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Experience Report

Systematization of the experience of participation in an inclusive multisport workshop for neurodivergent children and youth

Sistematización de la experiencia de participación en un taller polideportivo inclusivo para niños, niñas y jóvenes neurodivergentes

Sistematização da experiência de participação em uma oficina multiesportiva inclusiva para crianças e jovens neurodivergentes

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Abstract

Introduction: Occupational participation in sports promotes social inclusion, well-being, and holistic development among neurodivergent children and youth; however, challenges remain in community settings regarding access to and continuity of inclusive and adapted sports spaces. Within this context, the TEA Sports Center in the municipality of San Miguel, Chile, emerged as an initiative aimed at creating inclusive sports experiences. **Objective:** To systematize the experience of an inclusive multisport workshop and describe the perceived effects on neurodivergent children and youth and their caregivers. **Methods:** Experience systematization using a qualitative exploratory-descriptive approach, conducted between March and July 2025. Six children and youth and six caregivers participated. Data were collected through document review, group discussions, participant observation, and field notes, and were analyzed using thematic analysis. **Results:** The experience was positively valued, highlighting a safe, inclusive, and collaborative environment that fostered motivation for physical activity, a sense of belonging, and meaningful participation. Improvements were observed in attention, frustration tolerance, motor coordination, and participation in activities of daily living, evidenced both within the workshop setting and through reports of their transfer to everyday life. Caregivers reported increased social support and validation of their caregiving role.

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Conclusion: The sports center is configured as a community space that promotes well-being, social participation, and social cohesion, fostering a sense of belonging and validation of the caregiving role. Inclusive sport emerges as a meaningful occupation that contributes to social inclusion by expanding opportunities for participation in community contexts.

Keywords: Sports, Occupational Therapy, Autistic Disorder, Social Participation.

Resumen

Introducción: La participación ocupacional en el deporte favorece la inclusión social, el bienestar y el desarrollo integral en niños, niñas y jóvenes (NNJ) neurodivergentes; sin embargo, en contextos comunitarios persisten desafíos para acceder y sostener espacios deportivos inclusivos y adaptados. En este marco, surge el Polideportivo TEA en la comuna de San Miguel, Chile, orientado a generar experiencias deportivas inclusivas. **Objetivo:** Sistematizar la experiencia de un taller polideportivo inclusivo y describir los efectos percibidos por NNJ neurodivergentes y sus personas cuidadoras. **Métodos: S**istematización de experiencias con enfoque cualitativo exploratorio-descriptivo, realizada entre marzo y julio de 2025. Participaron seis NNJ y seis cuidadores. La información se recopiló mediante revisión documental, conversatorios, observación participante y registros de campo, y se analizó mediante análisis temático. **Resultados:** a experiencia fue valorada positivamente, destacándose un entorno seguro, inclusivo y colaborativo que favoreció la motivación por la actividad física, el sentido de pertenencia y la participación significativa. Se observaron mejoras en atención, tolerancia a la frustración, coordinación motora y participación en actividades de la vida diaria, evidenciadas tanto en el espacio del taller como en relatos de su aplicación en la vida cotidiana. Las personas cuidadoras reportaron mayor apoyo social y validación de su rol. **Conclusión:** El polideportivo se configura como un espacio comunitario que promueve bienestar, participación social y cohesión, favoreciendo el sentido de pertenencia y la validación del rol cuidador. El deporte inclusivo emerge como una ocupación significativa que contribuye a la inclusión social, en tanto amplía oportunidades de participación en contextos comunitarios.

Palabras Claves: Deportes, Terapia Ocupacional, Autismo, Participación social.

Resumo

Introdução: A participação ocupacional no esporte favorece a inclusão social, o bem-estar e o desenvolvimento integral de crianças e jovens neurodivergentes; no entanto, em contextos comunitários, persistem desafios para acessar e sustentar espaços esportivos inclusivos e adaptados. Nesse contexto, surge o Polidesportivo TEA na comuna de San Miguel, Chile, voltado à promoção de experiências esportivas inclusivas. **Objetivo:** Sistematizar a experiência de um workshop polidesportivo inclusivo e descrever os efeitos percebidos em crianças e jovens neurodivergentes e seus cuidadores. **Métodos:** Sistematização de experiências com abordagem qualitativa exploratório-descritiva, realizada entre março e julho de 2025. Participaram seis crianças e jovens e seis cuidadores. Os dados foram coletados por meio de revisão documental, rodas de conversa, observação participante e registros de campo, sendo analisados por

meio de análise temática. **Resultados:** A experiência foi avaliada positivamente, destacando-se um ambiente seguro, inclusivo e colaborativo que favoreceu a motivação para a atividade física, o senso de pertencimento e a participação significativa. Foram observadas melhorias na atenção, tolerância à frustração, coordenação motora e participação nas atividades de vida diária, evidenciadas tanto no espaço do workshop quanto em relatos de sua aplicação na vida cotidiana. Os cuidadores relataram maior apoio social e validação de seu papel. **Conclusão:** O polidesportivo configura-se como um espaço comunitário que promove bem-estar, participação social e coesão, favorecendo o senso de pertencimento e a validação do papel do cuidador. O esporte inclusivo emerge como uma ocupação significativa que contribui para a inclusão social, ao ampliar oportunidades de participação em contextos comunitários.

Palavras-chave: Esportes, Terapia Ocupacional, Transtorno do Espectro Autista, Participação Social.

Introduction

Occupational participation is defined as involvement in different areas of life, such as work, leisure, and activities of daily living, all of which are embedded within the individual's sociocultural context. These occupations, whether desired or necessary for well-being, are carried out individually or in interaction with others (Kielhofner, 2011).

From the perspective of occupational therapy, opportunities are created to promote occupational participation through physical activity and sports, contributing to addressing the problem of physical inactivity in the population (Bullen & Clarke, 2020).

In Chile, only 26.4% of children and youth between 5 and 17 years of age engage in at least 60 minutes of physical activity per day, indicating that approximately seven out of ten do not meet the recommendations established by the World Health Organization (Chile, 2024). This low level of participation is associated with negative effects on health and social inclusion, increasing the risk of obesity and overweight, particularly among children and youth diagnosed with Autism Spectrum Disorder (ASD) (Hill et al., 2015).

According to the DSM-5-TR, ASD is characterized by difficulties in social interaction and communication, as well as restricted and repetitive behaviors or interests (American Psychiatric Association, 2022). These characteristics may limit participation in leisure and sports activities due not only to individual factors, but also to social stigma and discrimination (Hervás & Romarís, 2019). Evidence indicates that physical inactivity among children and youth with ASD negatively affects motor development, whereas regular participation in physical activity improves coordination, balance, strength, attention, concentration, emotional regulation, and social interaction, while also promoting teamwork and reducing stereotyped behaviors (Montalva-Valenzuela et al., 2021; Wu et al., 2024).

To respond to these needs, inclusive policies and programs have been promoted, such as TEA Law No. 21,545, which establishes the promotion of inclusion, comprehensive care, and protection of the rights of people with ASD in social, educational, and

health contexts (Chile, 2023). Within this framework, initiatives such as Casa TEA[1] and Polideportivo TEA were implemented in the municipality of San Miguel in collaboration with Fundación Movimiento Deportivo Inclusión[2]. These spaces seek to create opportunities for adapted physical activity, promoting cognitive, motor, and social interaction skills through an interdisciplinary approach involving occupational therapists and physiotherapists.

Inclusive multisport workshops provide spaces for learning, recreation, and socialization, facilitated by professionals who implement adapted and playful strategies focused on individual strengths. Participation in these spaces not only fosters physical and cognitive skills, but also strengthens autonomy, family interaction, and community cohesion, promoting an approach grounded in occupational justice and the recognition of the rights of neurodivergent individuals (Navarrete Moriones & Cruz Perdomo, 2025; Herrera & Otaíza, 2020).

The TEA (Autism Spectrum Disorder - ASD) Sports Center is grounded in a neurodiversity approach, which recognizes heterogeneity in learning styles, ways of perceiving the world, and forms of interaction, considering diagnosis as a legitimate variation rather than a deficit (Fojo, 2024). This approach positions participants as active subjects, respecting their pace, interests, and forms of expression, while promoting social participation and the exercise of rights in the construction of identity (Subsecretaría de Educación Parvularia, 2024). Furthermore, the activities are understood as inclusive sport, a modality that facilitates the equitable participation of people with and without disabilities, fostering motor and social skills, promoting socialization, and reducing prejudice surrounding disability (Servicio Nacional de la Discapacidad, 2025.).

The workshop's community-based approach, grounded in community occupational therapy models, considers the interaction between the person, occupation, and environment, strengthening social cohesion and empowering families (Zango, 2017; Schell & Gillen, 2018). This framework allows the experiences of children, adolescents, and their caregivers to be understood within a context of rights, participation, and shared well-being.

Despite these advances, the literature on the benefits of physical activity for children and adolescents with Autism Spectrum Disorder (ASD), particularly within long-term programs developed in community settings, remains limited (Vélaz Barquin et al., 2024). In response to this gap, this study aims to systematize the experience of participation in an inclusive multisport workshop for neurodivergent children and adolescents in the municipality of San Miguel (Santiago, Chile), considering the effects perceived both by the participants themselves and by their caregivers.

This systematization seeks to provide contextualized evidence on the relevance of inclusive sports spaces, highlighting their potential benefits for the development of motor, social, and emotional skills, as well as for occupational participation. It also aims to contribute evidence to guide the planning of replicable interventions in other community contexts.

[1] Interdisciplinary center for children and adolescents (0–17 years) with suspected or confirmed ASD, enrolled in a Family Health Center or Community Family Health Center, offering programs focused on motor, cognitive, and socioemotional development, while promoting occupational and social participation and providing psychoeducational support to families. The team includes occupational therapists, speech-language therapists, psychologists, and family physicians (Ilustre Municipalidad de San Miguel, 2024).

[2] Foundation that promotes the inclusion of people with disabilities through sport, offering adapted activities aimed at improving rehabilitation, autonomy, and social participation, while supporting both recreational and competitive practice and training professionals in adapted sport (Fundación Movimiento Deportivo Inclusión, 2022).

Systematization Methodology

Objectives and scope

Following Jara's (Jara Holliday, 2018) proposal, the objectives and scope of the systematization were defined considering time, space, actors, and purpose (Table 1). The experience was developed at the TEA Sports Center in the municipality of San Miguel between March and July 2025, within a project initiated in March 2024. Children and adolescents with at least six months of participation in the workshop, as well as their caregivers, were included as key actors. The systematization adopted an exploratory-descriptive approach aimed at understanding the experiences of participation in this space, participants' self-perceptions, and the development of social, motor, and cognitive skills.

Table 1. Stages of the systematization of the TEA Sports Center Experience.

Stage	Key Questions	Application to the Experience
1. Starting Point	Why systematize? What is expected to be achieved?	To make visible the impact of the workshop on motor, social, and communication skills, as well as changes in the perceptions of children, adolescents, and caregivers.
2. Reconstruction of the Lived Process	What was done, with whom, and how?	Chronological description of the design, implementation, and development of the workshop, including the meanings and significance attributed to participation.
3. Critical Reflection	Why were things done this way?	Analysis of methodological decisions, the roles of the actors involved, and the context, as well as the factors that facilitated or hindered the experience.
4. Learning Outcomes	What worked and what could be improved?	Lessons learned regarding inclusion, participation, the use of adaptations, and engagement with families.
5. Future Projection	How can other practices or programs be enriched?	Recommendations to improve future versions of the workshop and guide similar policies or programs.
6. Final Organization	How should the account be organized?	Structured writing of the final report, including introduction, methodology, analysis, lessons learned, and future projections.

Note: This table summarizes the stages of the systematization process applied to the TEA Sports Center, adapting Jara's (Jara Holliday (2018) methodological proposal to the specific experience of participation among children and adolescents with ASD and their caregivers. Prepared by the authors.

Starting point and unit of analysis

According to Jara Holliday (2018), only those who directly participated in the experience can systematize it. In this sense, the lived experiences of the children, adolescents, and their caregivers were prioritized, complemented by objective information drawn from workshop reports and institutional documents. The authors of this article, who also serve as the professionals coordinating the sports center, were responsible for compiling the information. The unit of analysis consisted of recurring

phrases, words, and concepts identified in narratives and conversations, which allowed for the recognition of common and meaningful themes.

Documentary collection and comparison of objectives

Documentation generated within the context of the workshop—including monitoring reports, program evaluations, meeting minutes, reports, and attendance records—was collected and organized by the professional team responsible for the program as part of their regular duties. This material was subsequently systematized to compare the planned activities with the actual experience. The analysis allowed for the identification of key informants, relevant themes, and aspects requiring further exploration during oral data collection. This phase facilitated the observation of levels of adherence and participation among children, adolescents, and caregivers, as well as progress in motor, social, and emotional skills, together with occupational participation and social interaction, in line with occupational therapy interventions.

Oral data collection

During March and April 2025, the professional team responsible for the workshop conducted open dialogues guided by prompting questions with children, adolescents, and their caregivers, as part of their regular duties and the program's intervention strategies. These sessions, together with participant observation, constituted an integral part of the workshop dynamics rather than an external research process. They enabled the collection of individual and collective perceptions, as well as the documentation of interactions, behaviors, and reactions. The information was subsequently systematized through reflective field notes in order to reconstruct the lived experience, highlighting achievements, challenges, and subjective perceptions of participation.

Consistent with the systematization of experiences approach, the team implementing the workshop also assumed an active role in the reconstruction and analysis of the process. This dual role implies acknowledging their direct involvement in the experience, which, rather than being considered a limitation, is understood as a source of situated knowledge. However, reflexivity strategies were incorporated, including systematic recording in field journals and the comparison of participants' perceptions, in order to preserve interpretive consistency.

Reconstruction of the experience

The information was processed by the professional team to reconstruct the experience, integrating records and narratives produced by the participants. This process enabled the identification of participation patterns, facilitators, and difficulties in the implementation of the workshop, as well as the main achievements in relation to its objectives. Confidentiality and the ethical integrity of the process were maintained at all times.

Participatory analysis and critical integration of consensus

Subsequently, a participatory space was developed with children, adolescents, caregivers, and facilitators, aimed at reflecting on the workshop's achievements, difficulties, and future directions. Finally, a process of critical integration was carried out, combining objective dimensions (design and records) and subjective dimensions

(perceptions and meanings), allowing for the consolidation of learning and the proposal of improvements for future implementations in similar contexts.

Although techniques commonly associated with qualitative research, such as thematic analysis, were employed, this study is framed within the perspective of systematization of experiences, understood as a process of reconstruction and critical interpretation of practice. In this sense, the interest lies not only in describing outcomes, but also in understanding the meanings, decisions, and lessons emerging from the lived experience of the actors involved, considering its situated and contextual nature.

Ethical considerations

The systematization respected fundamental ethical principles, considering informed consent as an ongoing process adapted to the level of understanding of children, adolescents, and their caregivers (Delclós, 2018). Confidentiality and anonymity were guaranteed through the use of pseudonyms and the deletion of identifiable records at the end of the study. Furthermore, feedback on the results was provided in order to validate the interpretation of the data and promote the active participation of those involved in the systematization of their own experience.

Context of the experience

The experience took place in a university sports facility located in the municipality of San Miguel, in the southern area of metropolitan Santiago, characterized by high urban density, territorial consolidation, and adequate availability of services and connectivity (San Miguel, 2020). Within this context, the municipality has significant sports and community infrastructure, although gaps remain in the availability of inclusive programs aimed at neurodivergent individuals.

The intervention setting consisted of a covered multisport court equipped with side bleachers, a storage area for sports equipment, restrooms, and outdoor recreation areas. The infrastructure provided adequate accessibility, including continuous and safe access routes from the surrounding environment to the playing area, facilitating the participation of attendees.

This territorial and material context enabled the development of adapted sports activities within a structured and accessible environment, promoting the participation of children and youth in a community space with appropriate conditions for intervention.

Participant characteristics

Children and youth who attended at least 50% of the Multisport Workshop sessions held during the study period were included (18 sessions in total, with a minimum attendance of 9 sessions of 1.5 hours each, held once a week). The final sample consisted of six male participants aged between 6 and 14 years (approximate mean age: 10.5 years). Most participants were enrolled in school and had diagnoses of Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), which frequently co-occurred, and to a lesser extent, intellectual disability (ID). Communication profiles were heterogeneous: some participants communicated verbally and through gestures, while others relied primarily on gestural communication.

Caregivers were defined as family members who accompanied the children and adolescents during most of the sessions, primarily mothers and, to a lesser extent, fathers.

Regarding additional supports and contextual factors, two participants used noise-canceling headphones, while most did not use assistive devices. In relation to participation in other activities, most did not attend other sports workshops, although the majority did participate in occupational therapy sessions, with lower participation in physical therapy. Attendance at the sports center ranged from 50% to 88.9%, with an approximate average of 66%. Detailed participant characteristics are presented in Table 2.

Table 2. Characteristics of the TEA Sports Center Participants.

ID	Age	Gender	Diagnosis	Caregiver	Com	AT	Other Workshop	OT/PT Sessions	% Attendance
P1	13	M	ASD, ADHD	Father	V/G	Headphones	No	OT: once a week	88.9%
P2	6	M	ASD	Father	G	No	No	—	83.3%
P3	8	M	ADHD	Mother	V/G	No	1/month	OT: once every 6 months	61.1%
P4	14	M	ID	Mother	V/G	No	1/month	—	50%
P5	9	M	ASD, ADHD, ID	Father	G	Headphones	No	OT: once a week; PT: once every 6 months	66.7%
P6	13	M	ASD, ADHD	Mother	V/G	No	No	OT: once a week	50%

M: Male; ASD: Autism Spectrum Disorder; ADHD: Attention Deficit Hyperactivity Disorder; ID: Intellectual Disability; Com: Communication (V = Verbal, G = Gestural); AT: Assistive Technology; Headphones: Noise-canceling headphones; OT: Occupational Therapy; PT: Physical Therapy; % Attendance: Percentage of attendance.

Structure of the sessions

During the study period, the sessions at the TEA Sports Center were organized around futsal and structured into three blocks aimed at promoting the participants' motor, cognitive, emotional, and social development. The first block consisted of introductions among participants, caregivers, and the professionals in charge, followed by a brief playful motor warm-up using group games. The second block included motor circuits with coordination exercises, jumping activities, and ball throwing using the hands and/or feet, concluding with a short futsal match in which children, adolescents, caregivers, and workshop professionals could participate. The third block was dedicated to closing the session through stretching exercises and a guided discussion in which participants shared their experiences, emotional responses, and physical sensations during the day. Each session concluded with a farewell to all attendees. A summary of the objectives, strategies, and activities developed in each block is presented in Table 3.

Table 3. Example of a typical session – TEA Sports Center (Futsal).

Block	Duration	Objectives	Strategies	Activities
Beginning	15 min	To integrate children, adolescents, caregivers, and the team, while preparing participants physically and emotionally	Verbal introductions; attendance check; positive reinforcement; minimization of distractions	Introduction of participants and caregivers; preparation of the space for the session
Development	50 min	To improve motor skills (stabilization, transport, and calibration of movements) and social skills (communication and collaboration)	Positive reinforcement; verbal and visual guidance; adaptation to individual abilities; continuous motivation; minimization of distractions	Motor circuits: coordination ladder and jumping activities; ball exercises: dribbling and shooting; team futsal matches
Closing	15 min	To promote relaxation, integration, and reflection on the session	Active participation of all attendees; reinforcement of achievements; social interaction	Group stretching; guided discussion with open-ended questions; acknowledgments and farewell

Note: Adapted from activities developed at the TEA Sports Center, Municipality of San Miguel, Santiago, Chile, March–July 2025. Prepared by the authors.

Subsequently, an outdoor hiking excursion was incorporated in an urban area with natural spaces and trails, with the aim of promoting physical activity, social interaction, and contact with the natural environment. The activity consisted of recreational walks along accessible trails, encouraging the participation of all group members. Instructions were provided regarding safety measures, appropriate clothing and footwear, hydration, and environmental care.

The workshop activities were designed in accordance with the American Occupational Therapy Association Framework, focusing on the improvement of motor skills, such as limb stabilization and mobilization, coordination and calibration of movements, as well as communication and social interaction skills, including initiating and maintaining appropriate social interactions (American Occupational Therapy Association, 2020).

The program is led by an occupational therapist and carried out with the active participation of occupational therapy and physical therapy students and graduates, who progressively assumed roles of greater responsibility and eventually led entire sessions. The presence of a multidisciplinary team enabled the adaptation of activities to the individual needs of each child and adolescent, fostering more meaningful experiences for participants. Likewise, caregivers found in the workshop a space for relaxation, interaction, and socialization.

To support the coordination and dissemination of the project, social media platforms were used, primarily WhatsApp and Instagram, allowing information to be shared regarding schedules, session locations, and complementary activities such as shared snacks, outings to social spaces, and adaptations of materials for holidays.

These strategies contributed to the high levels of adherence and participation among children, adolescents, and their caregivers.

Results

From the process of reconstructing the experience, based on the analysis of narratives and records, categories emerged that allow for an understanding of the meanings attributed to participation in the workshop. These categories not only describe observable effects, but also reflect processes, meanings, and transformations experienced by the various actors involved.

Conversations

The analysis of conversations with caregivers of the children and adolescents participating in the TEA Sports Workshop allowed for the identification of four central categories: (1) initial experiences and adaptation to the space; (2) construction of meaning and sense of participation; (3) subjective effects on children and adolescents; and (4) effects on caregivers.

1. Initial Experiences and Adaptation to the Space

Caregivers described participation in the workshop as a positive and transformative experience. Although they initially expressed feelings of insecurity in an unfamiliar environment, this perception changed as they came to recognize the workshop as a safe and judgment-free space:

> *At first, mothers feel nervous, but everything turns out well… they feel free.*

The support provided by the professional team and the collaboration among participants were identified as key factors in fostering trust and a sense of belonging. Regular attendance and commitment to the sessions reflected this shared appreciation of the space.

Likewise, pedagogical and therapeutic strategies that facilitated the adaptation of children and adolescents were highlighted, including task anticipation, family participation, and play-based learning. These strategies were understood as practices that promote meaningful and emotionally safe learning experiences:

> *The instructors[3] encourage learning through a positive approach, celebrating achievements instead of focusing only on correcting mistakes.*

> *We can participate as a family; they give us advice on socializing, interacting with peers, changing activities, planning ahead… They are learning through play.*

Taken together, these experiences reflect a process consistent with Wilcock's concepts of being, doing, and becoming (Rubio Ortega & Sanz Valer, 2011), promoting well-being and a sense of agency from a perspective of occupational justice and neurodiversity.

2. Building Meaning and a Sense of Participation

[3] The term "instructors" (los profes) is used to refer to the individuals responsible for conducting the workshop, specifically the occupational therapist and the occupational therapy and physical therapy students.

The workshop was described as a welcoming and safe space for both children and adolescents and their caregivers. Participation was associated with feelings of belonging, support, and validation, allowing families to share experiences and collectively construct knowledge:

> *We feel loved and protected.*

Caregivers highlighted the solidarity among participants and the value of the informal mentoring that emerged among families with different levels of experience within the workshop:

> *Parents who have already gone through other stages guide us.*

This collaborative approach strengthened self-esteem and encouraged parental reflection, particularly through the recognition of more understanding and less correction-focused parenting practices:

> *All eyes are always on him, and as a mother, I correct him a lot.*

Beyond the learning dimension, the workshop also acquires symbolic and social significance due to its free nature and its capacity to bring the community together around a shared purpose. Some participants compared it to spaces of community service, highlighting its social impact:

> *It restores faith in society by showing that meaningful things can still be done. It's even more important to replicate experiences like this. There is a lack of opportunities for the community to come together.*

Thus, the Multisport Workshop becomes a space for social cohesion, where interaction among families strengthens the sense of community and mutual learning.

3. Subjective Effects on Children and Adolescents

Caregivers reported observable improvements in the performance and well-being of the children and adolescents, both emotionally and physically. They described progress in attention, concentration, frustration tolerance, self-esteem, and turn-taking, which they attributed to a non-competitive therapeutic approach:

> *Other workshops are focused on competition, and that affects self-esteem. This environment, because it is led by therapists, is ideal. It strengthens self-esteem because it recognizes each person's strengths.*

Likewise, progress in gross and fine motor coordination was evident, reinforcing the physical dimension of occupational participation:

> *Learning and development of motor skills: hand-eye and foot-eye coordination (...).*

The process also fostered a sustained interest in physical activity and sports among the children and adolescents, reshaping their relationship with movement from one centered on competition to one based on enjoyment:

> *Now he loves playing sports. He tries to do the activities again at home.*

Some accounts also indicated a transfer of learning into everyday life, demonstrating greater autonomy in instrumental activities:

> *He tells me, 'Mom, I'm happy because I know I can do more things.' He even goes shopping on his own now.*

The emotions associated with the workshop—joy, enthusiasm, and satisfaction—reflect an emotional connection that extends beyond the sports sessions:

> *He feels comfortable, he feels welcomed. He always asks if he's coming. He gets his things ready and leaves happy.*

These findings show how the workshop promotes occupational participation through enjoyment, autonomy, and the strengthening of a sense of competence.

4. Subjective Effects on Caregivers

Caregivers expressed deep gratitude and appreciation for the workshop team, highlighting their training in occupational therapy and physical therapy as a distinguishing feature compared to previous experiences. This appreciation was associated not only with technical expertise, but also with the way this training was reflected in practices aligned with an inclusive approach focused on participants' strengths:

> *When I found the website, I thought they were physical education teachers. Finding out they were occupational therapists and physical therapists was an added value. I felt it was much better, without taking anything away from the other profession.*

Likewise, caregivers positively valued the design of the workshop, emphasizing that it created spaces free from competitive logic and promoted participation, inclusion, and well-being for both children and caregivers. In this sense, an impact extending beyond the individual level became evident, fostering shared well-being and strengthening the bond between caregivers and children:

> *We are grateful for these spaces. In fact, we spoke with the school to help spread the word.*

> *We appreciate the approach because the focus is usually on parents' difficulties rather than on recognizing them in a positive way.*

Taken together, these experiences demonstrate a process of symbolic recognition of the caregiving role, in which not only professional intervention is valued, but the caregiver's position is also redefined from one of deficit to one of competence and legitimacy. This process positively affects relational well-being and perceptions of social support, contributing to a more validated and meaningful caregiving experience.

Factors that Facilitated and Hindered the Experience

The experience at the TEA Sports Center was characterized as a dynamic process in which strategies, roles, and forms of participation were progressively adjusted according to the emerging needs of the children, adolescents, and their caregivers. This process-oriented nature makes it possible to understand the outcomes not as isolated

effects, but as part of a network of interactions, decisions, and learning constructed over time.

Within this context, several factors that facilitated the development of the workshop were identified, including the collaborative work of an interdisciplinary team, a person- and family-centered approach, flexibility in planning, and the active involvement of caregivers. In addition, the creation of a safe, accessible, and structured environment, together with a positive group climate, fostered participants' motivation and engagement.

On the other hand, barriers that hindered implementation were also identified, such as logistical limitations related to resources and transportation, differences in functional levels and sensory or behavioral needs, irregular caregiver attendance, and dependence on institutional support and available funding.

These findings, together with the main lessons learned and barriers identified, are summarized in Table 4, which presents the observed effects and recommendations for optimizing future interventions.

Table 4. Results in participants and lessons learned/barriers of the service.

Observed Outcomes in Participants	Lessons Learned from the Implemented Service	Service Barriers
Improvements in attention and motor coordination	Importance of a safe and inclusive environment	Logistical limitations and availability of resources
Increased autonomy in daily activities	Value of a play-based approach in therapeutic interventions	Differences in functional levels and sensory/behavioral needs
Strengthening of self-esteem among participants and caregivers	Need for adaptive strategies for different participant profiles	Heterogeneous group pace and the need for continuous adaptation
Greater social engagement and sense of belonging	Relevance of interdisciplinary work and family participation	Irregular caregiver attendance
Satisfaction and gratitude expressed by family members	Benefits of inclusive sport for community cohesion	Dependence on institutional support and available funding

Note: Information based on the intervention experience developed at the TEA Sports Center, Municipality of San Miguel, Santiago, Chile, March–July 2025. Prepared by the authors.

Discussion

This systematization shows that the participation of neurodivergent children and adolescents in the TEA Sports Center was associated with improvements in physical, cognitive, and socioemotional dimensions, as well as with positive effects on caregiver well-being. Beyond advances in attention, coordination, autonomy, and social skills, the findings suggest that the experience fostered a sense of belonging, motivation toward physical activity, and the transfer of these benefits into everyday life.

These findings are consistent with the literature highlighting the role of sport in promoting socialization, self-esteem, and self-efficacy among children and adolescents, as well as family satisfaction associated with participation in meaningful activities (López Díaz et al., 2022; Todd et al., 2019). Furthermore, evidence suggests that participation in meaningful occupations during childhood and adolescence is a key determinant of health, fostering self-awareness, self-confidence, and social connections (Alsina-Santana & Zango-Martín, 2022). In this sense, inclusive sports spaces go beyond

the promotion of physical activity, becoming settings for meaningful participation and for the construction of social networks relevant to well-being and community inclusion.

However, the findings also allow us to move beyond simply confirming previously described benefits. The experience at the TEA Sports Center suggests that inclusive sport can function as a mechanism of social validation, through which children, adolescents, and caregivers experience recognition, belonging, and legitimacy in their occupational participation. This aspect is particularly relevant in contexts marked by previous experiences of exclusion or stigmatization, which have historically restricted access to sports activities and, consequently, opportunities for development and participation (Campos et al., 2025).

From an occupational therapy perspective, participation in sports activities can be understood as a meaningful occupation, since it involves actions imbued with meaning, purpose, and value, situated within specific sociocultural contexts (Navarrete Moriones & Cruz Perdomo, 2025; Álvarez et al., 2018). According to the Model of Human Occupation, occupations not only organize daily life, but also contribute to the construction of identity, roles, and a sense of competence, particularly when they occur within social interaction (Kielhofner, 2011). Within this framework, inclusive sport emerges as a privileged space for the expression of interests, the exploration of abilities, and social participation, fostering processes of affiliation and belonging.

Likewise, models focused on the interaction between person, environment, and occupation recognize that participation emerges from the dynamic relationship among these elements, reinforcing the need to create accessible and adapted environments that enable meaningful occupational experiences (Law & Dunbar, 2007; Wilcock, 2005). In line with this perspective, the results support the importance of occupational therapy moving beyond approaches focused exclusively on individual deficits and toward the transformation of the social and physical environments that influence participation (Chen & Patten, 2021).

Consistent with the above, the literature identifies persistent barriers to physical activity among individuals with Autism Spectrum Disorder (ASD), including individual factors, inadequate environments, and limited professional training in adapted physical activity (Fessia et al., 2018), elements that were also evident in the experience analyzed.

Furthermore, occupational therapy intervention made it possible to approach sports participation not only as a strategy for promoting physical health, but also as a means of fostering social inclusion, meaningful participation, and the exercise of rights. This perspective aligns with occupational intervention models focused on the interaction between person, environment, and occupation, promoting experiences adapted to the interests, motivations, and abilities of each participant. In this way, diagnosis ceases to function as a limiting factor and instead becomes one element within a process centered on possibilities for action and participation.

In addition, the active involvement of caregivers and the emphasis on a non-competitive approach contribute to the creation of a safe and inclusive environment, fostering relational well-being and family cohesion. The findings indicate that these spaces not only benefit children and adolescents, but also influence perceptions of social support and the validation of the caregiving role—dimensions that are frequently overlooked in traditional interventions.

Although international evidence regarding inclusive sports programs for neurodivergent children has increased in recent years, important gaps remain in relation

to sustained and contextualized community-based interventions (Klavina et al., 2024; Marsack-Topolewski, 2022). Within this context, the present systematization provides situated evidence regarding the potential of these initiatives in local settings, highlighting both their positive effects and the conditions necessary for their implementation, such as the availability of resources, continuity of institutional support, and the training of qualified teams.

Taken together, the findings suggest that inclusive sports programs designed from an interdisciplinary, strengths-based perspective and with active family participation promote occupational performance, emotional well-being, and community inclusion among neurodivergent children and adolescents, contributing to the reduction of participation gaps and the development of more equitable contexts.

Conclusion

The experience of the TEA Multisport Workshop demonstrates that participation in inclusive sports spaces can represent a meaningful opportunity to promote the physical, cognitive, and socioemotional well-being of neurodivergent children and adolescents, as well as the relational well-being of their caregivers. Beyond individual benefits, the findings suggest that this type of initiative fosters a sense of belonging, social participation, and validation of the caregiving role within community contexts.

In this sense, inclusive sports workshops designed from an interdisciplinary and strengths-based perspective emerge as a relevant strategy for promoting occupational participation, social inclusion, and family cohesion. Furthermore, this systematization provides situated evidence regarding the potential of these interventions in local contexts, highlighting their contribution to the development of more equitable practices in access to meaningful occupations.

However, considering the contextual nature of the experience, the findings should be interpreted in light of the specific characteristics of the implemented program. Consequently, future research should further explore inclusive sports programs across diverse contexts in order to broaden understanding of their scope and strengthen their development as an intervention strategy within neurodivergent communities.

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Author's Contributions

Vicente Osorio-Jara, Franco Olivares-Brito, and Óscar Hernández Lanas participated in the conception of the manuscript, organization of the sources, and analysis of the information, as well as in the initial drafting and preparation of a preliminary version. Vicente Osorio-Jara and Franco Olivares-Brito coordinated the systematization process and contributed to the theoretical framework, while Óscar Hernández Lanas was responsible for drafting the final version. All authors participated in the analysis and discussion of the content and approved the final version of the manuscript.

Data Availability

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

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