing homelessness often present with interconnected challenges involving housing instability, social exclusion, mental health difficulties, reduced social networks, and diminished opportunities for meaningful participation (FEANTSA, 2024; Shinn & Khadduri, 2020). Within such complex realities, participants argued that sport should not be introduced as an isolated intervention expecting individuals to engage independently. Rather, it should function as one element within a coordinated support ecosystem that addresses multiple dimensions of wellbeing.

Participants emphasized that positioning sport as "extra" or optional may underestimate its psychosocial value and limit its sustainability. Instead, sport was described as a structured context where professionals can observe engagement, identify strengths, build relationships, and support progression toward broader rehabilitation goals. One participant stated:

"Sports activities should not be treated as an 'extra' or optional; they must be part of the core support plan." (Greek 1)

This perspective indicates a conceptual transformation of sport from a leisure-based activity toward a **therapeutic and relational resource**. Participants did not suggest that sport replaces existing services; rather, they positioned it as a complementary pathway capable of strengthening engagement with those services. This interpretation is consistent with evidence from sport-for-development research, which highlights that the social value of sport emerges when activities are intentionally connected with wider educational, health, and social objectives (Schulenkorf et al., 2016; Coalter, 2017).

A recurring idea among participants was that sport can serve as an accessible entry point for individuals who may experience difficulties engaging with formal support services. Traditional interventions often require individuals to enter professional environments where they may feel identified primarily through vulnerability, needs, or problems. In contrast, sport creates an alternative relational context based on participation, shared experience, and equality.

Participants described sport as a "bridge" that allows professionals to establish trust before addressing more complex psychosocial needs. This finding is particularly relevant considering that mistrust, previous negative experiences with institutions, and feelings of exclusion may represent important barriers to service engagement among people experiencing homelessness (Hopper et al., 2010). One participant explained:

"A sports activity can be followed by a group discussion with the social worker to gather information on how they felt..." (Greek 2)

This quote illustrates how sport participation can become integrated into psychosocial practice rather than functioning independently. The sporting environment provides professionals with opportunities to observe interpersonal functioning, emotional responses, motivation, and social interaction in a less formal setting. These observations may contribute to individualized support planning and more person-centred interventions. Another participant highlighted the possibility of integrating sport within existing structures:

"These benefits could be integrated into existing support services without requiring the creation of new structures..." (Greek 4)

This reflects an important implementation consideration: the effectiveness of sport-based interventions may depend less on creating separate programs and more on embedding sport within existing service networks. Such integration aligns with implementation science frameworks, which emphasize compatibility, organizational readiness, available resources, and alignment with existing systems as essential conditions for sustainable intervention delivery (Aarons et al., 2011; Damschroder et al., 2009).

An additional dimension emerging from participants' accounts was the perception that sustained participation in sport may provide professionals with meaningful information regarding an individual's readiness for further stages of social

reintegration. Attendance, commitment, cooperation, and engagement within sport settings were described as observable indicators of behavioural activation and emerging stability. Participants suggested that the ability to maintain participation in a structured activity may reflect the development of competencies relevant to broader life transitions, including employment preparation, treatment engagement, and independent living. One participant noted:

"The consistency developed through training sessions is often transferred to other commitments, such as starting a substance abuse treatment or looking for work." (Greek 3)

This interpretation connects sport participation with behavioural change theories, particularly the **COM-B model** (Michie et al., 2011). From this perspective, sport environments may enhance:

- **Capability**, by strengthening self-regulation, confidence, and behavioural skills;
- **Opportunity**, by creating structured social environments and supportive relationships;
- **Motivation**, by allowing individuals to experience achievement, belonging, and personal meaning.

However, participants emphasized that such progression should not be interpreted as a requirement for accessing support. Rather, sport should provide opportunities for gradual engagement, recognizing that individuals experiencing homelessness may have fluctuating capacities due to health, trauma, housing insecurity, or competing survival needs.

This person-centred interpretation is consistent with trauma-informed approaches, which emphasize safety, choice, trust, and empowerment rather than demanding immediate behavioural change (Hopper et al., 2010).

Participants repeatedly highlighted that institutional integration of sport requires collaboration beyond individual services. Sustainable implementation was perceived as dependent on partnerships between homelessness organizations, municipalities, sport clubs, healthcare providers, and community organizations. Participants emphasized that access to facilities, equipment, trained professionals, and stable delivery structures cannot be achieved by social services alone. Therefore, sport-based interventions require broader community networks capable of reducing structural barriers. One participant explained:

"Also, collaboration between services is critical—establishing a connection between sports activities and housing, nutrition, and mental health services." (Greek 1)

Another participant emphasized the role of local partnerships:

"There needs to be collaboration with our municipality, other services, or a sports club to secure more resources." (Greek 2)

These findings highlight that sport integration is not only a programmatic issue but also an organizational and policy challenge. The availability of community resources, institutional commitment, and interprofessional collaboration represent critical determinants of implementation success.

This aligns with research emphasizing that sport-for-development initiatives achieve sustainable outcomes when embedded within wider social systems rather than operating as isolated projects (Schulenkorf et al., 2016; Van der Veken et al., 2020). Similarly, implementation frameworks suggest that interventions require supportive organizational climates, stakeholder engagement, and alignment between innovation and service structures (Damschroder et al., 2009).

Participants ultimately positioned sport as part of a broader empowerment approach rather than as an intervention targeting a single outcome. Sport was viewed as contributing simultaneously to psychological wellbeing, social connection, behavioural development, and participation in society. However, participants also acknowledged that sport alone cannot address the structural causes of homelessness. Housing insecurity, poverty, healthcare needs, and social inequalities remain fundamental determinants influencing participation and wellbeing. Participants emphasized:

"Funding for specialized sports programs and the simultaneous coverage of basic survival needs by programs, so that there is holistic support..." (Greek 10)

"Activities need to be linked with overall support and empowerment." (Greek 11)

These reflections demonstrate a sophisticated understanding among participants: sport has potential value precisely because it complements—not replaces—the wider systems required to address homelessness. The integration of sport within holistic support models therefore requires balancing empowerment opportunities with recognition of structural vulnerabilities.

Theme 2. The Conflict Between Survival Priorities and Sport Participation

Although participants widely recognized sport-based interventions as valuable opportunities for improving health, psychosocial well-being, and social inclusion, they consistently emphasized a fundamental tension between the potential benefits of sport and the immediate realities of homelessness. Participation was not described as being limited by negative attitudes toward sport or a lack of recognition of its value; rather, engagement was constrained by the competing demands of survival.

Participants portrayed homelessness as a condition characterized by persistent insecurity, where individuals must continuously prioritize immediate and essential needs, including access to food, shelter, safety, healthcare, income, and social

protection. Within this context, physical activity was frequently positioned lower within the hierarchy of priorities, as individuals experiencing homelessness often lack the psychological, physical, and practical resources required to participate consistently in organized activities.

Importantly, participants challenged interpretations of non-participation as a sign of unwillingness, low motivation, or lack of interest. Instead, inconsistent engagement was understood as the result of structural deprivation, cumulative stress, psychological exhaustion, health-related limitations, and unstable living conditions. As such, sport participation should be conceptualized not as an isolated behavioural choice but as an outcome emerging from the interaction between individual capability, social opportunity, and motivational readiness.

This interpretation aligns with the COM-B model of behaviour change, which proposes that engagement in health-related behaviours requires the simultaneous presence of psychological and physical capability, supportive environmental opportunities, and sufficient motivation (Michie et al., 2011). For people experiencing homelessness, deficits in opportunity—such as unstable housing, lack of transportation, limited access to facilities, and competing survival demands—may substantially restrict the translation of positive attitudes toward sport into actual participation.

Therefore, participants emphasized that effective sport-based interventions require a shift away from conventional sport delivery models based on regular attendance, performance expectations, and individual responsibility. Instead, interventions should adopt flexible, low-threshold, trauma-informed, and integrated approaches that recognize homelessness as a complex social condition requiring coordinated psychosocial support (Hopper et al., 2010; FEANTSA, 2024).

Subtheme 2.1. Survival Needs as a Primary Determinant of Participation

Participants consistently identified survival-related priorities as the most immediate factor influencing engagement with sport-based activities. Across both countries, participants emphasized that individuals experiencing homelessness frequently operate within a context where securing basic needs dominates daily decision-making.

Importantly, participants did not question the relevance or potential benefits of sport. Rather, they highlighted that sport becomes meaningful only when individuals experience a minimum level of stability that allows attention to shift from immediate survival toward personal development, health promotion, and social participation. One Greek participant explained:

"It is important to take into account that this specific population prioritizes their basic survival needs, such as shelter, health, and work." (Greek 2)

Another participant described how homelessness creates cumulative physical and psychological burdens that reduce capacity for additional activities:

"Adults experiencing homelessness face severe problems daily, such as chronic physical exhaustion from forced movement, and poor nutrition due to the lack of housing [...]" (Greek 3)

Participants further emphasized that survival demands consume the personal resources required for participation:

"*The survival priorities of homeless individuals affect their participation in sports because their struggle to find food and shelter absorbs all of their physical and mental energy."* (Greek 4)

The symbolic positioning of sport as a secondary priority was explicitly expressed by another participant:

"*When a person is struggling for immediate survival (securing food, safe sleep, protection from the cold), exercise feels like a luxury."* (Greek 8)

Italian participants expressed comparable views, emphasizing the competition between sport participation and activities perceived as directly related to economic survival:

"The attention of homeless people, who are living in a situation of economic hardship, is more linked to activities that can be remunerative [...] sports can do good, but I also understand that it is not the main concern of those who live in this situation." (Italian 6)

Another Italian participant highlighted the importance of addressing fundamental social determinants before expecting engagement in sport:

"First, in my opinion, main, more important requirements are needed [...] the housing aspect, work, a more affectively significant social aspect [...]" (Italian 7)

The findings indicate that participation in sport among adults experiencing homelessness is embedded within a broader hierarchy of needs rather than representing an independent lifestyle choice. Participants' accounts reflect the reality that homelessness involves continuous negotiation of immediate risks, where securing safety and survival frequently precedes engagement in preventive health behaviours or recreational activities.

These findings are consistent with previous research demonstrating that homelessness is associated with multiple intersecting vulnerabilities, including housing insecurity, poor health, social isolation, and limited access to resources (Busch-Geertsema et al., 2010; Shinn & Khadduri, 2020). Within such environments, health-promoting behaviours may become difficult to prioritize, not because individuals do not value them, but because structural conditions restrict behavioural possibilities.

From a theoretical perspective, these findings strongly correspond with the COM-B framework (Michie et al., 2011). Participants' narratives primarily reflect limitations in **Opportunity**, particularly physical and social opportunity. Although

previous findings from the wider study indicated positive attitudes toward sport and recognition of its benefits, participants described environmental conditions that prevent these intentions from becoming sustained behaviour. In this sense, participation is shaped less by motivational deficits and more by constrained opportunities.

The findings also support the principles of the **Risk Environment Framework**, which emphasizes that individual behaviours among marginalized populations are strongly influenced by social, economic, and structural environments rather than solely by personal choices. For adults experiencing homelessness, limited housing stability, poverty, and inadequate access to supportive environments create conditions where participation in sport becomes difficult to sustain.

This interpretation is consistent with evidence from sport-for-development literature, which argues that sport interventions among vulnerable populations should not be framed as isolated activities but as socially embedded interventions connected to broader systems of support (Schulenkorf et al., 2016; Coalter, 2017). Similarly, research on physical activity interventions among homeless populations suggests that successful programs must address contextual barriers and create accessible opportunities rather than assume readiness for participation (Dawes et al., 2024).

The findings further highlight the importance of avoiding deficit-based interpretations of non-participation. Rather than viewing individuals experiencing homelessness as lacking motivation, participants emphasized the need to understand participation as dependent on whether interventions acknowledge lived realities. This perspective aligns with trauma-informed approaches, which emphasize safety, trust, empowerment, and choice when working with populations exposed to chronic adversity (Hopper et al., 2010).

Consequently, sport-based interventions should be positioned as complementary components within integrated homelessness services. Their effectiveness depends on addressing fundamental barriers through coordinated approaches involving housing support, social services, healthcare provision, and accessible community resources.

Subtheme 2.2. Psychological Availability and Readiness for Engagement

Beyond the practical challenges associated with survival needs, participants emphasized that homelessness also affects individuals' psychological availability to engage in sport-based activities. Participants described how prolonged exposure to uncertainty, stress, social exclusion, and repeated experiences of failure or marginalization can reduce emotional capacity, confidence, and readiness to initiate new behaviours.

Importantly, participants did not interpret limited engagement as a lack of interest in sport. Instead, they described participation as dependent on individuals having sufficient psychological space to consider activities beyond immediate concerns. The emotional burden associated with homelessness was perceived as

absorbing attention and energy, making engagement in structured activities difficult even when potential benefits were recognized. One Greek participant explained:

"Most refuse to participate due to their daily routine and the heavy burden of their problems. The problems and difficulties they face usually 'swallow' them so much that it seems impossible [...]" (Greek 5)

Similarly, another participant highlighted the dominance of survival-related concerns over health-promoting behaviours:

"When someone doesn't know where they will sleep tonight or what they will eat, sports cannot be at the forefront of their mind [...] Survival priorities always come first." (Greek 1)

Participants also described psychological instability as a factor influencing willingness to initiate participation. An Italian participant stated:

"The thing that can limit it the most is the mental and physical instability of the user." (Italian 1)

The challenge of initiating behavioural change was further emphasized by another Italian participant:

"Getting them started [...] is giving these people the impulse to make an effort to at least try and start. That, to me, is truly the hardest thing: to convince them." (Italian 9)

However, participants also highlighted that engagement could be strengthened when interventions focus on rebuilding confidence, agency, and self-belief. One Greek participant explained:

"The most significant challenge is for them to believe in themselves again, to stand on their own two feet, and to realize that they can and deserve to do whatever other people do [...]" (Greek 5)

Participants' accounts suggest that psychological readiness represents a critical pathway between recognizing the value of sport and actual participation. Although sport was generally perceived positively, individuals experiencing homelessness may lack the emotional resources, confidence, and perceived control necessary to translate intention into action.

These findings extend the interpretation of participation beyond a simple motivation-based explanation. Within the COM-B model, motivation is not conceptualized as a stable personal characteristic but as a dynamic process influenced by emotional states, previous experiences, perceived consequences, and environmental conditions (Michie et al., 2011). Participants' narratives indicate that psychological capability and reflective motivation may be compromised by chronic stress, uncertainty, and repeated exposure to adverse circumstances.

This interpretation is consistent with research demonstrating that homelessness is associated with high levels of psychological distress, reduced perceived control, and difficulties maintaining health-related routines (Shinn & Khadduri, 2020; Ambrey, 2025). In such contexts, participation in sport requires more than awareness of benefits; it requires opportunities for individuals to experience competence, safety, and achievable success.

The emphasis placed by participants on rebuilding confidence aligns with **Social Cognitive Theory**, particularly the role of self-efficacy in behavioural initiation and maintenance. Bandura's framework suggests that individuals are more likely to engage in behaviours when they believe they are capable of performing them and anticipate positive outcomes. For people experiencing homelessness, previous experiences of exclusion may undermine self-efficacy, making gradual, mastery-oriented activities particularly important.

This finding also corresponds with evidence from sport-based interventions among vulnerable populations, where structured physical activity has been shown to provide opportunities for achievement, identity reconstruction, and increased self-worth (Sofija et al., 2018; Van der Veken et al., 2020). However, participants emphasized that these outcomes are unlikely to emerge through performance-oriented approaches. Instead, interventions should prioritize relational safety, enjoyment, and gradual engagement.

From a trauma-informed perspective, the process of engagement requires creating environments where individuals experience respect, autonomy, and psychological safety (Hopper et al., 2010). Therefore, initial participation should not be based on expectations of immediate commitment but on creating accessible opportunities that allow trust and confidence to develop over time.

Subtheme 2.3. Instability and Disrupted Continuity of Participation

Participants consistently identified instability as a central challenge affecting both initial engagement and sustained participation in sport-based interventions. While survival priorities influenced willingness to participate, unstable living conditions frequently disrupted attendance even among individuals who expressed interest and initial commitment. Participants described homelessness as a condition characterized by unpredictability, including changes in accommodation status, health crises, transportation difficulties, administrative challenges, and competing daily demands. Consequently, regular attendance patterns expected in conventional sport programs were considered unrealistic for this population. A Greek participant highlighted:

"I consider the most significant challenge [...] to be ensuring the stable and consistent participation of the beneficiaries. Their living conditions are often unpredictable [...]" (Greek 7)

Another participant similarly emphasized:

"The most important challenge is maintaining continuity and participation in a population with increased fluidity and multiple needs." (Greek 12)

Participants also noted that initial enthusiasm may decline when individuals continue experiencing instability:

"Initially, their response regarding participation may be positive, but over time, it may change." (Greek 6)

"They can in some cases influence it quite negatively [...] maybe at the beginning the proposal might be received with enthusiasm, but then this enthusiasm can fade [...]" (Italian 1)

Beyond personal circumstances, participants emphasized structural accessibility barriers that reinforced instability. These included transportation difficulties, lack of equipment, and insufficient access to appropriate spaces. One Greek participant explained:

"From a logistical standpoint, the main problem is access: lack of suitable spaces, equipment, but also simple things like sports clothes or shoes." (Greek 1)

Accessibility was also emphasized by Italian participants:

"Proximity is fundamental, because those who are homeless rarely have a car [...] so it must be reachable." (Italian 7)

"We struggle to access fields [...] I am talking precisely about impediments [...] transport and accessibility." (Italian 2)

Subtheme 2.4. Organisational Capacity and Conditions for Sustainable Implementation

Participants emphasized that overcoming individual and structural barriers requires organizational systems capable of supporting long-term implementation. They argued that successful sport-based interventions depend not only on the quality of activities but also on institutional capacity, stable funding, trained personnel, appropriate facilities, and coordination between services. Participants expressed concerns that short-term projects without continuity may create disappointment and undermine trust among individuals who experience repeated disruptions. One Greek participant explained:

"The most significant challenge, for me, is sustainability [...] If programs depend on short-term funding and stop suddenly, they can do more harm than good because the beneficiary loses something they had started to rely on again." (Greek 1)

Resource limitations were also highlighted:

"The most significant challenge is finding resources and the consistency of the beneficiaries in their participation in sports programs." (Greek 13)

Participants emphasized the need for specialized professionals able to combine sport expertise with psychosocial competence:

"There is no staffing in the facilities; people in the field often lack experience." (Greek 3)

An Italian participant described the importance of interdisciplinary expertise:

"They should be integrated by dedicating figures who place themselves halfway between educators and people with skills at a physiotherapeutic or sports level [...] with the ability to bring this activity into a socially more delicate and fragile environment." (Italian 7)

Participants also emphasized the importance of emotional and psychological competence among staff:

"Some also have psychological problems, so whoever coordinates and runs things must be very prepared [...] they must also have the psychological capacity to handle certain situations." (Italian 8)

Theme 3. Professional Readiness, Training Needs, and Systemic Barriers

This theme synthesizes participants' perspectives regarding the professional competencies, training requirements, and organizational conditions influencing the implementation of sport-based interventions for adults experiencing homelessness. While participants demonstrated strong commitment to the potential of sport as a psychosocial and social inclusion tool, they consistently emphasized that effective implementation requires more than motivation and positive attitudes. Sustainable delivery depends on a combination of psychosocial expertise, sport-specific competencies, interdisciplinary collaboration, and adequate organizational resources.

Participants described their existing professional strengths primarily in terms of relational and psychosocial competencies, including empathy, communication, trust-building, understanding of homelessness-related vulnerabilities, and the ability to create safe and supportive environments. These competencies were considered essential because adults experiencing homelessness often present with complex and interconnected challenges, including social exclusion, trauma histories, mental health difficulties, unstable living conditions, and reduced confidence in institutional relationships.

However, participants also recognized a significant gap between their psychosocial expertise and the technical knowledge required to design, adapt, and evaluate sport-based interventions. Many professionals did not perceive themselves as sport specialists and expressed uncertainty regarding program planning, exercise adaptation, safeguarding, and the management of diverse physical and psychological needs. Therefore, professional readiness was conceptualized not as individual expertise in all domains, but as the capacity to combine existing psychosocial knowledge with targeted sport-based training and interdisciplinary support.

Subtheme 3.1. Psychosocial Expertise as the Foundation of Professional Readiness

Participants consistently emphasized that their strongest contribution to sport-based interventions was not technical sport knowledge but their existing experience in supporting individuals experiencing homelessness and social vulnerability. Professional competence was primarily understood as the ability to establish relationships, understand complex needs, motivate participation, and create psychologically safe environments.

Rather than presenting themselves as experts in all aspects of intervention delivery, participants demonstrated awareness of the boundaries of their professional knowledge. They commonly differentiated between **sport-specific competence** and **psychosocial competence**, suggesting that effective programs require the integration of both domains. One Greek participant explicitly acknowledged this distinction:

"As a social worker, I would evaluate my knowledge and skills as sufficient at the level of understanding the needs and approach methods for the beneficiaries, but not specialized on a purely athletic level." (Greek 7)

Similarly, another participant explained:

"I consider that I possess experience in psychosocial support and in encouraging beneficiaries. However, I judge that I need to receive specialized training on this specific topic." (Greek 2)

These accounts indicate that professionals working with homelessness viewed their existing expertise as an important foundation, while recognizing the need to expand their competencies toward sport-based practice. Italian participants expressed comparable perceptions, particularly regarding limited sport-programming experience:

"Well, my experience is... actually null from this point of view... I have never planned sports activities for others." (Italian 6)

"Very low." (Italian 7)

These responses suggest that professional readiness was characterized by **humility and awareness of competence boundaries**, rather than overestimation of personal ability.

Across interviews, participants repeatedly identified communication, empathy, and the ability to develop trusting relationships as their primary strengths when working with people experiencing homelessness. Participants emphasized that sport-based interventions require professionals who understand the lived realities of homelessness and can avoid interpreting behaviours through simplistic explanations. One Greek participant highlighted the importance of creating a supportive environment:

"My strengths are communication, empathy, and the ability to encourage and inspire the beneficiaries." (Greek 6)

Another participant emphasized the importance of psychological safety:

"As my strengths, I consider my ability to contribute to the creation of a safe environment without judgment." (Greek 8)

This perspective was particularly relevant when participants discussed the complex behaviours often observed among people experiencing homelessness. Rather than interpreting disengagement or inconsistent participation as lack of motivation, participants emphasized the importance of understanding survival-related difficulties. As one participant explained:

"I believe that the absence or lack of concentration of a beneficiary is not a sign of 'laziness,' but most likely a consequence of the survival difficulties they face." (Greek 8)

This reflects a trauma-informed understanding of homelessness, where professional competence involves interpreting behaviours within the broader context of vulnerability, uncertainty, and previous adverse experiences. An Italian participant similarly emphasized the importance of listening and relational engagement:

"I know little about sport... but I know how to listen, and I think that's not a small thing... people approach me with ease." (Italian 5)

Together, these accounts demonstrate that participants considered relational competence a fundamental prerequisite for meaningful engagement with adults experiencing homelessness.

Subtheme 3.2. Need for Specialized Training in Sport-Based Intervention Design and Delivery

Although participants expressed strong belief in the value of sport, they consistently identified a need for structured education and practical training to translate this belief into effective interventions. The main training gap concerned the ability to design, implement, adapt, and evaluate sport activities according to the complex needs of adults experiencing homelessness. Participants emphasized that sport interventions require more than general knowledge of exercise. They require an integrated understanding of:

- adapted physical activity,
- psychosocial intervention principles,
- behavioural change strategies,
- group facilitation,
- safeguarding,
- mental health considerations.

A Greek participant highlighted the need for specialized education:

"Training or information sessions with experts from the field of social work or sports psychology would be very useful." (Greek 1)

Another participant emphasized that implementation requires methodological preparation:

"First, there is a need to provide specialized training in designing and implementing sports interventions... Furthermore, strengthening interdisciplinarity is required." (Greek 2)

Similarly, another participant explained:

"Educational programs and seminars on designing sports activities for socially vulnerable groups would be particularly meaningful. Also, training in managing and approaching such groups could yield results." (Greek 5)

These statements indicate that participants did not perceive training simply as acquiring sport skills, but as developing the ability to adapt sport-based approaches to vulnerable populations.

A recurring finding was the difference between recognizing the value of sport and feeling capable of implementing sport programs independently. Participants generally supported sport as a psychosocial intervention; however, many lacked confidence regarding practical aspects of program development. One Greek participant stated:

"To implement sports programs for this specific vulnerable group, I will need specialized training... We, as professionals, must know the subject matter in order to design and organize the activities." (Greek 6)

Another participant expressed the need for greater practical knowledge:

"*However, I would like more training regarding the use of sports as a tool for social intervention... I would benefit from more training in sports activities and sports programs."* (Greek 11)

Italian participants also described uncertainty regarding their ability to independently implement sport activities:

"Well... actually very low, zero. Because I have never done it, honestly, so... I wouldn't probably be able to, I would need to train a bit..." (Italian 3)

This participant further identified specific areas requiring development:

"Maybe a bit more targeted exercises, group sports, understanding a bit how to set them up, and also a little bit what to do and what not to do..." (Italian 3)

These accounts highlight a key implementation issue: professionals may be highly motivated but require structured capacity-building opportunities to transform motivation into effective practice.

Beyond general training, participants expressed a need for practical models and clear guidance regarding how sport-based interventions should be organized for people experiencing homelessness. Participants suggested that professionals require examples of successful programs, intervention protocols, and practical tools to support decision-making. One participant explained:

"It would be very useful to develop structured programs that combine physical activity with psychosocial support. Collaboration with sports bodies and trainers specialized in vulnerable populations..." (Greek 12)

This indicates that professionals were not requesting isolated training sessions but rather sustainable frameworks that connect sport expertise with social support practice.

Although participants demonstrated strong interpersonal competence and extensive experience in supporting socially vulnerable populations, they consistently identified a gap between their existing psychosocial expertise and the specialized competencies required to implement sport-based interventions with adults experiencing homelessness. Participants emphasized that homelessness should not be understood solely as a condition of housing deprivation but as a complex psychosocial reality frequently associated with trauma exposure, mental health difficulties, social exclusion, substance use histories, and disrupted life routines.

Within this context, participants highlighted the importance of trauma-informed approaches as a prerequisite for safe and meaningful engagement in physical activity programs. Rather than focusing exclusively on exercise delivery, they emphasized the need to understand how previous adverse experiences may influence motivation, trust, emotional regulation, and participation patterns. One participant explained:

"Although I have empathy, I need more scientific tools to recognize and manage behaviors stemming from deep trauma." (Greek 8)

This statement illustrates an important distinction between personal sensitivity and professional preparedness. Participants generally perceived empathy as a fundamental strength; however, they acknowledged that working effectively with individuals experiencing homelessness requires structured knowledge regarding trauma responses, behavioural difficulties, and psychological vulnerability. Similarly, participants highlighted the need for practical strategies to manage emotionally challenging situations that may emerge during sport-based activities:

"I would benefit from training in techniques for the immediate and peaceful de-escalation of conflicts between participants, as well as how to effectively measure how participation in sports improves the daily life of the beneficiaries." (Greek 8)

This perspective demonstrates that workforce development should extend beyond technical sport competencies and include skills related to safeguarding, conflict management, emotional support, and creating psychologically safe environments.

The need for adaptation was also connected to mental health considerations. Participants recognized that many adults experiencing homelessness may face anxiety, depression, reduced self-confidence, or psychological distress, requiring flexible and person-centred approaches. As one participant noted:

"I believe I would benefit from training in sports programs tailored to individuals with mental health issues, because I believe homelessness brings psychological vulnerability to those who experience it." (Greek 10)

Therefore, participants conceptualized effective sport interventions as integrated psychosocial interventions rather than conventional exercise programs. They emphasized that activities should be adapted according to participants' physical abilities, emotional readiness, previous experiences, and current living circumstances.

Subtheme 3.3. Development of Interdisciplinary Competence and Collaborative Practice

A recurrent finding across interviews was that participants did not perceive sport-based interventions as belonging exclusively to either the sport or social care sector. Instead, they described successful implementation as dependent on interdisciplinary collaboration between social workers, psychologists, educators, healthcare professionals, and sport specialists.

Participants consistently rejected the idea that a single professional profile could independently address the multiple needs of adults experiencing homelessness. Instead, they emphasized complementary expertise, where psychosocial professionals contribute contextual understanding while sport professionals provide technical knowledge regarding activity design, adaptation, and progression. One participant emphasized:

"*The evaluation of knowledge and skills [...] must be based on a scientific team, specialized knowledge, target skills...*" (Greek 4)

Another participant highlighted the importance of collaboration with sport professionals:

"Collaboration with physical education professionals would help, as well as participation in relevant training programs." (Greek 7)

These perspectives indicate that professional readiness was understood as a collective capacity rather than an individual characteristic. Participants recognized that effective programs require shared responsibility, communication pathways, and clearly defined professional roles.

Interdisciplinary collaboration was also associated with improved accessibility and continuity of care. Participants suggested that sport-based programs should be embedded within broader support networks rather than implemented as isolated activities. As one participant explained:

"To improve the programs, there should be specialized training and staff support [...] networking and referrals [...] immediate connection with social services [...] inclusion and accessibility." (Greek 4)

This reflects a broader understanding of sport as part of a recovery-oriented ecosystem, where physical activity can complement existing psychosocial interventions.

Subtheme 3.4. Workforce Development and Continuous Professional Learning

Participants demonstrated a strong orientation toward continuous professional development and acknowledged that their current competencies require further expansion to meet the demands of sport-based interventions targeting homelessness. Rather than perceiving training as a correction of professional inadequacy, participants described learning as an essential component of working with complex populations. They emphasized that knowledge related to vulnerable groups must continuously evolve due to changing social conditions and emerging intervention approaches. One participant reflected:

"As social scientists, we must realize that we always need to observe and find new knowledge and skills [...] our knowledge reaches a certain spectrum, which by the time a program ends, will have already expired." (Greek 3)

This perspective highlights a culture of professional reflexivity, where participants recognize the limitations of existing expertise and demonstrate openness toward acquiring new competencies. Participants identified several priority areas for workforce development. A Greek participant summarized this need:

"Educational programs and seminars on designing sports activities for socially vulnerable groups would be particularly meaningful [...] training in managing and approaching such groups could yield results." (Greek 5)

Similarly, another participant emphasized:

"To implement sports programs for this specific vulnerable group, I will need specialized training [...] we must know the subject matter in order to design and organize the activities." (Greek 6)

These findings suggest that capacity building should not focus solely on increasing theoretical knowledge but should provide applied learning opportunities, experiential exercises, and examples of successful practice.

Subtheme 3.5. Limited Organizational Capacity and Structural Conditions for Sustainable Implementation

Although participants expressed strong willingness to support sport-based interventions, they consistently described organizational limitations that restricted implementation. These barriers included insufficient staffing, limited financial resources, lack of appropriate facilities, and dependence on temporary projects or

voluntary contributions. Participants emphasized that individual motivation alone cannot sustain interventions targeting adults experiencing homelessness. Instead, implementation requires institutional structures that recognize sport as part of holistic support. One participant summarized this challenge:

"The people working in these organizations usually do a lot with a little, and this creates burnout and difficulty in long-term implementation [...] European programs are valuable, but when they end, the action often ends too." (Greek 1)

This quote reflects a central organizational tension: innovation is possible through dedicated professionals, but sustainability remains fragile when activities depend on temporary funding and personal commitment.

The shortage of specialized personnel was also repeatedly identified. Participants highlighted that existing staff members often have strong psychosocial expertise but limited capacity to independently deliver sport programs. As participants explained:

"There must be specialized staff [...] a trainer is needed to coach and a social worker to manage individual crises." (Greek 4)

"The implementation of sports actions requires specialized staff who combine athletic knowledge with a pedagogical and psychosocial approach. Such specialized staff does not exist in our organization." (Greek 8)

These findings indicate that workforce readiness is strongly influenced by organizational readiness. Even highly motivated professionals require institutional support, dedicated roles, and appropriate resources.

Subtheme 3.6. Organizational Resources, Facilities, and the Structural Conditions for Implementation

While participants generally recognized the potential of sport-based interventions to support adults experiencing homelessness, they consistently emphasized that successful implementation depends on the availability of adequate organizational resources. Across Greek and Italian settings, participants described a considerable gap between the perceived value of sport and the practical conditions required for its delivery.

The main structural barriers identified included limited access to appropriate facilities, insufficient equipment, lack of dedicated financial resources, and dependence on external collaborations. Participants emphasized that the implementation of sport-based programs frequently relied on professional commitment and informal arrangements rather than stable organizational structures.

A recurring perception was that organizations working with homeless populations often operate under conditions of scarcity, requiring professionals to compensate for systemic limitations through personal effort. One participant described this situation:

"The people working in these organizations usually do a lot with a little, and this creates burnout and difficulty in long-term implementation [...] European programs are valuable, but when they end, the action often ends too." (Greek 1)

This statement illustrates a central implementation challenge: although external projects can stimulate innovation, sustainability remains uncertain when activities are not integrated into permanent organizational strategies.

Access to appropriate spaces emerged as one of the most significant organizational barriers. Participants explained that many social care organizations do not possess dedicated sport facilities, requiring reliance on public spaces, municipal infrastructure, sport clubs, or temporary agreements. Although some participants identified opportunities through community resources, they emphasized that dependence on external facilities may compromise continuity, accessibility, and participant engagement. One participant explained:

"For the time being, appropriate equipment and facilities do not exist [...] There is a lack of a stable budget for sports actions, as well as a lack of specialized staff and spaces, e.g., gym instructors and sports fields." (Greek 2)

Another participant highlighted the broader organizational limitation:

"The facilities are deficient, and the budget for these programs is very small. There is no systematic program to support the whole package." (Greek 3)

These accounts indicate that the challenge is not simply the absence of physical spaces but the lack of structured environments where sport can be consistently integrated into support services.

Importantly, participants also emphasized that facilities should not be viewed only as functional locations for exercise. Rather, they should provide environments that promote dignity, belonging, and social inclusion among adults experiencing homelessness. One participant stated:

"*The housing infrastructure of the facilities is the alpha and the omega [...] A place where beneficiaries will be happy to be and can converse, experiencing the space as an effort to reintegrate into the social fabric without shame."* (Greek 3)

This perspective highlights that the physical environment itself may influence feelings of safety, acceptance, and willingness to participate. Italian participants similarly emphasized the dependence on external partnerships:

"At the moment no. But [...] if you manage to find collaboration agreements and conventions with structures dedicated [to sport activities]..." (Italian 1)

However, some participants identified unused community spaces as potential opportunities:

"There are spaces like, indeed, the garden, which are not used and could [...] be [used]." (Italian 6)

These findings suggest that resource limitations may be partially addressed through stronger community partnerships; however, long-term sustainability requires more stable access arrangements.

Subtheme 3.7. Financial Constraints and the Need for Sustainable Funding Mechanisms

Financial limitations were identified as a major systemic barrier affecting the development and continuity of sport-based interventions. Participants consistently reported that sport activities were rarely supported by dedicated organizational budgets and often depended on short-term projects, donations, or external funding opportunities. A participant summarized this challenge:

"Facilities, equipment, and available staff time are often insufficient. And to be honest, no, they are not sufficient in most cases." (Greek 1)

Participants emphasized that temporary funding mechanisms may facilitate program initiation but do not guarantee continuation. They argued that sport-based interventions require stable financial planning and institutional recognition. One participant explained:

"It would help greatly to have state funding [...] which would be stable and would not require the program to be interrupted." (Greek 14)

Similarly, another participant highlighted the importance of diversified funding:

"Regarding the budget, we could rely on funding programs, sponsorships, and donations [...] Stable partnerships with sponsors and donors will promote the sustainability of these programs." (Greek 5)

However, participants also acknowledged uncertainty regarding available resources:

"Concerning the budget, this is a parameter that I do not know. The resources at our disposal are limited." (Greek 6)

The Italian participants described comparable challenges, particularly when sport activities depended on external providers. One participant stated:

"Very few [resources] [...] we rely on sports clubs, paying rent, trying to lower the price for the guys..." (Italian 2)

Another participant emphasized the absence of internal financial capacity:

"Nothing here, practically [...] organizing in free time. Outside [the facility], because economic resources are not provided [...] there is no possibility within the facility itself." (Italian 4)

Together, these findings demonstrate that financial sustainability represents a critical determinant of whether sport-based interventions can move beyond isolated initiatives toward integrated services.

Subtheme 3.8. Human Resources, Professional Roles, and Implementation Capacity

Participants identified human resources as both a key strength and a significant limitation. Organizations often possessed motivated professionals with extensive experience in psychosocial support; however, they lacked staff members specifically trained to design and deliver adapted sport-based interventions. Participants emphasized that existing professionals could contribute through motivation, coordination, and participant engagement, but implementation required additional specialized roles. One participant noted:

"The staff exists, as well as their available time for encouraging and coordinating the beneficiaries." (Greek 2)

However, another participant clarified that effective implementation requires complementary expertise:

"There must be specialized staff [...] a trainer is needed to coach and a social worker to manage individual crises." (Greek 4)

This reflects the perceived need for hybrid professional models combining sport expertise with psychosocial competence. Another participant explained:

"The implementation of sports actions requires specialized staff who combine athletic knowledge with a pedagogical and psychosocial approach. Such specialized staff does not exist in our organization." (Greek 8)

Italian participants expressed similar concerns regarding the distinction between social care roles and sport delivery responsibilities:

"It is not the educator's job to coach, but it is up to [...] getting a coach with a license and volunteers." (Italian 2)

Participants therefore emphasized that sustainable programs should avoid relying exclusively on existing staff goodwill and should establish clearly defined responsibilities, adequate staffing levels, and interdisciplinary teams.

Subtheme 3.9. Personal and Organizational Commitment to Sustaining Sport-Based Interventions

Despite substantial structural barriers, participants demonstrated strong personal commitment toward promoting sport-based interventions for adults experiencing homelessness. Sport was consistently conceptualized as a tool for empowerment, social connection, confidence-building, and psychosocial recovery. Participants emphasized that commitment was not limited to organizing activities but also involved advocating for inclusive and dignity-based approaches. One participant explained:

"My commitment stems from the conviction that sports function as a universal language. I believe that the field is a safe space where participants can be empowered, build their self-confidence, learn to manage situations, and cooperate." (Greek 8)

Another participant highlighted the importance of relational engagement:

"Perhaps knowing how to socialize with them [...] without playing the professor or the master, but laughing and joking as if they were my teammates." (Italian 9)

These perspectives demonstrate that participants viewed sport as a relational intervention capable of reducing social distance and strengthening connections between professionals and people experiencing homelessness.

At the organizational level, however, commitment was described as conditional upon available resources and institutional priorities. One participant stated:

"We must continue to find ways to strengthen this commitment with concrete, measurable actions and not just at the level of declarations." (Greek 1)

Similarly, another participant emphasized collective responsibility:

"The organization for promoting sports interventions will happen when we can join our forces, all together." (Greek 3)

Thus, organizational commitment was perceived as requiring practical investment rather than symbolic support.

Theme 4. Institutional Integration of Sport into Holistic Support Models

This theme explores participants' perspectives regarding the transition from isolated, optional sport activities toward the systematic integration of sport within existing homeless support systems. Participants consistently argued that sport should not be perceived as an additional recreational activity, but as a structured psychosocial intervention embedded within broader pathways of recovery, empowerment, and social reintegration.

Participants highlighted that people experiencing homelessness frequently face complex and interconnected challenges, including unstable living conditions, social isolation, reduced motivation, limited access to resources, and competing survival priorities. Therefore, successful sport-based interventions require organizational adaptation, flexible delivery models, trained personnel, and strong collaboration between social services, municipalities, healthcare providers, and sport organizations.

Subtheme 4.1. From Optional Activity to Integrated Psychosocial Intervention

A central finding was that participants rejected the perception of sport as a supplementary leisure activity and emphasized the need for its recognition as a meaningful component of holistic support provision. Participants described sport as a complementary psychosocial tool capable of strengthening engagement, improving

relationships between beneficiaries and professionals, and supporting broader recovery objectives. One Greek participant stated:

"Sports activities should not be treated as an 'extra' or optional; they must be part of the core support plan." (Greek 1)

Participants emphasized that sport should be connected with existing psychosocial interventions rather than delivered independently. Sport sessions were described as opportunities where professionals can observe behavioural changes, strengthen trust, and identify individual progress. A participant explained:

"A sports activity can be followed by a group discussion with the social worker to gather information on how they felt [...] This information can serve as a tool for their daily survival." (Greek 2)

This perspective suggests that sport environments may provide informal assessment and engagement opportunities, allowing professionals to understand changes in confidence, communication, emotional regulation, and social participation.

Participants also highlighted that integration into existing services is preferable to creating separate structures. One participant noted:

"These benefits could be integrated into existing support services without requiring the creation of new structures [...] walking, running, or hiking, together with cooperation with sports clubs and agencies." (Greek 4)

Thus, institutional integration was perceived not as the creation of parallel sport programs but as the adaptation of existing support pathways to include structured physical activity.

Subtheme 4.2. Adaptive and Accessible Program Design for People Experiencing Homelessness

Participants emphasized that conventional sport models are often incompatible with the realities of homelessness because they assume stable routines, regular attendance, and predictable living conditions. Therefore, sport-based interventions should be flexible, low-threshold, and adapted to individual circumstances. A Greek participant explained:

"Programs must be designed in a way that withstands instability, does not require continuous presence, and allows people to return without feeling that they missed something..." (Greek 1)

Flexibility was considered essential because people experiencing homelessness often have competing priorities related to survival, including food, shelter, safety, and healthcare.

An Italian participant explained:

"People have other priorities [...] either satisfy those priorities because they are not satisfied [...] or it is right to respect this hierarchy." (Italian 6)

Participants therefore suggested that sport should be introduced gradually, beginning with accessible activities such as walking, gentle exercise, or recreational activities rather than demanding competitive participation. One Italian participant stated:

"*Gentle gymnastics, walks [...] can contribute a bit to giving these people an extra stimulus."* (Italian 8)

Another participant highlighted the importance of gradual engagement:

"Starting very softly, a walk in a public park [...] involves them a bit more than throwing them straight into sports." (Italian 10)

Participants also emphasized that activities should take place in familiar environments, reducing psychological and practical barriers. A Greek participant explained:

"Activities must be flexible and optional. Integration of activities within the already familiar environment of the Day Center [...]" (Greek 12)

These findings indicate that accessibility is not limited to physical availability but includes emotional safety, flexibility, and adaptation to homelessness-related instability.

Subtheme 4.3. Intersectoral Partnerships and Sustainable Implementation Networks

Participants consistently emphasized that sustainable sport-based interventions require collaboration between multiple sectors, including social services, municipalities, sport organizations, healthcare providers, and community agencies. Participants argued that homelessness cannot be addressed through sport alone and that sport interventions must be connected with broader support systems. One Greek participant stated:

"Collaboration between services is critical—establishing a connection between sports activities and housing, nutrition, and mental health services." (Greek 1)

Partnerships with municipalities and local sport organizations were considered essential for overcoming structural barriers, particularly access to facilities and equipment. A participant explained:

"There needs to be collaboration with our municipality, other services, or a sports club to secure more resources." (Greek 2)

Similarly, another participant highlighted:

"Collaborations with local entities and stakeholders strengthen the social network and empower these actions." (Greek 5)

Access to appropriate spaces was identified as a major implementation requirement. Italian participants described the importance of negotiating access to existing community resources:

"One could ask potential gyms or multi-functional centers [...] if there could be facilities that can give us the possibility to use rooms inside them." (Italian 1)

Participants also suggested developing inclusive spaces specifically adapted for vulnerable populations:

"It would be nice [...] to think that there is a gym or a space specifically where this group of people can access." (Italian 3)

However, participants emphasized that sustainability depends not only on infrastructure but also on creating coordinated networks among professionals:

"There has to be a network with social services to encourage communication [...] the social worker, the educator, the head of a facility, the psychiatrist, or the addiction service." (Italian 7)

Thus, sport integration requires a network-based model rather than isolated organizational efforts.

Subtheme 4.4. Workforce Capacity, Monitoring, and Sport as a Pathway within Recovery Planning

Participants highlighted that successful institutional integration depends on trained professionals capable of combining sport knowledge with understanding of homelessness, vulnerability, and psychosocial support. Participants suggested the development of interdisciplinary roles bridging social care and sport expertise. An Italian participant explained:

"They should be integrated by dedicating figures who place themselves halfway between educators and people with skills at a physiotherapeutic or sports level [...] with the ability to bring this activity into a socially more delicate and fragile environment." (Italian 7)

Training was considered necessary not only for professionals but also for beneficiaries, supporting understanding of the value of participation. A Greek participant stated:

"Staff training as well as beneficiary education [...] Training is needed on why they should participate and how not to quit." (Greek 5)

Participants also identified participation consistency as a potential indicator of readiness for broader reintegration processes. Regular attendance was viewed as evidence of commitment, responsibility, and behavioural stability. One participant explained:

"The consistency shown by the individual in training sessions can be used by the social worker [...] as 'proof' of readiness for the next step, such as job seeking or enrollment in an educational program." (Greek 8)

This highlights the potential role of sport as both an intervention and an observational context for assessing psychosocial development.

However, participants stressed that sport must remain connected with broader empowerment approaches:

"Activities need to be linked with overall support and empowerment." (Greek 11)

Therefore, sport participation should be understood as one element within a wider recovery pathway rather than as an independent solution.

5. Limitations of the Study

Several limitations should be considered when interpreting the findings of this study. First, the study was conducted within a relatively small number of homelessness service organizations in Greece and Italy. Although the quantitative sample included 81 professionals and volunteers and was complemented by 24 qualitative interviews, participants were recruited through purposive and convenience sampling within organizations participating in the GET-UP project. Consequently, the findings should not be considered statistically representative of homelessness professionals or services across Southern Europe. Rather, they provide a contextually grounded assessment of professional and organizational readiness within the participating service environments.

Second, the cross-sectional nature of the assessment limits conclusions regarding changes in professional capability, organizational opportunity, motivation, or implementation behaviour over time. The study identifies current patterns of readiness and perceived implementation conditions but cannot establish whether these factors predict the subsequent adoption, quality, or sustainability of sport-based interventions. Longitudinal research should therefore examine whether improvements in professional training, organizational resources, leadership support, and intersectoral collaboration translate into measurable changes in implementation practice.

Third, the quantitative component relied primarily on self-reported assessments of knowledge, competence, organizational conditions, attitudes, and implementation intentions. Such measures may be influenced by social desirability, professional self-perception, or differences in respondents' interpretation of implementation competence. In particular, expressed confidence or willingness to deliver sport-based interventions should not be interpreted as equivalent to demonstrated competence or actual implementation behaviour. Future studies could strengthen assessment through observational measures, competency-based evaluations, implementation fidelity indicators, and organizational-level data.

Fourth, the professional sample was heterogeneous, encompassing social workers, psychologists, counsellors, educators, outreach workers, shelter personnel, programme coordinators, sport trainers, volunteers, and other practitioners. This diversity represents an important strength because it reflects the multidisciplinary nature of homelessness services; however, it may also obscure profession-specific differences in knowledge, responsibilities, training needs, and capacity to implement sport-based approaches. Larger studies could examine readiness across professional groups and organizational roles more systematically.

Fifth, organizational readiness was assessed predominantly through the perceptions of individual professionals rather than through independent organizational audits or multilevel assessment. Reported limitations in infrastructure, equipment, funding, managerial support, protected time, and collaboration therefore represent perceived implementation conditions. Future research should combine professional perspectives with organizational indicators, managerial assessments, resource mapping, and implementation climate measures to provide a more comprehensive evaluation of service-level readiness.

Finally, the study captures readiness at an early stage of the GET-UP implementation process. It therefore assesses the conditions under which sport-based approaches may be introduced rather than their actual effectiveness or long-term institutionalization within homelessness services. Future research should follow the implementation process prospectively and examine intervention uptake, fidelity, reach, acceptability, feasibility, sustainability, and participant outcomes. Particular attention should be given to whether strengthening professional capability and organizational opportunity can reduce the observed gap between positive professional attitudes toward sport and the practical capacity to embed sport-based interventions within routine homelessness support.

Despite these limitations, the mixed-methods design provides an important strength by integrating quantitative patterns with professionals' contextual accounts of implementation barriers and opportunities. The convergence between the two strands strengthens the interpretation that professional motivation alone is insufficient for sustainable implementation and that workforce development must be accompanied by supportive organizational structures, resources, and intersectoral partnerships. Accordingly, the present findings should be interpreted primarily as an implementation-readiness assessment and as a foundation for the subsequent capacity-building and intervention phases of GET-UP, rather than as a definitive evaluation of the effectiveness of sport-based interventions within homelessness services.

6. Integrated Interpretation

The triangulation of quantitative survey findings and qualitative interview data provides a coherent interpretation of sport as an embedded psychosocial pathway within homelessness support systems rather than as an isolated recreational activity. Across

Greek and Italian professionals, convergence was observed between strong conceptual recognition of sport's psychosocial value, qualitative descriptions of its transformative potential, and the identification of contextual barriers limiting implementation. Together, these findings suggest that the contribution of sport lies not primarily in physical activity participation itself, but in the psychosocial mechanisms activated through structured, inclusive, and relational engagement.

The quantitative findings demonstrated that professionals largely perceived sport as a meaningful component of recovery-oriented support. A substantial proportion recognized its contribution to psychological wellbeing, social connection, self-esteem, and behavioural change. Specifically, 70.4% agreed that sport reduces stress and enhances self-esteem, while 82.7% identified sport as a mechanism for strengthening community solidarity and social relationships. Similarly, 75.4% reported awareness of behavioural change and goal-setting processes relevant to engagement. These findings indicate that professionals possess a strong conceptual foundation regarding the potential role of sport beyond physical health outcomes.

Qualitative evidence strongly complemented these findings by explaining the mechanisms through which professionals believed sport may contribute to recovery and reintegration. Participants consistently described sport environments as spaces where individuals experiencing homelessness could experience competence, recognition, belonging, and responsibility. Rather than reinforcing identities associated with vulnerability and social exclusion, sport was perceived as creating alternative identity positions based on participation, contribution, and capability.

This interpretation contributes to contemporary understandings of homelessness as a multidimensional condition extending beyond the absence of housing. Current conceptualizations emphasize the interaction between structural disadvantage, social exclusion, disrupted identities, psychological distress, reduced participation opportunities, and weakened community connections (Shinn & Khadduri, 2020; FEANTSA, 2024). Within this framework, interventions that create opportunities for agency, meaningful participation, and social recognition represent important complements to material forms of support (Ambrey, 2025).

The integrated findings therefore position sport as a transitional psychosocial environment. Unlike traditional service encounters, where individuals may primarily be perceived through their needs, risks, or vulnerabilities, sport creates a context organized around shared goals, cooperation, and reciprocal participation. Through this process, individuals may temporarily move beyond stigmatized social identities and experience themselves as teammates, participants, and valued members of a collective.

This mechanism aligns with Social Identity Theory (Tajfel & Turner, 1986), which proposes that individuals derive part of their self-concept through membership in meaningful social groups. The present findings extend previous evidence

demonstrating that sport participation can facilitate identity transformation among socially excluded populations. Sofija et al. (2018), for example, showed that participation in group fitness activities among formerly homeless individuals contributed to the development of a "new self", characterized by increased confidence, improved self-perception, and renewed social engagement. Similarly, sport-for-development literature suggests that inclusive sport environments can create alternative identities based on competence and belonging rather than exclusion and dependency (Coalter, 2017; Van der Veken et al., 2020).

Importantly, the GET-UP findings suggest that identity reconstruction through sport is not solely an internal psychological process but a socially embedded experience. Participants emphasized that belonging to a team, attending regular sessions, and achieving personally meaningful goals provided opportunities for recognition and participation that are often restricted in the everyday lives of people experiencing homelessness. Sport therefore functions as a "micro-community of inclusion", where individuals can rehearse social roles associated with cooperation, responsibility, and collective participation before transferring these experiences into broader community contexts.

The findings further converge with Self-Determination Theory (Deci & Ryan, 2000), highlighting the importance of competence, autonomy, and relatedness as mechanisms underlying the psychosocial value of sport. Professionals described sport as creating opportunities for competence through skill development and achievement, autonomy through flexible and person-centred participation, and relatedness through teamwork and peer relationships. These psychological experiences may strengthen engagement not only with sport but also with wider recovery-related behaviours, including participation in treatment, employment preparation, and community involvement.

Beyond identity and belonging, the triangulated findings indicate that sport may function as a context for life skills development and behavioural activation. Professionals described regular attendance, persistence, emotional regulation, teamwork, and responsibility as competencies developed through participation. These findings support Social Cognitive Theory (Bandura, 1986), particularly the role of mastery experiences in strengthening self-efficacy. For individuals experiencing homelessness, whose daily lives may frequently involve uncertainty and limited opportunities for achievement, structured sport environments can provide repeated experiences of success, feedback, and personal control.

This process is also consistent with Kolb's experiential learning theory (1984). Sport provides repeated cycles of action, reflection, adaptation, and improvement through which individuals can gradually develop behavioural competencies. However, the qualitative findings emphasize that these benefits do not emerge automatically. The

transfer of life skills requires intentional programme design, reflective activities, supportive relationships, and integration with wider psychosocial services.

A central contribution of the triangulated findings concerns the identification of an implementation gap between professional motivation and organizational capacity. While professionals demonstrated strong recognition of sport's value, quantitative findings revealed substantial limitations in practical competence and organizational opportunity. Only 27.2% reported confidence in planning programmes adapted to the survival realities of homelessness, while 53.1% reported low confidence. Similarly, only 43.2% felt capable of adapting activities to physical and mental health barriers.

Qualitative interviews provided contextual explanations for this competency gap. Professionals highlighted the need for specialized training in trauma-informed practice, behavioural change techniques, risk management, and adaptation of physical activity to complex health and psychosocial conditions. Thus, triangulation demonstrated complementarity between methods: quantitative findings identified the extent of the competency limitation, whereas qualitative narratives explained why this limitation exists.

The COM-B model (Michie et al., 2011) provides a useful framework for interpreting this pattern. Professionals demonstrated relatively strong psychological capability, reflected in their knowledge and understanding of sport's potential benefits, and strong motivational readiness to support implementation. However, implementation behaviour was constrained primarily by limited organizational opportunity. Access to infrastructure, equipment, funding, transportation, and protected professional time represented major barriers.

These findings indicate that unsuccessful implementation should not be interpreted as a lack of professional commitment. Instead, implementation is shaped by structural and organizational conditions. Quantitative findings showed that only 23.5% reported adequate access to infrastructure and transport resources, 18.5% reported sufficient equipment availability, and 19.8% reported adequate financial resources. Furthermore, more than half of participants indicated insufficient time within their professional schedules to facilitate sport activities.

From an implementation science perspective, these results reinforce that sustainable innovation depends on alignment between intervention characteristics, workforce capacity, organizational readiness, and contextual demands (Damschroder et al., 2009; Aarons et al., 2011). The primary challenge identified by GET-UP is therefore not convincing professionals of the value of sport, but creating the institutional conditions required for translating this recognition into sustainable practice.

Consequently, sport-based interventions for homelessness should move beyond short-term project implementation toward integrated service models. Sustainable delivery requires formal partnerships between homelessness services, municipalities, sport organizations, and community providers. Such partnerships can address structural barriers by ensuring access to facilities, equipment, trained personnel, and continuity of programming.

This transition also requires positioning sport within trauma-informed and recovery-oriented frameworks. Individuals experiencing homelessness frequently encounter histories of trauma, social exclusion, mental health difficulties, and disrupted relationships. Therefore, sport environments must prioritize psychological safety, trust, choice, empowerment, and dignity rather than performance-oriented outcomes (Hopper et al., 2010). The findings support a strengths-based model in which sport becomes a vehicle for recognizing abilities and creating opportunities for meaningful participation.

Overall, the GET-UP study supports a conceptual shift from **"sport as an activity offered to homeless populations"** toward **"sport as an embedded psychosocial pathway within homelessness support systems."** The value of sport lies in its capacity to activate interconnected processes of identity reconstruction, social belonging, behavioural development, and empowerment. However, these mechanisms can only be realized when sport is integrated within coordinated, adequately resourced, and trauma-informed systems of care.

Future sport-based interventions should therefore be evaluated through multidimensional outcomes extending beyond participation rates, including psychological empowerment, social connectedness, self-efficacy, behavioural readiness, community participation, and progression toward broader reintegration goals.

7. Strategic Implications

Based on the integrated findings of the GET-UP study, several implications emerge:

Institutionalization of trauma-informed sport competencies: Homelessness services should establish structured training pathways for professionals and volunteers combining sport pedagogy, trauma-informed practice, motivational approaches, and understanding of mental health and substance-use-related vulnerabilities. Effective implementation requires bridging the traditional separation between social care and sport expertise.

Transition from optional recreation to integrated psychosocial intervention: Sport should be incorporated within individualized support plans rather than delivered as an occasional recreational activity. Participation patterns may provide practitioners with additional behavioural indicators of engagement, routine development, and readiness for progression toward employment, treatment, or independent living goals.

Development of sustainable community partnerships: Municipalities, sport organizations, and community providers should establish formal partnerships ensuring access to facilities, equipment, and trained personnel. Such collaborations can reduce structural barriers without placing additional financial pressure on homelessness services.

Moving beyond project-based implementation ("projectification"): Sustainable impact requires moving from short-term funded projects toward permanent service structures. Dedicated roles for professionals combining social and sport expertise may ensure continuity, prevent intervention discontinuity, and strengthen organizational memory.

References

Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. Administration and Policy in Mental Health and Mental Health Services Research, 38(1), 4–23. https://doi.org/10.1007/s10488-010-0327-7

Abaoglu, H., Demirok, M. S., & Yilmaz, I. (2017). *The effect of activity-based intervention program on the life skills of children from vulnerable groups*. Journal of Human Sciences, 14(4), 3479–3491.

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes, 50*(2), 179–211. https://doi.org/10.1016/0749-5978(91)90020-T

Aldridge, R. W., Story, A., Hwang, S. W., Nordentoft, M., Luchenski, S. A., Hartwell, G., Tweed, E. J., Lewer, D., Katikireddi, S. V., & Hayward, A. C. (2018). Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: A systematic review and meta-analysis. *The Lancet, 391*(10117), 241–250. https://doi.org/10.1016/S0140-6736(17)31869-X

Ambrey C (2025), "Homelessness and well-being: the role of support services". International Journal of Sociology and Social Policy, Vol. 45 No. 11-12 pp. 1169–1186, doi: https://doi.org/10.1108/IJSSP-03-2025-0207

Anderson-Butcher, D., & Bates, S. (2021). Social Work and Youth Sport. Child and Adolescent Social Work Journal, 38, 359–365. https://doi.org/10.1007/s10560-021-00777-6

Armstrong, F., Dorsett, P., Chester, A., & Young, J. (2021). Peer support interventions for people experiencing homelessness: A systematic review. *Health & Social Care in the Community, 29*(6), 1763–1777.

Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory. Prentice-Hall.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. W. H. Freeman.

Bandura, A. (2005). The primacy of self-regulation in health promotion. *Applied Psychology, 54*(2), 245–254.

Baptista, I., & Marlier, E. (2019). *Fighting homelessness and housing exclusion in Europe: A study of national policies*. European Social Policy Network (ESPN), European Commission.

Baptiste, S. (2017). *Occupational therapy and homelessness: Constructing a new framework for intervention*. Canadian Journal of Occupational Therapy, 84(3), 143–152.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Bretherton, J. (2017). Homelessness and gender reconsidered. *European Journal of Homelessness*, 1-22.

Busch-Geertsema, V., Edgar, W., O'Sullivan, E., & Pleace, N. (2010). Homelessness and Homeless Policies in Europe: Lessons from Research. Report prepared for the European Consensus Conference on Homelessness. Brussels: FEANTSA

Bush, A. J., Morgan, H. J., Williams, S., & Bowles, H. (2025). Establishing growth-oriented, caring relationships in sport-based interventions: employer perspectives on sport coaching for social change. Sport, Education and Society, 1-13. https://doi.org/10.1080/13573322.2025.2452949

Christian, J., Abrams, D., & Carpenter, S. (2007). The social psychological causes and consequences of homelessness. *Journal of Community & Applied Social Psychology, 17*(3), 170–186.

Coalter, F. (2013). *Sport for development: What game are we playing?* Routledge.

Coalter, F. (2017). Sport and Social Inclusion: Evidence-Based Policy and Practice. Social Inclusion, 5(2), 141-149. https://doi.org/10.17645/si.v5i2.852

Cole, M. (2012). *The seven-step experiential learning cycle: A framework for facilitating learning through sport and adventure education*. Human Kinetics.

Cornett, H., Saunders-Smith, T., Aryal, S., Whaley, A., Marfo, E., Booth, R., & Campbell, D. J. T. (2026). Engaging people with lived experience to co-design a community-led physical activity and diabetes prevention intervention for people experiencing homelessness. Frontiers in Sports and Active Living, 8, Article 1764108. https://doi.org/10.3389/fspor.2026.1764108

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science, 4*, Article 50. https://doi.org/10.1186/1748-5908-4-50

Dawes, J., Rogans-Watson, R., & Broderick, J. (2024). 'You can change your life through sports'-physical activity interventions to improve the health and well-being of

adults experiencing homelessness: a mixed-methods systematic review. British journal of sports medicine, 58(8), 444–458. https://doi.org/10.1136/bjsports-2023-107562

Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. Psychological Inquiry, 11(4), 227–268.

Eime, R. M., Young, J. A., Harvey, J. T., Charity, M. J., & Payne, W. R. (2013). A systematic review of the psychological and social benefits of participation in sport for children and adolescents: informing development of a conceptual model of health through sport. *The international journal of behavioral nutrition and physical activity*, *10*, 98. https://doi.org/10.1186/1479-5868-10-98

European Commission. (2023). *European platform on combating homelessness: State of play and policy developments*. Publications Office of the European Union.

European Federation of National Organisations Working with the Homeless. (FEANTSA). (2024). *The 9th overview of housing exclusion in Europe*. FEANTSA.

Fazel, S., Geddes, J. R., & Kushel, M. (2014). The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. *Lancet (London, England)*, *384*(9953), 1529–1540. https://doi.org/10.1016/S0140-6736(14)61132-6

FEANTSA. (2024). Ninth overview of housing exclusion in Europe 2024. European Federation of National Organisations Working with the Homeless.

Fitzsimons, S., & Fuller, R. (2002). Empowerment and homelessness: A critical analysis. *Housing, Care and Support, 5*(3), 12–18.

Győri, Á., Perpék, É., & Ádám, S. (2025). Mental health risk in human services work across Europe: the predictive role of employment in various sectors. Frontiers in Public Health, 12. https://doi.org/10.3389/fpubh.2024.1407998

Haeffner, L. S. B., Backes, D. S., Hammel, G. S. C., Sousa, F. G. M., Rupolo, I., & Smeha, L. N. (2023). Social and health vulnerability of homeless people. *Revista da Escola de Enfermagem da U S P*, *57*(spe), e20220379. https://doi.org/10.1590/1980-220X-REEUSP-2022-0379en

Hagger, M. S., Chatzisarantis, N. L.D., & Biddle, S. J.H. (2002). A meta-analytic review of the theories of reasoned action and planned behavior in physical activity: Predictive validity and the contribution of additional variables. *Journal of Sport & Exercise Psychology, 24*(1), 3–32. https://doi.org/10.1123/jsep.24.1.3

Haudenhuyse, R. P., Theeboom, M., & Coalter, F. (2012). The potential of sports-based social interventions for vulnerable youth: implications for sport coaches and youth

workers. *Journal of Youth Studies*, *15*(4), 437–454. https://doi.org/10.1080/13676261.2012.663895

Hicks, S. (2014). Social work and gender: An argument for practical accounts. Qualitative Social Work, 14, 471-487. https://doi.org/10.1177/1473325014558665

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings. The Open Health Services and Policy Journal, 3(1), 80-100. https://doi.org/10.2174/1874924001003010080

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Prentice Hall.

Kourachanis N (2019). Southern European welfare states and homelessness: Portugal and Greece. Housing, Care and Support, Vol. 22 No. 2 pp. 114–128, doi: https://doi.org/10.1108/HCS-10-2018-0025

Lorig, K., & Holman, H. (2003). Self-management education: History, definition, outcomes, and mechanisms. *Annals of Behavioral Medicine, 26*(1), 1–7.

Malden, S., Jepson, R., Laird, Y., & McAteer, J. (2019). A theory based evaluation of an intervention to promote positive health behaviors and reduce social isolation in people experiencing homelessness. Journal of Social Distress and the Homeless, 28(2), 158–168. https://doi.org/10.1080/10530789.2019.1623365

Marmot, M., Allen, J., Boyce, T., Goldblatt, P., & Morrison, J. (2020). *Health equity in England: The Marmot review 10 years on*. Institute of Health Equity.

Marques, M. M., Carey, R. N., Norris, E., Evans, F., Finnerty, A. N., Hastings, J., Jenkins, E., Johnston, M., West, R., & Michie, S. (2021). Delivering Behaviour Change Interventions: Development of a Mode of Delivery Ontology. Wellcome open research, 5, 125. https://doi.org/10.12688/wellcomeopenres.15906.2

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370–396.

Mason, K., & Harris, J. (2025). Crossing the threshold: addressing multiple exclusion homelessness in social work education. Social Work Education, 1–19. https://doi.org/10.1080/02615479.2025.2455003

Maton, K. I. (2008). Empowering community settings: Agents of individual development, community betterment, and positive social change. *American Journal of Community Psychology, 41*(1–2), 4–21.

McEachan, R. R. C., Conner, M., Taylor, N. J., & Lawton, R. J. (2011). Prospective prediction of health-related behaviors with the theory of planned behavior: A meta-

analysis. *Health Psychology Review, 5*(2), 97–144. https://doi.org/10.1080/17437199.2010.521684

Michie, S., van Stralen, M. M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science, 6*, Article 42. https://doi.org/10.1186/1748-5908-6-42

Ng, L., Adams, E., Henderson, D., Donaghy, E., & Mercer, S. W. (2024). Interventions for burnout and well-being in homelessness staff: a systematic scoping review. Cold Spring Harbor Laboratory. https://doi.org/10.1101/2024.08.21.24312389

O'Shaughnessy, B. R., & Greenwood, R. M. (2020). Strengths-based approaches and empowering settings in homelessness services. *Housing, Care and Support, 23*(3/4), 95–108.

O'Sullivan, B. P., Corbett, M., & McCarthy, J. (2023). Social inclusion and empowerment in homelessness interventions: Toward integrated community approaches. *European Journal of Homelessness, 17*(1), 45–67.

O'Sullivan, K., Gough, M., & Hayes, K. (2023). Sport, social inclusion and wellbeing among marginalized populations: The contribution of sport-based interventions. *Journal of Sport for Development, 11*(2), 1–15.

Paidakaki, A., Moulaert, F., & Van den Broeck, P. (2018). Exploring the politico-institutional dimension of social innovation to repoliticize urban governance arrangements. In Y. Franz, H. H. Blotevogel, & R. Danielzyk (Eds.), Social Innovation in Urban and Regional Research (pp. 11–21). Verlag der Österreichischen Akademie der Wissenschaften.

Paudyal, V., MacLure, K., Buchanan, C., Wilson, L., Macleod, J., & Stewart, D. (2020). "When you are homeless, you are not thinking about your medication, but your food, shelter or safety": Healthcare professionals' perspectives on improving healthcare access and medication use among homeless populations. *International Journal for Equity in Health, 19*(1), 1–14.

Pedersen, P. V., Grønbæk, M., Curtis, T., & Tolstrup, J. S. (2016). Associations between socioeconomic position and physical activity among homeless adults: A systematic review. *BMC Public Health, 16*(1), 1–12.

Pleace, N. (2016). Researching homelessness in Europe: Theoretical perspectives. *European Journal of Homelessness*, 19-44.

Rhodes, T. (2002). The 'risk environment': A framework for understanding and reducing drug-related harm. *International Journal of Drug Policy, 13*(2), 85–94. https://doi.org/10.1016/S0955-3959(02)00007-5

Richards, J., & Kuhn, R. (2022). Unsheltered Homelessness and Health: A Literature Review. *AJPM focus*, *2*(1), 100043. https://doi.org/10.1016/j.focus.2022.100043

Rutenfrans-Stupar, M., Van Der Plas, B., Den Haan, R., Regenmortel, T. V., & Schalk, R. (2019). How is participation related to well-being of homeless people? An explorative qualitative study in a Dutch homeless shelter facility. Journal of Social Distress and the Homeless, 28(1), 44–55. https://doi.org/10.1080/10530789.2018.1563267

Rutten, A., Roger, U., Abu-Omar, K., & Frahsa, A. (2009). Assessment of organizational readiness for health promotion policy implementation: test of a theoretical model. Health Promotion International, 24(3), 243-251. https://doi.org/10.1093/heapro/dap016

Ryan, R. M., & Deci, E. L. (2017). *Self-determination theory: Basic psychological needs in motivation, development, and wellness*. Guilford Press

Sallis, J. F., & Owen, N. (2015). Ecological models of health behavior. In K. Glanz, B. K. Rimer, & K. "V." Viswanath (Eds.), *Health behavior: Theory, research, and practice* (5th ed., pp. 43–64). Jossey-Bass/Wiley.

Schulenkorf, N., Sherry, E., & Rowe, K. (2016). Sport for development: An integrated literature review. *Journal of Sport Management, 30*(1), 22–39. https://doi.org/10.1123/jsm.2014-0263

Sechrist KR, Walker SN, Pender NJ. Development and psychometric evaluation of the exercise benefits/barriers scale. Res Nurs Health. 1987 Dec;10(6):357-65

Sharma, B., Xiao, E., Bain, J., Heal, B., Antonio, P., Timmons, B. W., & Warner, M. (2026). Identifying sport-for-development outcome measures suitable for a living-lab setting: a scoping review. BMC Sports Science, Medicine and Rehabilitation, 18, Article 1589. https://doi.org/10.1186/s13102-026-01589-w

Shinn, M., & Khadduri, J. (2020). In the midst of plenty: Homelessness and what to do about it. Wiley-Blackwell.

Sofija, E., Plugge, M., Wiseman, N., & Harris, N. (2018). 'This is the beginning of the new me': process evaluation of a group fitness intervention to promote wellbeing in formerly homeless individuals. BMC Public Health, 18(1). https://doi.org/10.1186/s12889-018-5175-5

Stafford, A., & Wood, L. (2017). Tackling health disparities for people who are homeless? Start with social determinants. *International Journal of Environmental Research and Public Health, 14*(12), Article 1535. https://doi.org/10.3390/ijerph14121535

Stringer, C., Loosemore, M., Moller, E., et al. (2019). Promoting physical activity in vulnerable adults 'at risk' of homelessness: a randomised controlled trial protocol. BMJ Open, 9(3), e026466. https://doi.org/10.1136/bmjopen-2018-026466

Super, S., Verkooijen, K., & Koelen, M. (2016). The role of community sports coaches in creating optimal social conditions for life skill development and transferability – a salutogenic perspective. Sport, Education and Society, 23(2), 173-185. https://doi.org/10.1080/13573322.2016.1145109

Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp. 33–47). Brooks/Cole.

Tajfel, H., & Turner, J. C. (1986). The social identity theory of intergroup behavior. In Psychology of Intergroup Relations.

Timkova, V., Minarikova, D., Fabryova, L., et al. (2024). Facilitators and barriers to behavior change in overweight and obesity management using the COM-B model. Frontiers in Psychology, 15. https://doi.org/10.3389/fpsyg.2024.1280071

Timlin, D., McCormack, J. M., & Simpson, E. E. (2020). Using the COM-B model to identify barriers and facilitators towards adoption of a diet associated with cognitive function (MIND diet). Public Health Nutrition, 24(8), 1657-1670. https://doi.org/10.1017/s1368980020001445

Van der Stighelen, A., Katsigianni, X., & Paidakaki, A. (2025). Far from home? The role of homelessness NGOs in fostering the resilient arrival city through alliance-building and migrant integration. European Journal of Homelessness, 19(1), 11–42.

Van der Veken, K., Lauwerier, E., & Willems, S. (2020). "To mean something to someone": sport-for-development as a lever for social inclusion. International Journal for Equity in Health, 19. https://doi.org/10.1186/s12939-019-1119-7

Warburton, D. E. R., & Bredin, S. S. D. (2017). Health benefits of physical activity: A systematic review of current systematic reviews. *Current Opinion in Cardiology, 32*(5), 541–556. https://doi.org/10.1097/HCO.0000000000000437

Weil, A. (2018). *Breathing: The master key to self-healing*. Sounds True.

Whitley, M. A., Massey, W. V., Camiré, M., Blom, L., & Chawansky, M. (2019). A systematic review of sport for development interventions across the globe. *Sport Management Review, 22*(5), 701–718. https://doi.org/10.1016/j.smr.2018.12.001

Wirth, T., Mette, J., Prill, J., Harth, V., & Nienhaus, A. (2019). Working conditions, mental health and coping of staff in social work with refugees and homeless individuals:

A scoping review. Health & Social Care in the Community, 27. https://doi.org/10.1111/hsc.12730

World Health Organization. (2022). *Global status report on physical activity 2022*. World Health Organization.

Zimmerman, M. A. (1995). Psychological empowerment: Issues and illustrations. *American Journal of Community Psychology, 23*, 581–599. https://doi.org/10.1007/BF02506983

APPENDICES

Appendix 1: Participant Information Sheet (Homeless Participants)

Project Title: GET-UP: Life Skill Empowerment for Homeless People through Sport

Funding:
This study is conducted within the GET-UP project funded by the Erasmus+ Programme.

Invitation to Participate

You are invited to take part in a research study about physical activity and sport programs designed for people experiencing homelessness. Before you decide whether to participate, it is important that you understand why the research is being conducted and what it involves. Please read the following information carefully. You may ask any questions.

Purpose of the Study

The purpose of this study is to understand how people experiencing homelessness feel about participating in sport or physical activity programs. We want to understand what helps and what makes it difficult to participate. Your answers will help improve future support programs.

Why Have I Been Invited?

You are being invited because you are currently receiving services from a participating organization and meet the criteria for inclusion in this study.

What Will Happen If I Take Part?

If you agree to participate:

- You will complete a short questionnaire with the help of a researcher (approximately 15–20 minutes).
- You may also be invited to participate in an interview lasting approximately 25–30 minutes.
- With your permission, interviews will be audio-recorded.

Voluntary Participation

Your participation is entirely voluntary. You may refuse to answer any question. You may stop the interview at any time without giving a reason. Your decision will not affect the services you receive.

Risks

Some questions may make you reflect on personal experiences. If you feel uncomfortable, you may pause or stop. Support from staff or social workers is available if needed.

Benefits

There is no direct benefit guaranteed. However, your participation may help improve programs for others in similar situations.

Confidentiality

All information will remain confidential. Your name will not appear in any report. Instead, a code number will be used. Data will be stored securely and only accessible to the research team.

Data Protection

All data will be handled in accordance with the General Data Protection Regulation. Data will be stored securely for five years and then destroyed.

Contact Information

Principal Investigator: Panagiotounis Fotis

Email: panagiotounisfotis@gmail.com

Organization: Equal Society (Greece)

Appendix 2: Consent Form (Homeless Participants)

Please read the statements below and tick each box if you agree:

☐ I confirm that I have read or have had read to me the Participant Information Sheet.

☐ I understand that my participation is voluntary.

☐ I understand that I can withdraw at any time without consequences.

☐ I understand that my responses will be confidential.

☐ I agree to participate in this study.

Audio Recording (if applicable):

☐ I agree to the interview being audio-recorded.

☐ I do not agree to audio recording.

Participant Name (optional or code): _____

Signature: _____

Date: _____

Researcher Signature: _____

Appendix 3: Quantitative Questionnaire – Homeless Participants

Part1: Demographics

- **Age:**
- **Gender Identity:** □ Male □ Female □ Non-binary □ Prefer not to say
- **Nationality / Country of Origin:** [Open-ended]
- **Ethnic Background / Cultural Identity:** [Open-ended]
- **Education Level:** □ No formal education □ Primary □ Secondary □ Post-secondary □ Vocational □ Bachelor □ Master □ Doctorate □ Other

Housing and Homelessness Status

- **Current Housing Situation:** □ Street □ Shelter □ Temporary accommodation □ Transitional housing □ At risk of homelessness □ Other: _____
- **Duration of Homelessness:** □ <6 months □ 6–12 months □ 1–2 years □ 3–5 years □ 5+ years
- **Number of Relocations in Past Year:** [Numeric]

Health and Wellbeing

- **Self-reported Physical Health:** □ Excellent □ Good □ Fair □ Poor
- **Self-reported Mental Health:** □ Excellent □ Good □ Fair □ Poor
- **Chronic Conditions:** □ Yes □ No (If yes, please specify: _____)
- **Substance Use History:** □ None □ Alcohol □ Drugs □ Both

Social Support and Networks

- **Family Support:** □ Yes □ No □ Limited
- **Friend / Peer Support:** □ Yes □ No □ Limited
- **Engagement with Social Services / NGOs:** □ Frequent □ Occasional □ Rare □ None

Physical Activity History

- **Past Participation in Sport / Physical Activity:** □ Regular □ Occasional □ Rare □ Never
- **Previous Participation in Structured Programs (NGO / Community):** □ Yes □ No

Part 2: Assessment Survey

TPB Questionnaire

For me, participating in physical activity in the coming period would be:								
Very bad	1	2	3	4	5	6	7	Very good
Very unpleasant								Very pleasant
very unimportant								**very important**
very stressful								**very relaxing**
Very harmful								Very beneficial
Very useless								Very useful
very foolish								**very wise**

Most people important to me think I should participate in physical activity.	1	2	3	4	5	6	7
Most people important to me want me to participate in physical activity							
I feel motivated to participate because important people expect it from me.							

If I wanted to, I could participate in physical activity in the coming period.							
It depends entirely on me whether I participate.							
I believe I am capable of participating.							
I would not face major difficulties participating.							
How much control do you feel you have over participating? (1 = no control — 7 = full control)							
I intend to participate in physical activity.							
I will try to participate.							
I will make an effort to attend activities.							

Barriers

Exercise takes time away from finding food or shelter.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Exercise exhausts me given my daily survival fatigue.							
The activity location is too far and I cannot afford transportation.							
I feel I do not belong among people who exercise.							
Participation requires expenses I cannot afford.							
The schedule conflicts with meal services or social services.							
Exercise leaves me too tired to function afterward.							
People around me do not encourage me.							
Exercise takes time away from my support network.							
I feel exposed or ashamed wearing sports clothes.							
My environment discourages me from starting exercise.							
Exercise takes time from other survival responsibilities.							
Exercise feels too physically demanding.							
There are no safe spaces to exercise without fear.							

COM-B Items

I know why being physically active is important.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
I know how to be physically active.							
I have the physical skills required.							
I have the mental skills required.							
I have the strength I need.							
I have the mental resilience I need.							
I can overcome physical limitations.							
I can overcome mental barriers.							
I have the endurance I need.							
I can stay active even when things are difficult.							
I have time to be active.							
I have the financial resources needed.							
I have equipment or materials to exercise.							
I have access to safe spaces.							
I have people to exercise with.							
I receive reminders or triggers to be active.							
I have social support to participate.							

I want to be active regularly.							
I feel I need to be active.							
I believe it is good for me to be active.							
I am building plans to stay active.							
I am developing an activity habit.							

Appendix 4: Semi-Structured Interview Guide – Adults Experiencing Homelessness

Duration: 20–30 minutes

Goal: Explore intention, barriers, and expectations regarding participation in a sport-based life skills program.

Opening & Rapport (3–5 min)

- How are you feeling today?
- Can you tell me a little about your week?

Transition: "I'd like to talk about your daily life and your relationship with movement."

Axis 1: Daily Life & Physical Experience (4–5 min)

- Can you describe a typical day in your life and how much you move during the day?
- How does your body usually feel at the end of the day?
- Do you ever feel in control of your life? What helps you feel capable or strong?

Optional probes if needed: tired, strong, pain, numb, moments of energy, impact of homelessness on body perception.

Axis 2: Social Connection & Belonging (3–4 min)

- Who supports you currently in your life, and do you feel you belong somewhere?
- How would you feel joining a group of people with similar experiences?

Optional probes: trust issues, comfort vs fear, past group experiences.

Axis 3: Attitudes Toward Sport Participation (4–5 min)

- What are your thoughts about joining a sport program that builds life skills?
- What would make you want to participate, and what worries or doubts might you have?
- If the program started next week, how likely would you join, and what could increase or decrease your willingness?

- What would you hope to gain from participating?

Life skills examples (only if needed): patience, teamwork, self-confidence, discipline, emotional control.

Axis 4: Barriers & Practical Challenges (3–4 min)

- What might prevent you from participating?
- What practical support or changes would make participation easier?

Optional probes: transportation, fatigue, pain, fear of judgment, schedule conflicts, leaving belongings.

Axis 5: Coping & Continuation (3–4 min)

- If you missed a session or felt discouraged, what would help you return and continue?
- Who or what could support you when participation feels difficult?
- What personal strategies or program features would help you stay involved?

Axis 6: Empowerment & Future Outlook (3–4 min)

- If you participated regularly, what changes might happen in your life?
- What skills would you most like to develop?
- Could this program help with daily challenges, and what would you like to be different in your future?

Closing Reflection (2–3 min)

- Is there anything important we haven't discussed?
- What advice would you give to improve the program?

Closing remark: "Thank you for your time and insights. Your input will help shape the program for others like you."

Appendix 6: Participant Information Sheet

Project Title: GET-UP: Life Skill Empowerment for Homeless People through Sport

Funding: This study is conducted within the GET-UP project funded by the Erasmus+ Programme.

Invitation to Participate: You are invited to take part in a research study about physical activity and sport programs designed for people experiencing homelessness. Before you decide whether to participate, it is important that you understand why the research is being conducted and what it involves. Please read the following information carefully. You may ask any questions.

Purpose of the Study: The purpose of this study is to understand how people experiencing homelessness feel about participating in sport or physical activity programs. We want to understand what helps and what makes it difficult to participate. Your answers will help improve future support programs.

What Will Happen If I Take Part?

If you agree to participate:

- You will complete a short questionnaire with the help of a researcher (approximately 15–20 minutes).
- You may also be invited to participate in an interview lasting approximately 25–30 minutes.
- With your permission, interviews will be audio-recorded.

Voluntary Participation: Your participation is entirely voluntary. You may refuse to answer any question. You may stop the interview at any time without giving a reason.

Risks: Some questions may make you reflect on personal experiences. If you feel uncomfortable, you may pause or stop.

Benefits: There is no direct benefit guaranteed. However, your participation may help improve programs for others in similar situations.

Confidentiality: All information will remain confidential. Your name will not appear in any report. Instead, a code number will be used. Data will be stored securely and only accessible to the research team.

Data Protection: All data will be handled in accordance with the General Data Protection Regulation. Data will be stored securely for five years and then destroyed.

Contact Information

Principal Investigator: Panagiotounis Fotis

Email: panagiotounisfotis@gmail.com

Organization: Equal Society (Greece)

Appendix 7: Participant Information Sheet & Consent Form

You are invited to participate in a study examining readiness to implement sport-based interventions within homeless support services under the GET-UP project funded by the Erasmus+.

The study aims to assess knowledge, skills, organizational resources, and motivation related to sport-based life skills programs.

If you agree to participate:

- You will complete a short questionnaire (approximately 15–20 minutes).
- You may also be invited to participate in an interview lasting approximately 20–30 minutes.
- With your permission, interviews will be audio-recorded.

Consent Form

☐ I have read and understood the information sheet.

☐ I understand participation is voluntary.

☐ I agree to participate.

☐ I agree to audio recording (if applicable).

Name: _____

Signature: _____

Date: _____

Appendix 8: Professional Capacity Survey (Summary Format)

Part1: Demographic

Organization: _____

Nationality: _____

Age: _____

Gender: □ Male / □ Female / □ Non-binary / □ Prefer not to say

Employment Status: □ Full-time / □ Part-time / □ Volunteer / □ Freelance

Primary Workplace Role: □ Counseling / □ Education / □ Sport Trainer / □ Research / □ Administration / □ Street Outreach / □ Other: _____

Experience with Homeless: □ 0–5 years / □ 6–10 years / □ 11–15 years / □ 16–20 years / □ 21–25 years / □ 25+ years

Educational Background: □ Secondary / □ Post-secondary (Non-tertiary) / □ Bachelor / □ Master / □ Doctoral / □ Other

Field of Study: □ Social Work / □ Psychology / □ Sports Science / □ Healthcare / □ Sport /□ Other: _____

Part 2: Capacity Survey

Instructions: Please rate your agreement on a scale of 1 (Strongly Disagree) to 7 (Strongly Agree).

I understand how sport promotes community solidarity for those experiencing social exclusion.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
I understand behavior change and goal-setting strategies appropriate for unstable living conditions.							

I understand the role of sport in reducing stress and building the self-esteem necessary for reintegration.							
I am familiar with the profile of homeless individuals, including experiences of rejection and loss of interest.							
I know why it is important to deliver sport-based interventions tailored to the specific needs of homeless individuals.							
I know how to adapt physical activities for clients with diverse physical or mental health barriers common in homelessness.							
I understand the behavior change process required to engage homeless clients in regular physical activity.							
I understand how sport promotes community solidarity for those experiencing social exclusion.							
I can effectively plan sport programs that meet the survival needs of homeless participants.							
I am capable of carrying out a needs assessment for my specific outreach population.							
I use evidence and reports from other professionals to guide my sport-based social work.							
I have the communication skills needed to motivate hard-to-reach populations.							
I have the communication skills needed to motivate hard-to-reach populations to participate in sports.							
I have the ability to overcome situational barriers (e.g., client lack of gear, poor nutrition) to deliver these interventions.							
I have realistic time frames to implement sport activities alongside other duties.							
I have access to infrastructure, such as transport or sport gear for clients.							
My managers provide supportive advocacy for the resources needed.							
I have access to safe facilities (parks, community gyms) to conduct sessions.							
I have the time within my daily work schedule to facilitate sport-based activities for my clients.							
I have access to adequate resources (e.g., budget, clothing/shoes) to deliver these programs.							

I have access to safe and appropriate facilities (e.g., parks, community gyms) to conduct sessions.							
I have the necessary equipment (balls, mats, etc.) required for sport-based interventions.							
I have the support of my organization's administration to prioritize physical activity as part of our service.							
I will put significant energy into ensuring sport-based interventions are accessible to my clients.							
I will try hard to improve my own skills in planning and evaluating these programs.							
It is important to me that the sport programs we provide are high-quality and effective.							
I am prepared to advocate for more sport-based resources within my organization.							
I feel that delivering sport-based interventions is a vital part of my role in homeless support.							
I believe that sport is as therapeutic for my clients as traditional counseling or social support.							
I prioritize physical activity interventions over other tasks when I see a client's mental health declining.							
I believe my clients find sport-based interventions more engaging than other forms of support.							
I am personally committed to scheduling and delivering these activities regularly.							

Appendix 9: Semi-Structured Interview Guide – Professionals

Duration: 20–30 minutes

Purpose: To explore professional perceptions, competencies, and organizational readiness regarding sport-based interventions for adults experiencing homelessness within the GET-UP project.

Introductory Phase

Thank you for participating. The purpose of this discussion is to understand your professional experience and perspectives on sport-based interventions for people experiencing homelessness. There are no right or wrong answers. Participation is voluntary, and you may skip any question or stop at any time.

Axis 1: General Perceptions of Physical Activity

1. How do you think physical activity relates to the health and wellbeing of adults experiencing homelessness?
2. In your view, can participation in sport support social reintegration or recovery?
    - If yes, can you provide an example from your experience?
    - If no or partially, what limits its relevance or priority in practice?

Axis 2: Life Skills and Psychosocial Benefits

1. What psychological or social benefits might sport provide for your clients (e.g., self-esteem, resilience, motivation)?
2. How could sport help develop life skills such as teamwork, discipline, or patience?
3. From a practical perspective, how could these benefits be integrated into existing support services?

Axis 3: Professional Competency and Resources

1. How would you assess your knowledge and skills in planning and delivering sport-based programs for this population?
    - What strengths do you have?
    - What areas could be improved, and what support or training would help?
2. What organizational resources (e.g., facilities, budget, staff time, equipment) are available to support sport interventions?
    - Are they sufficient?
    - What changes would improve the feasibility and sustainability of programs?

3. How would you describe your personal and organizational commitment to promoting sport-based interventions?

Axis 4: Organizational Constraints and Strategies

1. What barriers (logistical, safety, client instability, staffing) limit implementation of sport-based activities?
2. How do clients' survival priorities affect participation?
3. What strategies might help overcome these barriers?

Axis 5: Closing Reflections

1. What do you see as the greatest opportunity of sport-based interventions in homeless services?
2. What is the most significant challenge?
3. Is there anything else you would like to add regarding the use of sport in your professional practice?

Thank you for your time. Your insights will directly inform the development of effective and realistic sport-based life skills programs.

Co-funded by
the European Union

www.getuproject.eu

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.