

Spin for Well-being: Active lifestyles through therapeutic table tennis for individuals with Neurodegenerative diseases

Deliverable D2.1.2

Needs Assessment Report

Due date: July 2025 (M8)



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1. OVERVIEW OF THE SWAN PROJECT

1.1 Implementation period and consortium

Spin for Well-being: Active lifestyles through therapeutic table tennis for individuals with Neurodegenerative diseases (Acronym: SWAN) is an Erasmus+ Cooperation partnership funded under the Erasmus+ Sport 2024 Call (Project ID: 101185590) . The project is planned for a 26-month duration.

SWAN is a multi-stakeholder initiative involving 7 partners from 7 different EU countries (Greece, Germany, Slovenia, Cyprus, Bulgaria, France, and Spain). More specifically:

Project Coordinator:

- Panhellenic Sports Club for Physically Disable People (PASKA), Greece

Partners:

- International Table Tennis Federation (ITTF) Foundation, Germany
- University of Ljubljana - Faculty of Sport, Slovenia
- KTG Research & Innovation, Cyprus
- Foundation Compassion Alzheimer Bulgaria, Bulgaria
- French Table Tennis Federation, France
- Alzheimer Leon, Spain

1.2 Project Aim and Objectives

SWAN's main objective is to develop, implement, and evaluate a structured table tennis intervention program for individuals with neurodegenerative diseases (NDDs), primarily Alzheimer's and Parkinson's. The project aims to promote social inclusion, health-enhancing physical activity, and equal sports opportunities for all across Europe. The SWAN objectives are the following:

- To develop structured table tennis for health programs that can be adopted on a broad scale by collaborating with multidisciplinary teams.
- To tailor programs to meet the specific needs of individuals with NDDs, ensuring they can be easily integrated into the routines of sports clubs, nursing homes, and similar settings.
- To train coaches, instructors, and other sports specialists on the theoretical aspects of NDDs and the effective implementation of adapted table tennis programs.
- To evaluate the efficacy of these programs by assessing their impact on the physical, cognitive, and social well-being of participants through pilot studies.
- To raise awareness about the benefits of exercise and the availability of these specialized programs among individuals with NDDs and their families to maximize participation.

1.3 Clusters of Activities, Target Groups, and Main Results with KPIs

The SWAN objectives will be achieved through the implementation of the following clusters of activities (Work Packages):

- Work Package 1: Project management and coordination
- Work Package 2: Strategic Research and Analysis
- Work Package 3: Table tennis curriculum development and creation of training materials
- Work Package 4: "Train the trainers" - Curriculum implementation and evaluation
- Work Package 5: Communication, dissemination, and engagement

The primary target groups of the SWAN project are:

- Individuals with NDDs (mainly Alzheimer's and Parkinson's).
- Coaches, trainers, instructors, and other sports specialists.
- Health and care professionals, physiotherapists, occupational therapists, medical doctors, neuropsychologists and cognitive behavioral specialists.
- Sports clubs, federations, and foundations.
- Nursing homes, day care centers, hospitals, Parkinson's/Alzheimer's Associations.

Additionally, the project targets families of individuals with NDDs, health professionals, patients' associations, and the wider community.

The main results expected from the implementation of the SWAN project, which also reflect the project's main Key Performance Indicators (KPIs), are:

- At least **100 responses on the needs assessment survey** to map the needs, preferences and challenges of the key stakeholders in the sports and health sectors.
- At least **90 trainers trained** on the theoretical aspects of NDDs and the practical implementation of the table tennis curriculum.
- At least **75 individuals with NDDs recruited to participate in the intervention programs** across at least 3 project countries.
- **Two structured table tennis for health curriculums** developed (one for Alzheimer's and one for Parkinson's).
- **One practical handbook** developed and distributed to stakeholders on how to adopt and integrate the programs.
- Participation in **2 World Table Tennis for Health events** (2025 & 2026), reaching an anticipated 1000–2000 people at each event.

2. METHODOLOGICAL OVERVIEW OF THE SWAN SURVEY

2.1 Table Tennis for Health (TT4H) in the SWAN Context

The SWAN project explores how table tennis can be used as a therapeutic, health-enhancing physical activity for individuals with NDDs. Coaches, trainers, sports clubs, elderly care/nursing homes and health professionals play a central role in creating inclusive, safe, and motivating environments for this purpose. Understanding their existing knowledge, practices, and organizational readiness is a foundational step toward building tailored interventions and training resources.

The SWAN survey was therefore designed to assess the current **needs, attitudes, challenges**, and **capacities** of key stakeholders involved in health-enhancing table tennis delivery, with the goal of supporting the development of relevant training (WP3 & WP4) and practical tools (WP5).

2.2 The SWAN Survey

The primary research presented in this report was conducted under Work Package 2 (WP2: Strategic Research & Analysis) of the SWAN project, specifically within Tasks *2.3: Conduct survey to determine the needs of sport stakeholders* & *2.4: Evaluation of the findings from the survey and secondary sources*. These tasks focused on the development, piloting, implementation, analysis and evaluation of an online survey targeting relevant stakeholder groups. Among else, the survey was designed to address the following questions:

- What are the current knowledge levels, practices, and attitudes of stakeholders delivering table tennis for health programmes?
- What are the organizational barriers and enablers in running such programmes?
- What are the key training needs of coaches and other professionals and the structural needs of clubs or health institutions?

The findings from this research, in combination with the literature review (D2.1.3) and best practices report (D2.1.1), will inform the design of capacity-building actions and resources in subsequent project phases.

2.3 Target Groups and Outreach Strategy

The SWAN survey targeted a broad range of sports and health professionals, including:

- Table tennis coaches, trainers, and physical activity teachers
- Sport club managers and owners
- Medical doctors and other paramedical professionals (e.g., physiotherapists)
- Health/social care workers and caregivers
- Volunteers

The survey was promoted through multiple communication channels to maximize stakeholder engagement. It was shared on the official SWAN project social media accounts (LinkedIn and Facebook) and disseminated by project partners across participating countries. Partners supported outreach by posting the survey link on their websites and social media platforms, circulating it through personalized email invitations, engaging with local media, and reaching out to relevant networks such as sport federations, clubs, and health organizations. This multi-channel strategy ensured broad visibility across key target groups and enhanced the diversity and relevance of the survey responses.

2.4 Survey Design and Structure

The SWAN survey was administered online via Google Forms. It was available in English and Spanish. The survey consisted of closed-ended questions (multiple-choice, Likert scale) and optional open-ended fields. More specifically, its sections included:

- **Informed consent**
- **Geographic information** (Country of Residence)
- **Basic Information** (Role, Years of Experience, Previous Experience with individuals with NDDs)
- **Knowledge & Training Needs** (Knowledge of NDD Symptomatology, Confidence on adapting TT4H to individuals with NDDs, Training Required, Challenges on adapting TT4H to individuals with NDDs, Interest in training course, Topics of training course, Training course certification, Format of training course delivery)
- **Organizational Readiness** (Experience in TT4H, Accessibility of facilities, Intent to participate in TT4H initiatives, Organizational Needs for participation in TT4H initiatives, Openness to collaboration)
- **Tools & Resources** (TT4H adoption drivers and topics of interest)
- **Final Comments** (Suggestions and optional opt-in for future project updates).

2.5 Development, Piloting, and Validation

The questionnaire was developed by KTG Research & Innovation Ltd, with input from project partners. It was based on:

- The findings from Task 2.1.1 (literature review and best practices report).
- SWAN's overarching objectives for inclusive and health-enhancing physical activity.
- Input from national stakeholders.

Prior to administration, a pilot phase was conducted with five respondents from different stakeholder groups to test the clarity, length, and content validity of the questionnaire. Minor modifications were made based on pilot feedback, ensuring that the final version was user-friendly and fit for purpose.

2.6 Ethical Considerations

The research adhered to ethical standards in line with EU-funded project guidelines. Respondents were informed about the scope, purpose, and context of the survey, as well as what their participation entailed and how their responses would be used. Consent was obtained through an opt-in process: if participants agreed, their responses were recorded. If they did not, survey participation was terminated, and only the lack of consent was logged. Participation was entirely voluntary and anonymous. No personal data were collected beyond optional contact information, provided only by those who wished to receive future project updates.

2.7 Data Collection and Sample

The final survey was distributed via online channels through the project's networks and partners. While global in reach, emphasis was placed on gathering responses from SWAN partner countries. According to the Key Performance Indicator (KPI) set out in the Grant Agreement, the target sample size was **100 respondents** representing a diverse mix of stakeholder groups.

A *non-probability purposive sampling* strategy was used to ensure inclusion of relevant stakeholders actively involved in the delivery or management of sport and health programmes, particularly those related to table tennis. Project partners facilitated targeted outreach to maximize relevance and sectoral representation.

Survey data were collected **between 15 June and 11 July 2025**.

2.8 Data Analysis

Collected responses were compiled and analyzed by KTG Research & Innovation Ltd. Quantitative data were examined using descriptive statistical methods, using Excel and Python. Open-ended responses were reviewed through a qualitative thematic analysis approach to identify patterns, priorities, and emerging insights.

The results of this analysis are presented in the sections that follow.

3. RESULTS OF THE SWAN SURVEY

3.1 Informed Consent

Eight (8) respondents did not provide informed consent and were therefore excluded from the analysis.

3.2 Demographic Information

A total of **220 respondents** provided informed consent to participate in the SWAN Needs Assessment Survey, more than doubling the initial KPI target of 100 respondents.

Of the total respondents, **86.4% were from EU countries**, while **13.6% were from non-EU countries**, reflecting both the European focus of the project and its broader international relevance. Below is a summary of participation by country:

Percentages of respondents based in EU countries

 Spain : 32.27%	 Malta : 0.45%
 Slovenia : 19.09%	 Finland : 0.45%
 Cyprus : 11.36%	 Belgium : 0.45%
 France : 5.45%	 Austria : 0.45%
 Bulgaria : 4.09%	
 Greece : 3.64%	
 Germany : 2.27%	
 Luxembourg : 1.82%	
 Croatia : 1.82%	
 Poland : 0.91%	
 Italy : 0.91%	
 Sweden : 0.45%	
 Netherlands : 0.45%	

Percentages of respondents based in non-EU countries

 Thailand : 1.36%	 Ethiopia : 0.45%
 Japan : 1.36%	 China : 0.45%
 United Kingdom : 0.91%	 Brazil : 0.45%
 Nepal : 0.91%	 Algeria : 0.45%
 Afghanistan : 0.91%	
 Zimbabwe : 0.45%	
 United Arab Emirates : 0.45%	
 Taiwan : 0.45%	
 Serbia : 0.45%	
 Senegal : 0.45%	
 Philippines : 0.45%	
 Nigeria : 0.45%	
 New Zealand : 0.45%	
 Morocco : 0.45%	
 South Korea : 0.45%	
 Kenya : 0.45%	
 Israel: 0.45%	
 Iran: 0.45%	
 Europa Island: 0.45%	

Among the 190 responses received from EU countries, the highest numbers came from **Spain** (71 responses), **Slovenia** (42), and **Cyprus** (25). Notably, all three are SWAN partner countries. In fact, the top seven EU countries by response rate were all SWAN partners. In addition, we received 30 responses from 23 non-EU countries, highlighting the project's broad international interest and outreach.

In the following sections, we present the results based on the 190 responses from EU-based respondents, who made up the majority. This focus aligns with the project's primary emphasis on the European context.

3.3 Basic Information

Among the survey respondents, the largest group (28.4%) identified as health or social care workers/caregivers. This is a key group, as the consortium includes two clinical centers (in Spain and Bulgaria), and these professionals are typically responsible for supporting individuals in their daily activities and care.

The second most frequently selected category was "Other" (20.5%), which included a mix of clinical roles (e.g., speech-language pathologists, occupational therapists) and sport-related roles (e.g., former or recreational table tennis players).

Table tennis coaches (18.9%) made up the third largest group. They are an especially relevant audience for the next phase of the project, which involves designing a training course tailored, among others, to their needs.

A full breakdown of roles is shown in Figure 1 below.

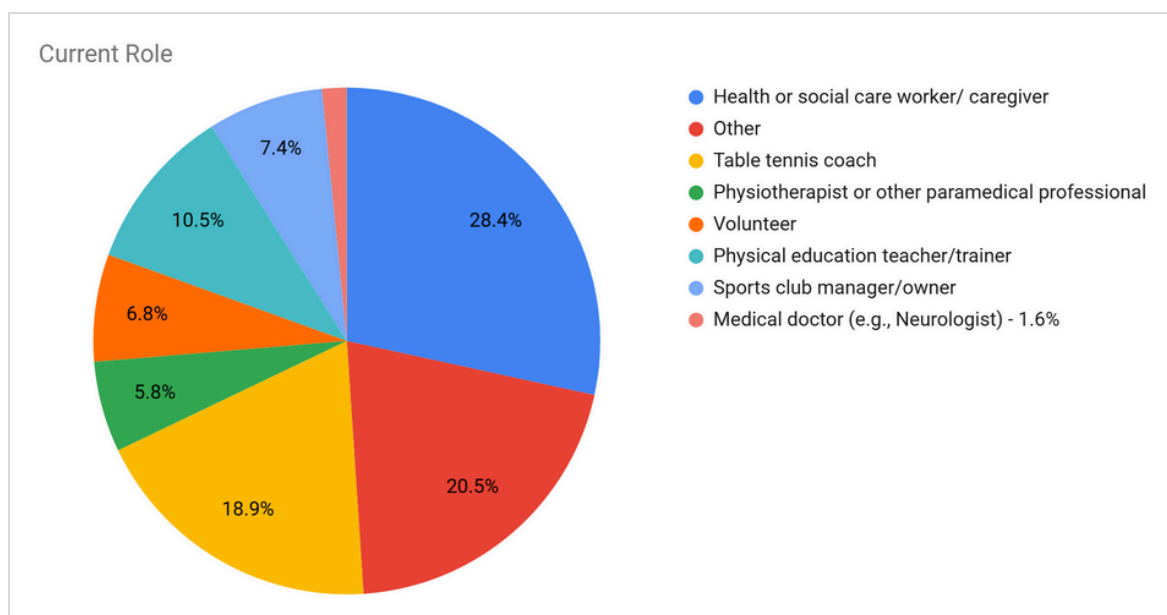


Figure 1. *Distribution of respondents by current role.*

In terms of experience, nearly half (44.4%) of health or social care workers/caregivers reported having more than 8 years in their current role. A similar trend was observed among table tennis coaches, with 52.78% reporting over 8 years of experience, 30.56% between 4-7 years, and 16.67% between 1-3 years. This reflects a diverse group of coaches, ranging from newcomers to highly experienced professionals.

We then asked professionals about the types of conditions they have worked with, either currently or in the past. Among health or social care workers/caregivers, 57.4% reported experience with all listed categories, including individuals with Parkinson's, Alzheimer's, and other forms of dementia.

In contrast, some respondents in sport-related roles expressed interest despite lacking direct experience. Specifically, 25% of physical education teachers, 28.75% of sport club managers/owners, and 33.3% of table tennis coaches indicated they had not worked with such individuals but were interested in doing so.

These findings highlight a gap in experience among some sport professionals, while also pointing to strong interest for upskilling, underscoring the potential for targeted training opportunities through the SWAN project.

3.4 Knowledge & Training Needs

To assess the current knowledge of professionals, we asked respondents about their **familiarity with the symptoms** of various NDDs, with a focus on Parkinson's, Alzheimer's, and other forms of dementia. Overall, 70.5% of respondents reported being either familiar or very familiar with these symptoms, while only 3.7% indicated no familiarity at all.

However, familiarity varied significantly by role. Among table tennis coaches, 38.9% reported little to no familiarity, compared to 64.3% of sport club managers/owners and 45% of physical education teachers. As expected, health and social care professionals demonstrated the highest level of familiarity, with 92.6% reporting being familiar or very familiar, and only 7.4% reporting little to no familiarity. These findings further highlight the need for targeted education and training of sports professionals on the specific symptoms of these diseases, especially as the project engages with non-clinical stakeholders.

After assessing familiarity, we examined the **confidence levels** of professionals in **delivering adapted table tennis programs** for individuals with Parkinson's, Alzheimer's, or other forms of dementia. Overall, 54.74% of respondents reported having little to no confidence in running such programs.

Confidence levels varied by professional role, mirroring the trends seen with familiarity of symptoms. Among physical education teachers, 60% reported low to no confidence, followed by 57.14% of sport club managers/owners and 36.11% of table tennis coaches. As expected, 66.67% of health and social care workers/caregivers also reported low to no confidence in adapting table tennis programs for individuals with NDDs. These findings indicate that, even among sport professionals with experience in physical activity and some familiarity with NDD symptoms, adapting table tennis programs for individuals with Parkinson's, Alzheimer's or other dementias is far from straightforward.

To better understand our respondents' current knowledge and training background, we asked them about the types of training they had previously received. As shown in Figure 2, the *most common areas of training* included **First Aid & Safety**, **table tennis coaching**, and **methods for developing motor and cognitive skills**.

In contrast, respondents reported significantly *less training* in areas directly relevant to the SWAN project, such as **adapting sports for individuals with NDDs**, **the therapeutic use of table tennis (e.g., for rehabilitation)**, and **communication skills for working with individuals with NDDs**. These gaps highlight important opportunities for targeted training and capacity-building within the scope of the project.



Figure 2. Distribution of training types received by respondents. Participants were able to select multiple training options; thus, totals exceed the number of unique individuals.

While the overall results highlight general trends in training received, we also examined specific respondent groups to identify more tailored patterns. For example, table tennis coaches most commonly reported training in **table tennis coaching**, **First Aid & Safety**, and **disability sports**. However, they reported significantly *less training* in **communication skills for individuals with NDDs**, **theoretical understanding of NDDs (e.g., symptoms, etiology)**, and **adapting sports training for this population**.

Although these patterns align broadly with the general respondent group, they provide more specific insights into the training needs of table tennis coaches. This information is especially valuable as we begin designing targeted training content for the next phase of the project. The types of training received by table tennis coaches are presented in Figure 3.

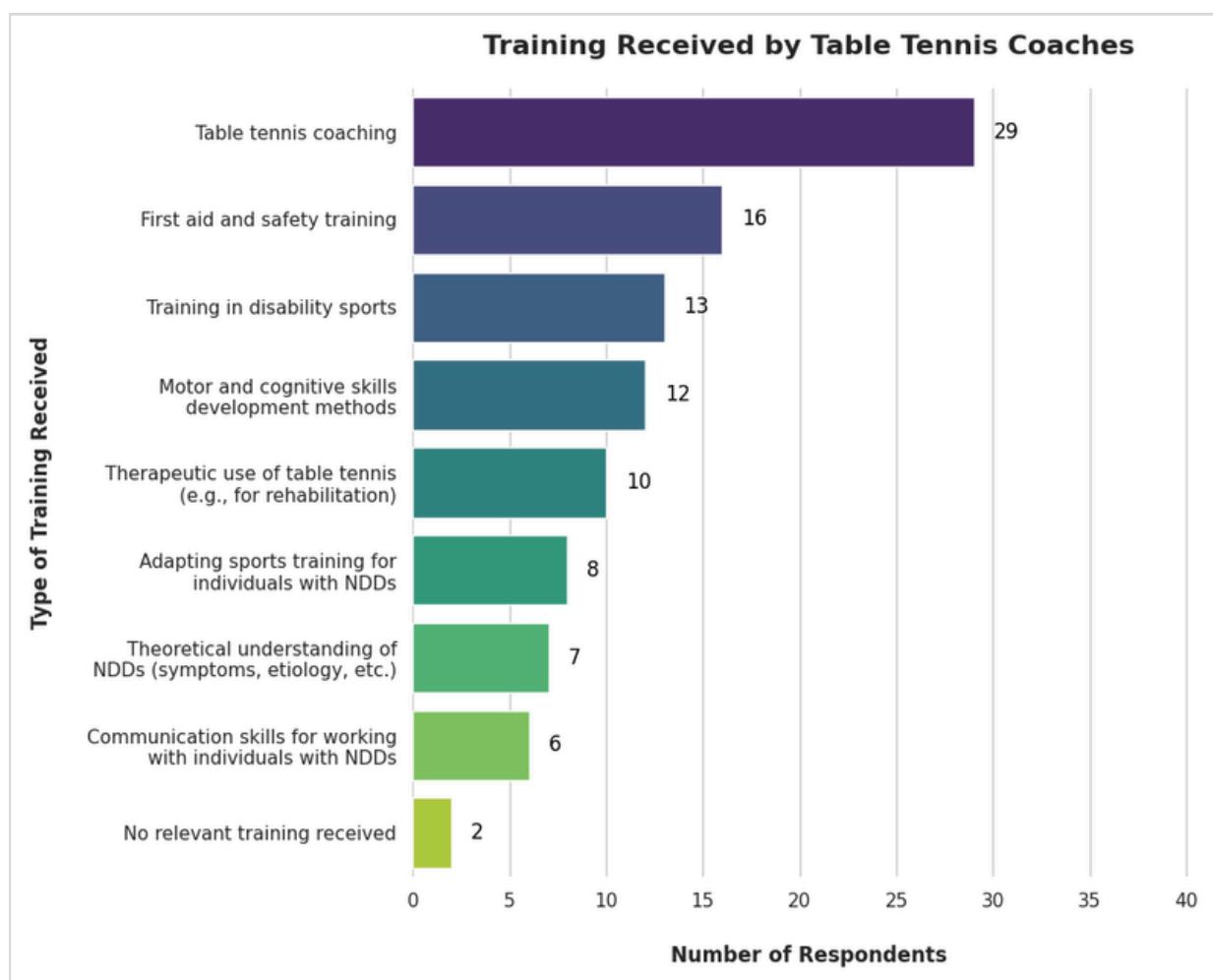


Figure 3. Distribution of training types received by table tennis coaches. Participants were able to select multiple training options; thus, totals exceed the number of unique individuals.

After assessing respondents' knowledge and prior training, we asked them to describe the types of training they would find most useful. Then, we analyzed their responses using thematic analysis, which revealed several recurring and high-priority themes. Respondents emphasized the need for a comprehensive, practical, and interdisciplinary approach.

The key themes that emerged are summarized below, ordered by frequency, from most to least commonly requested:



Theoretical Understanding of NDDs

- Basic knowledge of Parkinson's, Alzheimer's, dementia, or other types of dementia
- Symptomatology, progression, and how these impact participation in sport



TT Techniques & Program Adaptation

- Core table tennis skills and coaching strategies
- Adapting exercises and sessions to meet physical and cognitive needs
- Structuring warm-ups, drills, and individualized training plans



Safety & Risk Management

- Fall prevention, injury awareness, and environmental safety
- First aid basics and protocols for vulnerable populations



Communication Skills

- Strategies for effective, clear, and compassionate communication
- Adapting language and instructions to varying cognitive abilities



Psychological & Social Support

- Encouraging confidence, motivation, and participation
- Fostering inclusion, enjoyment, and social interaction



Monitoring & Evaluation

- Tools and methods to track participant progress
- Adjusting sessions based on feedback and observed needs

Importantly, when asked about their interest in a training course, **more than half of respondents expressed strong enthusiasm**, with a **hybrid format** (i.e., combining online theory and in-person practical sessions) being the **most preferred delivery method** (37.9%). Additionally, 4 out of 10 indicated that receiving a formal **certification would increase their interest to participate**, while almost 3 out of 10 said their participation would depend on the value of the certificate offered. Regarding the type of certification considered most valuable, 27.8% preferred certification from a **national sports federation**, 24.6% favored endorsement by an **academic institution/university**, 21.4% stated that certification was not important to them, and 12.8% valued a certificate issued by the **SWAN consortium**.



52.6%

reported they would be **interested in a training course designed to help them deliver or support therapeutic table tennis sessions** for individuals with Parkinson's, Alzheimer's, or other dementias.



43.7%

indicated that the availability of a **formal certification would increase their interest in participating** in the training course.



27.8%

Certification from a
**National Sports
Federation**

24.6%

Certification endorsed by
an **Academic Institution /
University**

12.8%

Certification of completion
issued by the **SWAN
Consortium**



3.5 Organizational Readiness

The previous subsections focused on individual needs and challenges experienced by different sport and health professionals. However, in order to democratize TT4Health programs, significant effort and awareness-raising must also take place at the **organizational level**. This subsection presents findings from survey questions that explored *organizational readiness* and the *structural requirements* for successfully implementing and delivering TT4Health initiatives.

To assess the current presence of TT4Health programs across partner countries, we asked respondents whether their organizations are currently offering table tennis programs for individuals with Parkinson's, Alzheimer's, or other forms of dementia. Nearly half (49%) reported that their organizations/clubs are already running such programs. Additionally, 22.1% indicated they are not currently offering these programs but are interested in doing so. These two groups are particularly important, as they represent organizations with either existing capacity or clear motivation to engage. Notably, only 10.5% reported no such programs and no interest in offering them. The above numbers highlight a generally high level of awareness and openness in the broader community toward physical activity programs for individuals with NDDs.

A key prerequisite for delivering such programs is **accessibility**, both in terms of both facilities and equipment, for individuals with limited mobility or cognitive impairments. Encouragingly, 49% of respondents reported that their facilities are fully accessible. However, a significant proportion (45.3%) noted that their facilities are only partially accessible or not accessible at all. This represents a potential barrier to program expansion and highlights the need for improvements, many of which may require additional funding and strategic planning.

When exploring **intent to offer adapted table tennis programs** (Figure 4), the results were similarly positive. A large majority (72.1%) of respondents said they would be open to offering such programs (either definitively or potentially) with an additional 14.7% already doing so (early adopters). Only 3.7% indicated they were not open to implementing such programs. This landscape further underscores the strong interest and willingness within the TT4Health community to expand, scale up, and create new opportunities for sports participation among individuals with NDDs.

While accessibility and intent to offer programs are key drivers of adoption, they are not the only factors influencing organizational readiness. To gain deeper insight, we asked respondents to identify what would help their clubs/organizations **implementing relevant table tennis programs**. As shown in Figure 5, the **top three needs** identified were: 1) Trained staff/coaches, 2) Funding or financial support, 3) A structured program curriculum or manual.

Encouragingly, two of these needs (1 and 3) are core objectives of the SWAN project and will be addressed in the later stages of its implementation. This alignment underscores the relevance of our planned activities to the actual needs expressed by organizations.

Regarding funding, beyond existing opportunities such as Erasmus+, the International Table Tennis Federation Foundation (a SWAN project partner) offers the [Dream Building Fund](#), a biannual funding scheme that supports initiatives using table tennis to create positive change at the local or regional level. Several TT4Health-related projects have already been funded through this initiative, and interested organizations are encouraged to explore this and other funding sources to support their program development.

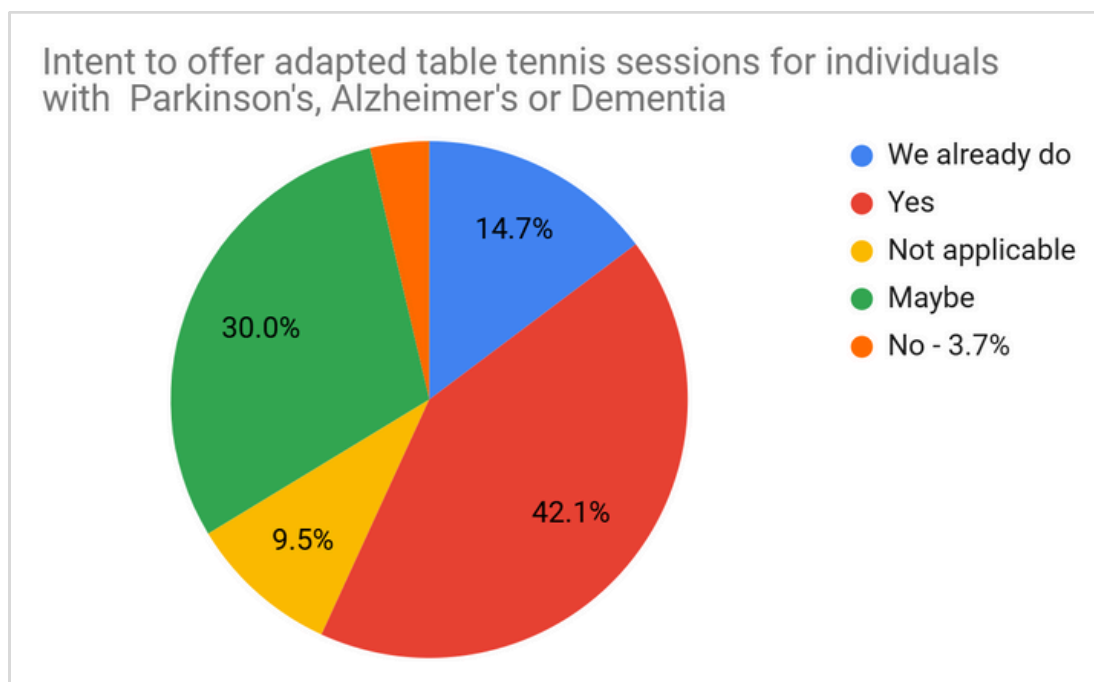


Figure 4. Intent to offer adapted table tennis programs by organizations.

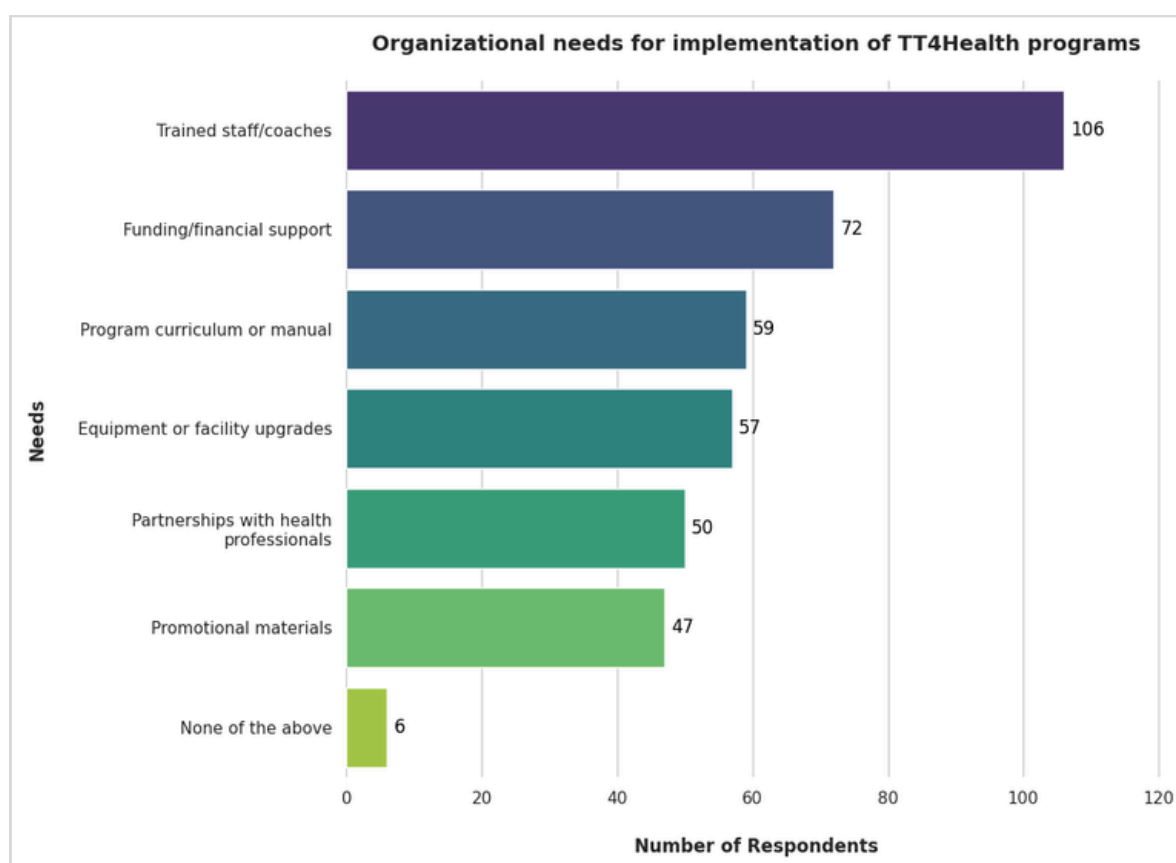


Figure 5. Distribution of organizational needs for successful implementation of TT4Health programs. Participants were able to select multiple needs; thus, totals exceed the number of unique individuals.

In addition to the high-level needs expressed by respondents regarding their organizations, we also explored the specific resources and tools they would require to successfully implement and adopt TT4Health programs for individuals with NDDs. As shown in Figure 6, the **top three resources** requested were:

1. **Training workshops or seminars,**
2. **A practical handbook or manual with exercises and instructions,**
3. **Video tutorials or demonstrations.**

These insights are highly valuable as we move into the implementation phase of the project. They directly inform the development of training materials and resources, both for individual professionals and for their organizations, to support the effective adoption, delivery, and long-term sustainability of TT4Health programs. Importantly, these resources will also help organizations attract and better serve individuals with NDDs.

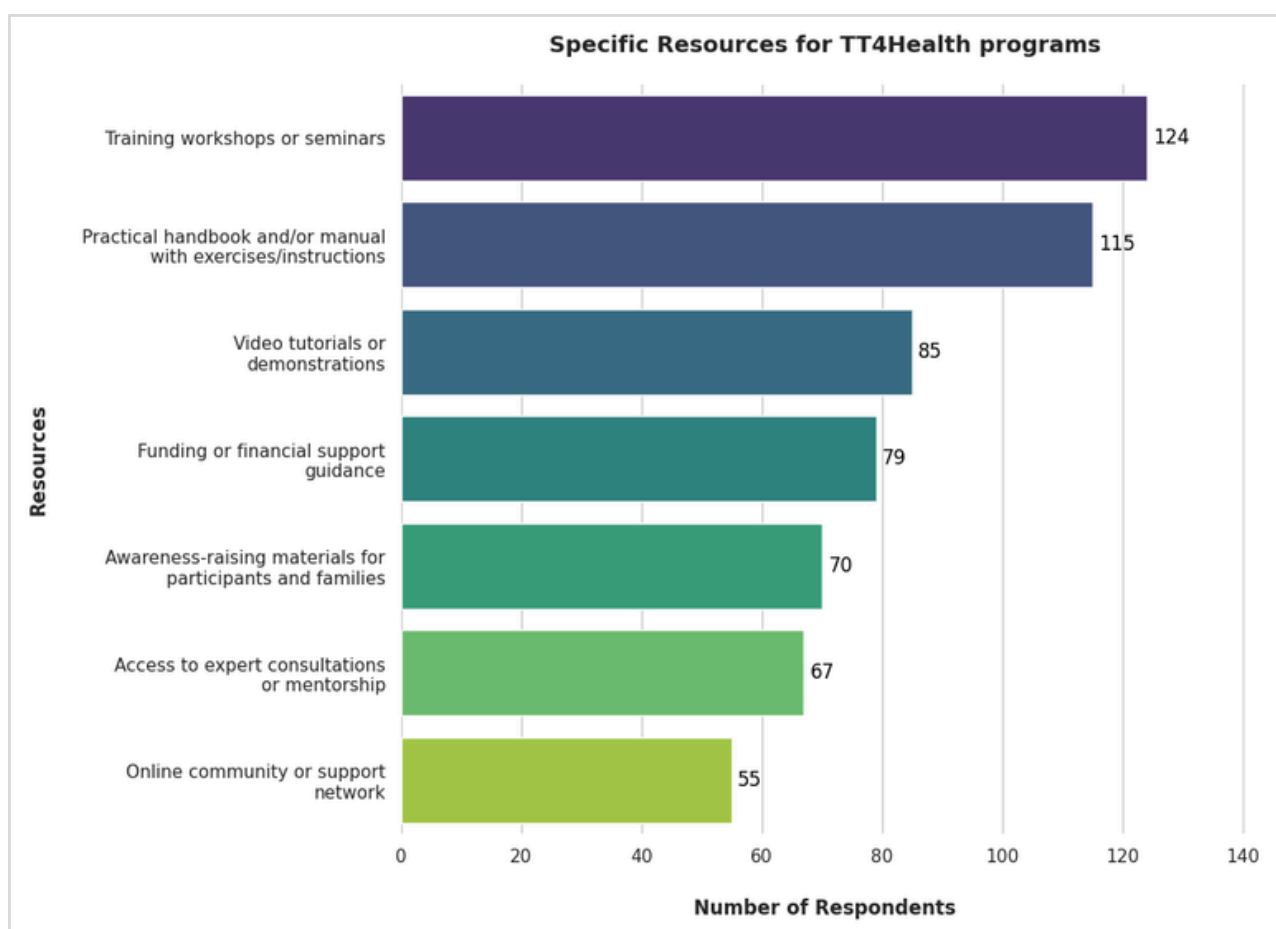


Figure 6. *Distribution of specific resources and tools for successful implementation of TT4Health programs. Participants were able to select multiple needs; thus, totals exceed the number of unique individuals.*

Before concluding the survey, we invited respondents to share any additional comments or suggestions. Below, we present a selection of anonymous responses to amplify their voices and reflect the passion, commitment, and belief this community holds in the transformative power of the sport of table tennis across social, physical, mental, and psychological dimensions of life for individuals with NDDs.



After working with people with Parkinson's for a year, I've learned that patience and adapting activities daily are essential. It's important to create a supportive space where participants feel comfortable, especially when they get tired or frustrated. I've seen how table tennis helps improve their movement and mood.



During my studies, I used table tennis elements to rehabilitate patients with various diseases, including Parkinson's disease, with positive results. The multi-plane nature of table tennis movements promotes crossing the body's midline, which has a beneficial effect on the nervous system of neurological patients. Hitting the ball and imparting rotation also develops, among other things, proprioception.



4. CONCLUSION

The response to the SWAN Needs Assessment Survey was highly successful, securing 220 responses and more than doubling its original KPI. The analysis, focused on the 190 respondents from EU countries, provides a clear and robust foundation for the project's subsequent phases. The findings reveal a community of stakeholders that is highly engaged and motivated but facing specific, identifiable gaps in knowledge, confidence, and resources.

Key findings include:

- **High Stakeholder Interest and Engagement:** The survey captured a diverse and relevant group of stakeholders, with the largest contingents being health or social care workers (28.4%), table tennis coaches (18.9%), and other clinical or sport-related professionals. There was significant interest from organizations in implementing therapeutic table tennis programs; 49% already offer such programs, and an additional 22.1% are interested in starting them.
- **A Significant "Confidence Gap":** Despite high interest, a majority of all respondents (54.74%) reported having little to no confidence in their ability to adapt table tennis for individuals with NDDs. This lack of confidence is prevalent even among health professionals (66.67%) and experienced table tennis coaches (36.11%), indicating that expertise in either NDDs or table tennis alone is insufficient for delivering these specialized programs.
- **Specific and Actionable Training Needs:** The survey clearly pinpoints the training deficits that exist. While many respondents have foundational training in areas like first aid and general coaching, they lack specialized training in adapting sports for individuals with NDDs, the therapeutic application of table tennis, and effective communication strategies for this population. The most requested training topics were a theoretical understanding of NDDs, practical techniques for program adaptation, and safety and risk management protocols.
- **Identified Organizational Barriers and Resource Requirements:** For organizations, the primary barriers to implementing TT4Health programs were a lack of trained staff/coaches, insufficient funding, and the absence of a structured program curriculum or manual. Correspondingly, the most requested resources to overcome these barriers were training workshops, a practical handbook with exercises, and video tutorials.
- **The importance of Certification and Training Format:** Over half of the respondents (52.6%) are interested in a dedicated training course. A hybrid format combining online and in-person sessions is the most preferred delivery method (37.9%). Importantly, formal certification is a powerful motivator, with credentials from a national sports federation (27.8%) or a university (24.6%) being perceived as most valuable.

5. ACTIONABLE RECOMMENDATIONS FOR NEXT STEPS

The findings from the SWAN Needs Assessment Survey are intended to guide the design of training and implementation activities in Work Package 3 (WP3) and Work Package 4 (WP4), as well as the development of the SWAN Practical Handbook in Work Package 5 (WP5). The following recommendations are suggested to help ensure that the project's outputs remain data-informed, impactful, and relevant to stakeholder needs.

1. Design a Targeted, Modular Training Curriculum (WP3 & WP4)

The training program could benefit from a modular structure that directly addresses the confidence and knowledge gaps identified in the survey.

- **Recommended Action:** Base the curriculum around the key themes requested by respondents, prioritized as follows:
 - *Theoretical Foundations of NDDs:* Provide core knowledge on symptomatology and how these conditions affect participation in physical activity.
 - *Practical Adaptation of Table Tennis:* Focus on modifying drills, session structures, and coaching strategies to accommodate a range of physical and cognitive abilities.
 - *Communication and Psychological Support:* Offer guidance on clear, empathetic communication and how to foster motivation, inclusion, and social engagement.

2. Offer a Hybrid Training Format with Recognized Certification (WP3 & WP4)

To support broad participation, the training could be offered in a flexible format and include a certificate of completion aligned with stakeholder preferences.

- **Recommended Action:**
 - *Implement a hybrid format:* Deliver theoretical content online for accessibility and flexibility, while offering optional in-person sessions for hands-on experience, where feasible.
 - *Provide certification options:* Consider issuing a SWAN-branded certificate endorsed by reputable partners (e.g., national sports federations or academic institutions already within the consortium). This could enhance the perceived value of the training and motivate greater participation.

3. Address Key Adoption Drivers to Maximize Program Uptake

The project's success hinges on providing the specific resources that enable organizations to act.

- **Recommended Action:**
 - *Respond to top organizational needs:* Prioritize the development of the two most requested resources, i.e., the practical handbook and the video tutorials/demonstrations.
 - *Position the training as a key solution:* Clearly present the training curriculum developed in WP3/WP4 as a response to the number one organizational challenge: the need for trained staff and coaches.
 - *Support access to funding opportunities:* Include supplementary materials on funding and financial support. This could feature practical tips on applying for relevant grants and information on other local or EU funding streams. Helping organizations navigate the funding landscape can significantly increase program adoption and sustainability.

4. Strengthen Organizational Readiness and Cross-Sector Collaboration

In addition to training individuals, the project could support organizations in becoming more ready and capable of hosting TT4Health programs.

- Recommended Action:

- Provide adaptable outreach materials: Develop simple, ready-to-use tools that clubs can use to establish TT4Health programs and engage participants and families.
- Facilitate strategic partnerships: Encourage collaboration between sports organizations and healthcare providers within, but also outside, the consortium. Sharing success stories or models from early adopters can inspire and guide others.
- Address adoption barriers: Ensure that project materials include practical guidance and resources on how professional within organizations can leverage project outputs to start implementing TT4Health training programs in their local context.

These recommendations aim to support the SWAN project in developing tools and training that are practical, inclusive, and scalable, thereby empowering both individuals and organizations to deliver high-quality, evidence-based therapeutic table tennis programs across Europe.

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