METHODOLOGICAL GUIDE

ID GAMES

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I. Project Overview

A. The context

The **"ID GAMES- Co-create assistive games for people with intellectual disability to enhance their inclusion" project is based on the belief that each person should be given the chance to be accepted, valued and has equal opportunities to develop its skills and personality.**

According to the United Nations Organization (2015), in the European Union the percentage of people with disabilities is 10-15%, with an increase of 2% over the last decade. According to the American Association of Intellectual Developmental Disabilities, Intellectual Disability (ID) is a developmental disorder that affects the adaptive behavior and intellectual functioning of a person, (AAIDD, 2013).

People with Intellectual Disability (pwID) have major limitations in:

- **conceptual skills** (language & literacy, money, time, number and self-direction),
- **social skills** (interpersonal skills, social responsibility, self-esteem, gullibility, naïveté, social problem solving, the ability to follow or obey rules and to avoid being victimized)
- **practical skills** (personal care, work-related skills, healthcare, travel & transportation, schedules, safety, use of money and use of telephone).

Serious games (physical and digital ones) are a well-known non pharmaceutical practice for pwID because they offer a pressure-free environment of experimentation as well as better capture of attention. Traditional methods often do not apply to people cognitively challenged, and lead them to lose interest quicker and more easily. However, adaptation of games to meet the special needs of pwID is a serious challenge (Robin, 2005). The vast majority of serious games cannot be used by the cognitively challenged individuals because these games take advantage of capabilities that some of them don't have (ex. reading, writing, identification of objects and colors, manual dexterity) while they do not provide the adequate interface and contents of the activities (Lopez et, 2013).

Moreover, researches have shown that we can identify three types of **attitude** that influence how nondisabled people interact with and include or exclude people with disability (Meyer et,1998): a preparedness to engage with people as consumers, neighbours or as friends (18,23%); a lack of awareness about people with intellectual disability (25,84%); and finally, a wariness or even hostility towards the idea of community integration (55,93%).

B. The aims, target groups, outputs and expected results of ID GAMES

"ID GAMES" **aims** to:

- increase social inclusion of people with ID by fostering equity, live involvement, and cooperation between them, their educators, their carers, university students, game-designers and other people from local community,
- decrease stigma and victimization of people with ID and their caregivers
- strengthen the professional profile of educators and professionals , through training workshops, mobility and new training tools, so that they will be able to use and create serious games.
- create 6 innovative serious games (physical, digital, phygital) treating social and practical limitations of people with ID as well as a methodology for creation of serious games, adapting them and implementing in the specific group.
- create digital tools (e-course, e-platform, games) that enhance the sustainability of the project's aims

The main **target groups** of ID GAMES are:

- people with intellectual disability
- professionals working with pwID (eg. psychologists, adult trainers of pwID, occupational therapists, social workers etc)
- carers (caregivers) of pwID
- volunteers (eg. university students, game designers, game developers, young people, children etc)
- organization working with pwID (eg. day care centers, adult centers for pwID, care centers, adult schools for pwID etc)
- local community

"ID GAMES" include **an innovative methodology for inclusion of people with Intellectual disability (pwID) through participatory co-creation games workshops where pwID, their carers, their trainers, healthcare professionals, game-designers/developers, university students, people from local communities, volunteers shape mixed teams and design ideas of serious games for pwID**. These ideas will become serious games enabling pwID, carers, professionals, and volunteers to play and strengthen their skills and inclusion. Moreover there will be an e-learning course in order to spread the innovative method of inclusion to all European countries.

The main **outputs** of the project are:

- Development of a methodological guide
- Development of 6 serious games (physical, digital, phygital)
- Development of e-learning platform and course for learning about ID, how to organize co-creational games workshops and how to use and adapt the serious games created by the project

Through the execution of this Project the **next results will be obtained**;

- Increase the awareness of university students, game-designers and members of local communities about ID.
- Improve the skills of pwID through serious games made by them, adapted to their needs and interests.
- Enhance the skills of trainers and carers of pwID in terms of organizing co-creational game workshops. Cooperate with different professionals and use serious games in everyday activities.
- Involve professionals, university students, game-designers, pwID, their carers, members of the local community in the creation process of serious games.
- Decrease stigma and bad attitude towards pwID
- Create awareness and motivation about the improvement that serious games and creation of serious games can offer to the quality of life of pwID
- Empower bonds between pwID and local community
- Engage university students and young people over 18 in volunteering.
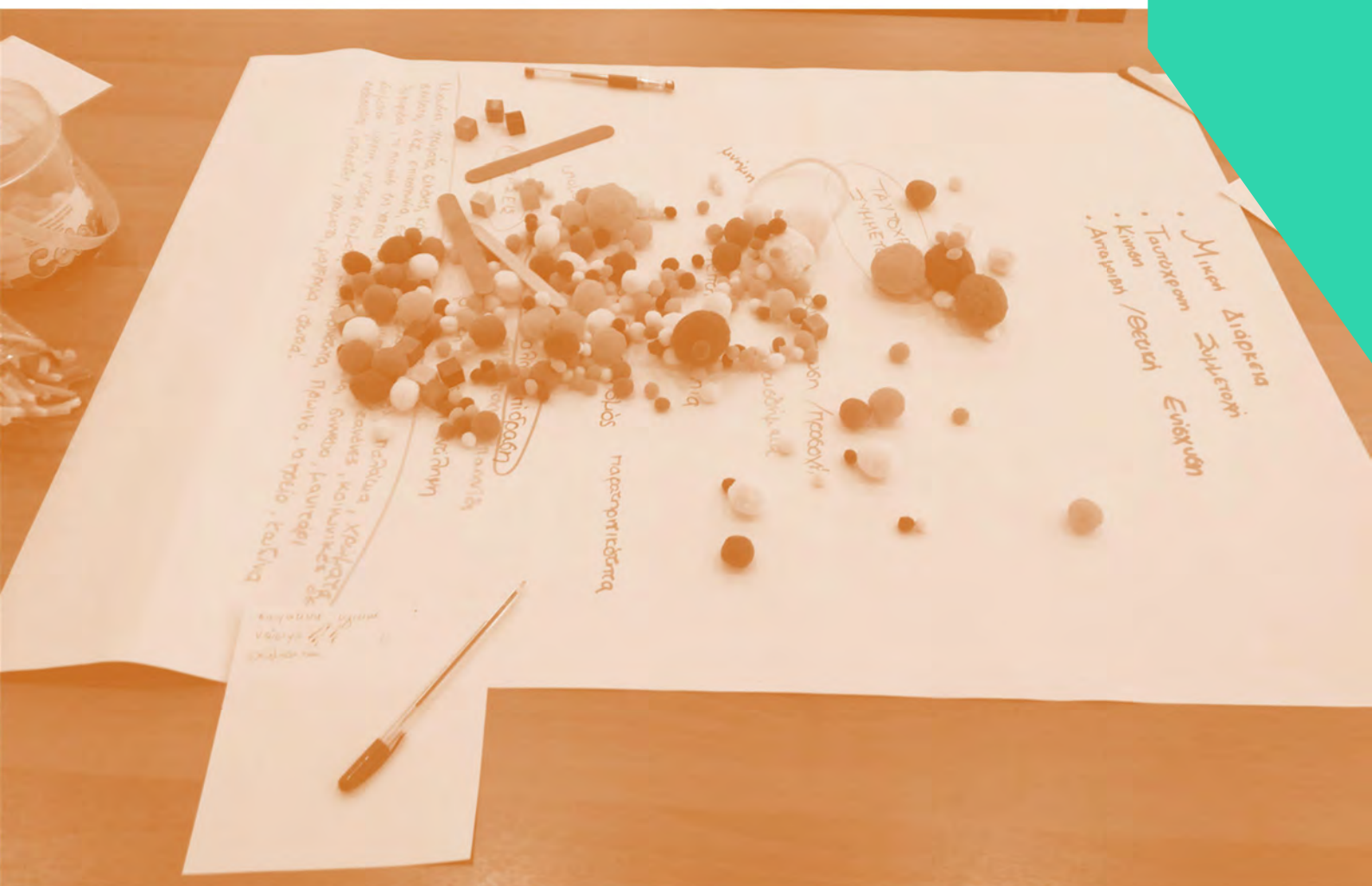
C. The Partnership

ID GAMES consortium consists of six organizations with different expertise in order to ensure the success of the project; a day care center for pwID, an association of teachers of special education, a school for pwID, an NGO creating serious games for vulnerable groups and facilitating game co-creation workshops, a University with great experience in developing syllabus for courses and an adult training center with great expertise in creating platforms and courses.

CHALLEDU – inclusion | games | education is the leading partner.

Challedu is a Greek NGO- educational institution based in Athens. Since 2016 it pioneers new models of learning, inclusion and engagement through game based methods. Our main axes are:

- co-creation game design workshops for specific groups (people with disabilities, refugees, people with dementia, young women etc.)
- creation of serious games with specific educational or inclusion objectives: mystery games, role model games, digital and board games etc.
- capacity building of youth- adult trainers or other professionals on how to implement games in their everyday professional activities.

Challedu has a lot of expertise in designing, developing and implementing game scenarios, training material, educational games, training the trainer and capacity building workshops on game-based solutions. Its team consists of educators, social workers, game designers, who design playful experiences and games with the aim to transform every activity into an irresistible experience.

Challedu is active in Erasmus+ projects, participating as a partner or coordinator in various projects (BRIDGE-games for people with dementia, FLYie– role models promoting entrepreneurship to young women, FEMALES, ID GAMES, INSPIRE). Moreover, Challedu has presented games in schools, in "Athens, Book capital 2018", 'Researchers Night', "Culture's Night", "Athens Science festival", "Open Schools Athens'' and other events, festivals and conferences

PEIRAIKI ENOSI GONEON KHDEMONON KAI FILON AMEA is a nongovernmental, non-profit organization, which operates since 1993 in the field of special care for people with Intellectual Disabilities. In 1997, it founded PEK/AMEA, a community day care centre for adults with intellectual disability (ID).

PEK/AMEA is licenced by the state to provide primary and secondary social care services at its facilities. It consists of a group of programs designed to meet the needs of 25 adults with mild and moderate intellectual disability. It is based on the principles of the United Nations' Convention on the Rights of Persons with Disabilities that promotes dignity and respect and recognizes individuals as active agents of their own rights.

PEK/AMEA's facility-based services include health/medication monitoring, daily meals, transportation and social services. Its facility-based activities provide psychological support/counselling, occupational therapy, physical education, arts and socialization groups. In addition, its community-based services provide individuals with opportunities to participate in activities in integrated, social settings with members of the community.

PEK/AMEA's envision is to create a flexible, responsive, compassionate environment where all services and activities support human and civil rights of individuals with intellectual disability and contribute to personal growth.

THE SPECIAL EDUCATIONAL CENTER NO. 1 (SOSW) in Elbląg (Specjalny Ośrodek Szkolno-Wychowawczy nr 1) is a public institution attended by children, adolescents and adults with mild, moderate and severe intellectual disability, aged 0-24.

The structure of the Center includes:
- kindergarten (14pwID)
- primary school, vocational school and preparatory school (181 pwID)
- nursing home (18 pwID)
- boarding school (17 pwID)
- Center for Early Child Development Support (34 students)
- Therapy and Revalidation Center (100 students from mainstream schools)

In addition to daily activities such as learning how to read, write and count we run a number of additional activities such as : animal assisted therapy (dogs, cats and horses), Biofeedback, Snozelen's Room, Warnke's therapy, Sensory Integration, integration of reflexes and tactile therapy, alternative speech and communication therapy (AAC), classes of supported educational robots, corrective gymnastics, hand therapy (to prove manual skills) , oral and facial therapy, logorymics, typhlopedagogy, surdopedagogy, sensoplasty, sensomotorics, educational kinesiology, behavioural therapy, rehabilitation, horticultural therapy (therapy with using flowers and plants).

There are 98 teachers specialized in working with pwID in our Centre.

Since 2017 the school regularly implements European Union projects.

LUSÓFONA UNIVERSITY, the largest private university in Portugal, integrates 10 HEI in Portugal, Brazil, Cape Verde, Mozambique and Guinea-Bissau. It has a student body of more than 10.000 students and 1500 teachers and offers 44 undergraduate Degrees, 45 Master Degrees, 11 PhD's programs and 42 Post-graduation courses. The University has a large experience in research and project management of European and international projects and will participate in the project with:

CCICANT - Centre for Research in Applied Communication, Culture, and New Technologies, from the School of Communication, Architecture, Arts and Information, which promotes theoretical and applied research on all its subject areas: New Media and New Technologies, Organizational Communication, Arts and Visual Culture and Cultural and Media Studies. The centre gives focus to knowledge transfer and exchange with industry and similar centres in Portugal and in Europe at the cross of media, arts, culture and technologies.

Hei-Lab - The human-environment interaction Labs is rooted in the framework of human-environment interaction, and looks at the mutual effects between human behaviour and its contexts. Hei-Lab mission is to apply converge knowledge from Psychology, videogames and Design into a transdisciplinary scientific platform to study human behaviour within this interchangeable view.

E-SCHOOL EDUCATIONAL GROUP was founded in September 2003. Our base is the city of Karditsa, but we organize training seminars and projects in various other cities, such as Patra, Athens, Larisa, Volos, etc. We have worked with most known organizations of knowledge accreditation in Greece (ECDL, ICT, ACTA, GLOBALCERT and UNICERT).

Since 2007 we have specialized in training disabled people with the use of computers and other tools. Since 2010 we have entered the field of language studies, creating a Centre for Foreign Languages specialized on adult education. We have been certified by EOPPEP as a Life Long Learning Centre since 2014.

In the past 5 years, we have trained over 4000 unemployed individuals in national unemployment programs and various seminars. These programs include theoretical Training, career consulting services and hands-on training for private sector stakeholders. In the last 3 years, we have been active in Erasmus+ projects, participating as a partner or coordinator in more than 15 projects

Nowadays, E-SCHOOL is manned with four permanent managerial staff, 3 permanent external partners and over 50 teachers.

Our vision is to be a truly multipurpose EDUCATIONAL GROUP that will provide high quality and modern LIFE LONG LEARNING and KNOWLEDGE ACCREDITATION.

ALLIANCE FOR CHILDREN ASSOCIATION has a humanitarian, apolitical and non-profit character and was founded in 1994 by the teachers of the Special School in Arad. The Association currently consists of teachers, doctors, social workers, psychologists, social mediators, students involved in the education and support of students with SEN in Arad County.

Its main purpose is to improve educational status of children and youth with intellectual disabilities by collecting financial and material funds to improve the conditions of training and education of pupils, as well as the development of specific competences through the continuous training of teachers, updating curricula, creating competences in socio-psycho-pedagogical assistance of pupils/youth with SEN and their families.

Our objectives are:

• Identifying, raising awareness and finding solutions to problems of students/youth intellectual disabilities;
• Developing programs and activities which address youth concerns, involving them directly into actively solving youth issues,
• Organizing social, cultural, sports and other types of events;
• Organizing workshops to train different skills and abilities for the students/youth with intellectual disabilities;
• Developing projects and activities in order to train, educate and inform about specific topics;
• promoting measures for social reintegration of youngsters with intellectual disabilities;

II. Methodological Guide Overview

A. Target group and beneficiaries of Methodological guide

The Methodological guide is targeted to professionals and organizations working with pwID. It presents them the innovative methodology of co-creation game workshops which enables the inclusion of pwID in community through active participation.

Moreover, the Methodological guide is addressed to the partners of the consortium who will develop the project. It gives them main specifications and directions on how to implement the workshops, what specifications to follow regarding the games and e-course/platform and how to approach all issues of the project outputs based on the needs of pwID and with the aim of their inclusion in the society.

The main beneficiaries of the co-creation game workshops presented in this guide are people with intellectual disabilities (pwID) whose social inclusion and skills will be improved through their participation. Secondary beneficiaries are:
- professionals working with pwID (eg. psychologists, adult trainers of pwID, occupational therapists, social workers etc)
- carers (caregivers) of pwID
- volunteers (eg. university students, game designers, game developers, children etc)
- organization working with pwID (eg. day care centers, adult centers for pwID, care centers, adult schools for pwID etc)
- local community

B. The objectives of Methodological guide
The main objective of the Methodological Guide (O1) is to create the guidelines for the innovative methodology of co-creation game workshops for inclusion of pwID:
- analyse the current situation regarding pwID, the met and unmet needs of pwID, their carers and their trainers- professionals working with them, existing attitudes towards pwID, ways of inclusion of pwID
- design and develop the methodology and objectives of the game co-creation workshops with the participation of healthcare professionals, trainers of pwID, pwID, their carers, game-designers, university students, other participants
- develop a step to step approach regarding game co-creation workshops including planning, resources needed, organizing, advertising, ways of engaging each group of participants, timetable of workshops depending on the size of organization, refinement of co-creation workshops activities, expected ideas- games prototypes, disseminating
- determine the specifications of serious games which will be developed afterwards based on ideas of game co-creation workshops and focusing on training and inclusion of pwID
- define evaluation criteria for the created games according to impact and applicability to the conceptual skills, social skills, and practical skills of pwID, impact and applicability to the interaction of pwID with their carers, and other members of society
- specify the structure of the Training Material (E-course) of the e-learning platform for targeted groups healthcare professionals, educators, carers and technical issues of e-learning platform in terms of accessibility, usability and applications to be included.

C. Process of development of methodological guide

The development of the Methodological Guide was a process that involved professionals with different expertise in order to cover the different issues arising from the innovative methodology:

- special education and adult education professionals who developed collaboratively the main guidelines of the project regarding intellectual disabilities, needs of pwID, ways of inclusion, examples of games
- non-formal education and game-designers/developers of serious games whose aim was to create the methodology, key contents and all the materials needed to implement the innovative participatory co-creation games workshops.
- university professors whose aim was to develop a main structure and specifications for the e-course
- ICT experts who defined the specifications of the e-platform

The development of the methodological guide was done through the following activities:

a. State of the art research

Each partner performed an online search for articles and videos relevant to ID, attitudes towards pwID, ways of inclusion of pwID, carers needs, existing serious games (physical, digital and phygital) and activities for pwID. The results were shared among the partners during the kick-off meeting of the project.

b. Creation and circulation of the questionnaire

The partners worked together in order to construct a questionnaire aiming to display the prominent areas which needed to be in the guide.

The key points of the questionnaire were:

- General information about Intellectual disability
- Development of the process of co-created games workshops
- Determination of games' specifications and evaluation criteria according to their scope
- Determination of technical requirements in terms of accessibility and usability and specification of Training material (E-course) for the targeted audience

The questionnaire was addressed to the staff of the partners' organization depending on their expertise; ID trainers, game designers, IT programmers, University professors. Each partner analysed the completed questionnaires and the results provided the necessary information for the design of the co-created games workshops, key points of the games to be created and of the E-Course and E-Platform.

c. Creation of the Guide Template

All the partners assisted the leading partner (APC) in the construction of the basic template for the Methodological Guide.

d. Population and feedback

The partners populated the Guide Template and granted access to it to the staff of organizations or/and focus group or/and peer reviewers or/and associated partners. A cycle of feedback and adjustments took place until everybody agreed on the final form of O1.

III. AN OVERVIEW OF INTELLECTUAL DISABILITY

A. Intellectual Disability (Intellectual Developmental Disorder)

a. Definition

Intellectual disability (intellectual developmental disorder) as defined by the World Health Organization (WHO), the American Association for Intellectual and Developmental Disabilities (AAIDD), and the Diagnostic and Statistical Manual of Mental Disorders, all include as criteria, **a significant limitation in general cognitive functioning, social skills, and adaptive behaviour** (American Psychiatric Association, 2013a).

According to WHO, Intellectual disability **means a significantly reduced ability to understand new or complex information and to learn and apply new skills (impaired intelligence). This results in a reduced ability to cope independently (impaired social functioning), and begins before adulthood, with a lasting effect on development.** *(http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/news/news/2010/15/childrens-right-to-family-life/definition-intellectual-disability)*

The American Association for Intellectual and Developmental Disabilities (AAIDD), explains that "Intellectual functioning—also called intelligence—refers to general mental capacity, such as learning, reasoning, problem solving, and so on, while adaptive behaviour is the collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives.

- **Conceptual skills**—language and literacy; money, time, and number concepts; and self-direction.
- **Social skills**—interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
- **Practical skills**—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone."(https://www.aaidd.org/intellectual-disability/definition)

The general mental abilities that are examined to diagnose intellectual disability include reasoning, problem solving and planning, abstract thinking, judgment, learning from instruction and experience and practical understanding. Additionally, people with intellectual disability (pwID) may struggle with the skills needed to function in daily life, such as communication, social participation, and independent living without ongoing support.

According to DSM 5,(American Psychiatric Association, 2013b), the severity of intellectual disability is defined by the ability to meet the demands of daily life, as compared with peers. Severity of intellectual disability is categorized as mild, moderate, severe or profound. Education, job training, support from family, and individual characteristics such as motivation and personality can all contribute to the ability of individuals with intellectual disability to adapt to the demands of everyday life.

Behavioural traits associated with intellectual disability include aggression, dependency, impulsivity, gullibility, passivity, self-injury, stubbornness, low self-esteem, low frustration tolerance, and high risk of suicide (Salvatore, Tony,2016). It is common for people with intellectual disability to have co-occurring mental, neurodevelopmental, medical, and physical conditions. For example, other mental disorders and epilepsy are three to four times higher in people with intellectual disability than in the general population. If a genetic condition has caused the intellectual disability, a person may also have the characteristic physical features of that condition, as in Down syndrome.

Characteristics of ID
- Failure to meet intellectual developmental markers
- Difficulties learning academic skills
- Lack of curiosity
- Immaturity in social interactions compared with peers
- Difficulty regulating emotions and behaviour
- Support needed in daily living tasks compared with peers
- Spoken language is limited

Deviations from typical adaptive behaviours depend on the severity of the condition. Mild intellectual disability may be associated with academic difficulties and a somewhat concrete approach to solving problems. Severe intellectual disability is associated with limited communication and the need for support with all activities of daily living.

Although, the characteristics and impact of a person with ID vary and depend on the cause, there are a number of common characteristics that may have a significant impact on an individual's inclusion, such as:

- difficulty understanding new information
- difficulties with communication and social skills
- slow cognitive processing time
- difficulty in the sequential processing of information
- difficulties comprehending abstract concepts.

b. Classifications of Intellectual Disability Severity

Both American Association on Intellectual and Developmental Disabilities (AAIDD) and the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), which is published by the American Psychiatric Association, classify severity of ID according to the levels of support needed to achieve an individual's optimal personal functioning (see Table A).

Category	Approximate Percent Distribution of Cases by Severity	DSM-IV Criteria (severity levels were based only on IQ Severity categories)	DSM-5 Criteria (severity classified on the basis of daily skills)	AAIDD Criteria (severity classified on the basis of intensity of support needed)
Mild	85%	Approximate IQ range 50–69	Can live independently with minimum levels of support.	Intermittent support needed during transitions or periods of uncertainty
Moderate	10%	Approximate IQ range 36–49	Independent living may be achieved with moderate levels of support, such as those available in group homes	Limited support needed in daily situations.
Severe	3.5%	Approximate IQ range 20–35	Requires daily assistance with self-care activities and safety supervision	Extensive support needed for daily activities.
Profound	1.5%	IQ <20	Requires 24-hour care.	Pervasive support needed for every aspect of daily routines.

Table A

Resource: https://www.ncbi.nlm.nih.gov/books/NBK332877/table/tab_9-1

c. Current situation

The prevalence of intellectual disability is 1% in the general population. Most individuals have mild intellectual disability and 6 per 1,000 individuals have severe intellectual disability. In people with mild intellectual disability a specific underlying etiology is generally not recognized whereas a specific genetic or biological etiology is more likely to be recognized in people who have severe intellectual disability. The diagnosis of intellectual disability requires clinical evaluation and judgment as well as a formal testing of the cognitive and adaptive functions. (Patel et al, 2018).

B. Support of persons with Intellectual Disabilities (pwID)

People with ID address a fundamental difficulty in learning and performing life skills – skills being the results of learning processes. As a consequence, pwID are unable to engage in adaptive behaviour and function independently or at their peer age level in typical community settings such as the home, school or workplace. Whereas this characteristic of ID – problems with adaptive behaviour – represents the deficit perspective ('What is wrong with the person's functioning?'), the definitions of ID given above implicitly or explicitly refer to the need for support in order to enhance the person's functioning and participation ('What is needed to enhance the person's functioning?')*(Carr et al., 2016).*

According to the Handbook of Intellectual Disability and Clinical Psychology Practice (2016), human functioning by definition implies social interdependence. Whenever a problem in functioning occurs, humans rely on additional help, assistance or resources outside themselves in order to survive or, to put it more positively, to function in a healthy, productive and satisfying way, to grow and to flourish. That is, they require support. For people with ID the level of support required is proportional to the degree of limitations in adaptive skills and intelligence. That determines the support needs for pwID in order to function within typical life settings such as the home, school, workplace and community.

Supports can be people, technology and services offering training, therapy and/or assistance. Supports can also address teaching, training, maintaining or improving skills. The outcome of support may include more independence, better personal relationships, improved participation in community activities, increased participation in school settings, and a greater sense of personal well-being and life satisfaction. Support can be seen as a bridge between 'what is' and 'what can be'.

On the basis of an extensive review of the literature, Thompson and colleagues arrived at a categorization of seven support domains and accessory indicators *(Thompson et al., 2002).*

Support domains are:
- Home living activities
- Community living activities
- Lifelong learning activities
- Employment activities
- Health and safety activities
- Social activities
- Protection and advocacy activities.

Support needs in these domains are influenced by:
- Exceptional medical support needs
- Exceptional behavioural support needs.

From another point of view and according to DSM 5 classification:

- the majority of **pwID have mild intellectual disability**. These individuals can learn practical life skills, which allow them to function in ordinary life with minimal levels of support. Individuals with moderate ID can take care of themselves, travel to familiar places in their community, and learn basic skills related to safety and health. Their self-care requires moderate support.
- **people with severe ID** often have the ability to understand speech but otherwise have limited communication skills (Sattler, 2002). Despite being able to learn simple daily routines and to engage in simple self-care, individuals with severe ID need supervision in social settings and often need family care to live in a supervised setting such as a group home.
- **people with profound intellectual disability** often have congenital syndromes (Sattler, 2002). They cannot live independently, and they require close supervision and help with self-care activities. They also have very limited ability to communicate and often have physical limitations.

People with mild to moderate disability are less likely to have associated medical conditions than those with severe or profound ID.
(https://www.ncbi.nlm.nih.gov/books/NBK332877)

C. Existing attitudes towards pwID and ways of inclusion

According to the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006), every state member has to take effective and appropriate measures to facilitate the full inclusion and participation of people with a disability in the community. Thus, social inclusion and community participation are used interchangeably between policy makers and stakeholders.

O'Brien and O'Brien's (1987), referred to a distinction between "community presence, "as the sharing of ordinary places, and "community participation, "the experience of being part of a growing network of personal relationships that includes people other than people with intellectual disability, clients, paid staff, and immediate family.

Researches have shown that we can identify three types of attitude that influence how nondisabled people interact with and include or exclude people with disability (Meyer et,1998):

- A preparedness to engage with people as consumers, neighbours or as friends (18,23%)
- A lack of awareness about people with intellectual disability (25,84%)
- A wariness or even hostility towards the idea of community integration (55,93%).

People with intellectual disability are among the most disadvantaged and socially excluded in society (*Kozma, Mansell, & Beadle-Brown, 2009).* The risks of exclusion are compounded for the estimated 10 – 15% of people with intellectual disability who also have challenging behavior (*Emerson, 2001; Myrbakk & von Tetzchner, 2008).* Their potential for social exclusion is evident in the very definition of challenging behaviour as:

"Behavior of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy or behavior which is likely to seriously limit or deny access to and use of ordinary community facilities." *(Emerson et al., 1987, as cited in Department of Health, 2007, p. 6).*

Historically, inclusion of pwID into the community was discouraged and avoided. Consequently, pwID were separated, congregated and isolated, sent away to institutions with separate schools and work options *(Mirfin-Veitch, Bray, & Ross, 2001*), leading them to feel devalued and disadvantaged *(Martin, 2006).*

People with ID, whether they have a history of institutionalization or not, typically have small and highly restricted social networks characterized by interactions with co-residents or co-participants in day programs, immediate family members, and service workers who are paid to support them *(Robertson et al. 2001; Cambridge et al. 2002; Forrester-Jones et al. 2006).*

ID GAMES project offers a change in the discourse by creating participation opportunities for pwID particularly in community-integrated contexts.

D. Inclusion strategies for pwID in Romania, Greece, Poland and Portugal

The complete text of research for each country can be found in Annex II. At the specific point we present mainly information regarding inclusion strategies in each county.

<u>Romania</u>

In Romania the inclusion of people with pwID starts with the inclusion in the educational system. The children with ID can be educated in special schools or in mainstream schools with support structures (support teachers). The final decision of choosing the type of school belongs to the parents.

In order to enter the Special Educational System, the child has to be evaluated and oriented to a certain form of education.

A person with ID can receive a certificate of school guidance until 26 years of age.

After becoming an adult, the situation changes for the people with ID. Depending on the form and severity of their condition they can follow several paths. Some of them remain in the care of their family, some of them are institutionalized and some can find jobs.

According to the legislation in force, any public or private employer with at least 50 employees has the obligation to employ persons with disabilities in a percentage of at least 4%, but most prefer other options in the law, to pay to the state budget half the minimum salary per economy corresponding to each person with disabilities or to purchase goods or services from the protected units. As of 07.10.2019, there are 32 protected units authorized in the country (which have at least 30% of employees with disabilities).

There are a lot of NGOs that work with and for PwID. These offer a place where PwID can socialize, learn different things, have therapy, do activities in all sorts of areas like theatre, painting, playing musical instruments, singing, pottery, gardening, etc.

The Special Olympics Foundation in Romania contributes to the social integration of people with intellectual disabilities through training programs and competitive events, organized throughout the year at national level. Thus, Special Olympics athletes have the opportunity to become active members of their family and community.

The Special Olympics Foundation in Romania was established in November 2003, as an integral part of the Special Olympics international sports movement initiated in 1968 by Eunice Kennedy Shriver, sister of US President John F. Kennedy. There are 27,000 athletes with intellectual disabilities throughout the country, 1,500 coaches and volunteers, 15,000 pupils and teachers from the informed schools, 15 Olympic sports disciplines, 125 special schools and partner NGOs across the country, 100 events organized annually, 100 free health assessment events, so far offered.

As of June 30th, 2019, the total number of persons with disabilities communicated to the National Authority for Persons with Disabilities within the Ministry of Labour and Social Justice was 833,131 persons. Of these, 97.88% (815,463 persons) are in the care of families and / or live independently (un-institutionalized) and 2.12% (17,668 persons) are in public residential social welfare institutions for adults with disabilities (institutionalized), coordinated by the Ministry of Labour and Social Justice through the National Authority for Persons with Disabilities.

Greece

In Greece, the inclusion of pwID starts in an educational setting. The Greek educational system consists of several types of schools, including Special Education Schools. According to Law No 2817/2000, Special Education programs apply to all levels of education for people with special educational needs, from 4 to 22 years old (Galani et al., 2015). In addition, this Law established the operation of public centers that provide diagnostic information, evaluation and support to pwID before entering the educational system. Also, they are responsible for the design of personalized educational programs for students with ID. In 2008, the Law No 3699/2008 established the opportunity for students with ID to receive education at the same school with students without disabilities, with or without support from specialized educators, at "inclusion" classrooms, or at Special Education high schools. The next step for secondary education is the "School of Special Vocational Education and Training". In this school students receive general academic and social skills, as well as independent living skills and pre-occupational and occupational skills. When students graduate, they obtain a Level 1 Certificate of Professional Training, as well as a professional Bachelor's Degree (Rozaki & Adamos, 2010).The importance of this Law, that applies until today, is that it has set the ground for the inclusion of pwID in an educational setting.

Other inclusive options for pwID are:

- Centres for Creative Activities that provide knowledge and recreation, and cultivate aesthetic awareness and team culture amongst children and young people from 5 to 25 years old.
- Summer Camps for pwID under the age of 50 that aim to develop their skills through special creative and entertainment programs and games, practicing independent living skills, as they spend some days without family members but their carers.

As for employment inclusion, according to Law No 2646/1998 pwID can work in Productive Workshops only after attending a two year vocational program either in a state centre or at NGO's centres. Also the Law No 4019/2011 has established the operation of Social Cooperative Enterprises (SCE) that can be created by people and organizations dealing with disabilities by providing opportunities for integration into the labour market.

Finally, NGOs make a huge contribution to social inclusion of pwID with their involvement to be complementary, but independent of the state (Roussos K., 2010). NGOs have set up organizations and centres such as:

- Day Care Centres for pwID aged 16 or older, targeting at their social and professional inclusion.
- Residential Units for adults with ID providing hospitality and meeting basic educational needs as well as recreational programs.
- Supported Living Units are apartments for pwID with limited staff supervision.

All the above placements, either public or private, have programs and projects specifically for people in need, helping the individual to fully develop his/her abilities, acquire a complete personality and leave his mark as an active member of society (Kalpakoula F. et all, 2017).

Portugal

In Portugal, the interventions and responses to pwID are mainly divided into the ones conceived to include children and youth and the ones conceived to adults.

In the field of education (basic and secondary), the Portuguese educational system suffered profound changes in the 2018/2019 school year. The new approach is based on a flexible curriculum, in the continuous monitoring of the implemented interventions, and in a constant dialogue between stakeholders (family, school, support teams), and replaces an approach based on diagnosis and categorization of students as the main intervention motor.

In the field of adult intervention, there are several types of interventions available on the public system, funded by Social Security (Segurança Social) and coordinated by People with Disabilities Non-Governmental Organisations (PDNGO). According to National Institute for Rehabilitation (Instituto Nacional para a Reabilitação; INR), in 2019 there are 193 registered PDNGO in Portugal. The inclusion of each subject on a type of intervention largely depends on the support needs (considering the level of autonomy), but also on the existing support networks (mainly family) and the available vacancies in the system, that are frequently below the citizens' needs. Nowadays, the interventions are being increasingly developed considering the subjects with ID as active agents in their lives, highlighting the role of self-concept self-determination, empowerment and social participation, as central to autonomy and well-being.

The existing types of interventions/social support include: protected employment; adapted vocational training; domiciliary support to daily life activities; occupational activities centres (CAOs); and residential support (including autonomous homes and fully supported homes).

CAOs are also a very relevant type of social response for pwID with 15558 users in 2018. Its intervention is intended to include individuals above 16 years old with severe disabilities, aiming to promote significant occupational activities, self-esteem, autonomy, activities of daily living support, and the transition to employment (when applicable).

Regarding PDNGOs most of them were created in the 70s by parents, professionals and other carers of pwID, and are called CERCI - COOPERATIVA DE EDUCAÇÃO E REABILITAÇÃO DE CIDADÃOS COM INCAPACIDADE, C.R.L (CERCIs), even though they are not the only institutions in the field. All over the country, 52 CERCIs ensure direct and indirect support to almost eight thousand pwID, through several types of interventions.

Federação Nacional de Cooperativas de Solidariedade Social (FENACERCI) is another crucial stakeholder, being a federation of all the CERCIs, with the mission to ensure the quality and sustainability of the associated institutions and having an important role in the fields of ethics, human rights, training, research development and dissemination (FENACERCI, n.d.).

Regarding employability, the Portuguese legal and political frameworks include measures to support employment and vocational training aimed at people with disabilities, regulated by a specific government program. Additionally, since 2001 an employment quota system for people with disabilities was implemented in public administration. Nevertheless, in 2016, the activity rate of people with disabilities in Portugal was much lower than that of people without disability (66,7% and 85,7%, respectively). At that time, people with disability represented 0,51% of the human resources, in companies over 10 employees, and in 2017 represented 2,41% of the public administration employees .

Poland

Education of children and youth with special educational needs in Poland takes place in three forms of education: kindergartens and schools or special departments, kindergartens and schools or integration departments as well as kindergartens and public schools in accordance with individual development and educational needs and predispositions.

Pursuant to the provisions of Polish educational law, the decision on the form of education (special, integrative or generally available) in one of the previously mentioned education models is made by parents and the school head is responsible for organizing the education of a student with a disability. The basis for making decisions about the place of education of a child with a specific type of disability is a comprehensive diagnosis, carried out as early as possible and repeated at various times of its development.

The Educational Law Act of 14 December 2016 provides the possibility of receiving education in all types of schools by children and youth with disabilities, socially maladjusted and at risk of social maladjustment in accordance with individual development and educational needs and predispositions. The consequence of joint learning of able-bodied and disabled students is a uniform core curriculum for general education for all students with the possibility of adapting it to the needs and psychophysical abilities of students with disabilities - with the exception of children and adolescents with moderate, severe and profound intellectual disability. In practice, this means that all students learn the same subjects although not necessarily at the same level and to the same extent. Each teacher is obliged to adapt the educational requirements to the individual capabilities and needs of the student with developmental dysfunctions.

Currently educational institutions offer various forms of psychological and pedagogical assistance such as: assistance during on-going work, didactic and compensatory classes, classes developing learning skills, specialized classes, an individualized educational path, therapeutic classes, workshops, advice and consultations;

Pro-inclusion activities bring many benefits and changes both at the level of individual development of students, at the institutional level associated with the organization and functioning of a public school, and at the general social level.

Among the forms of institutional assistance for adults with disabilities we can mention poviat family support centers, homes and social assistance centers, day support centers, vocational activation centers, sheltered workshops, occupational therapy workshops, community support homes and supported employment. Their activity strives for the independent life of disabled people, improving their functioning and integration with the environment. These institutions deal primarily with the activation and organization of free time, developing their interests and basic social skills, as well as teaching everyday home functioning.

Most of the tasks in this area are carried out by or with the help of local associations and foundations. It is through various projects that they contribute not only to maintaining the activity of people with disabilities after leaving education, developing their interests, enabling rehabilitation, recreation and spending free time but also to including this group of people in the local community.

Occupational therapy workshops are the most common form of social activation in Poland which create the possibility of choosing activities from many forms of activity and can be the initial stage before starting independent work. Supported employment brings measurable benefits but unfortunately this is not a common form of support. Sheltered workshops and vocational activity plants are more often created and run.

IV. CO-CREATION GAME WORKSHOP

A. Objectives of the co-creation game workshop

Co-creation game workshops is an innovative methodology of inclusion of pwID that partners develop through ID GAMES. As explained earlier in most of the countries the attitude of people towards pwID is very poor regardless of the efforts for their inclusion. ID GAMES project aims to increase social inclusion of people with ID by fostering equity, live involvement, and cooperation between them, their educators, their carers, university students, game-designers and other people from the local community. **Co-creation game workshops is a new approach of developing educational and inclusion tools for pwID with the active participation of different groups of people and creating at the same time a fruitful environment for all people to interact in a positive way.**

More specifically the co-creation game workshops are workshops that involved different target groups; professionals working with people with ID, pwID and their carers, volunteers, university students, game designers and developers, other members of community; and bond them towards a common target: to create an idea for a serious game (boardgame, phygital or digital) that strengthens the skills of pwID. This way **participants become active and creative and create bonds that enable the inclusion of pwID**. Furthermore the participation of the target groups during and after the development of the game ideas into finalized games strengthen even more the inclusion of pwID in society

During the co-creation game workshop the participants create mixed groups and try to develop game ideas and prototypes. **The participants include:**
- people with intellectual disability
- professionals working with pwID (eg. psychologists, adult trainers of pwID, occupational therapists, social workers etc)
- carers (caregivers) of pwID
- volunteers (eg. university students, game designers, children etc)
- people from local community

Each of them have a specific role in the group and cooperate and create bonds with the others in a creative way, trying to help the group to create a game idea.

The most important stages of the workshop include:

- introductory information about intellectual disability that aims to get young people and community aware about the needs of pwID, the best practices when trying to interact and communicate with them and examples of games and activities for pwID
- game sessions with existing games in mixed groups that aims to understand the needs and skills of pwID
- co-creation of games that aims to create game ideas for pwID that enhance their conceptual skills, social skills , practical skills
- playtesting of prototypes of games

The **objectives** of the co-creation game workshops are:

- Interaction of all participants in an active and positive way
- Decreasing the stigma and bad attitude towards pwID
- Empowering bonds between pwID and local community
- Increasing the awareness of volunteers, university students, game-designers and members of local communities about ID
- Engagement of university students and young people over 18 in volunteering.
- Creation of ideas of games that address specific abilities of pwID:
    · conceptual skills (language & literacy, money, time, number and self-direction),
    · social skills (interpersonal skills, social responsibility, self-esteem, gullibility, naïveté, social problem solving, the ability to follow or obey rules and to avoid being victimized)
    · practical skills (personal care, work-related skills, healthcare, travel & transportation, schedules, safety, use of money and use of telephone
- Engagement in games that promote intellectual functioning, adaptive behavior and social interaction of pwID.
- Improvement of the skills of pwID through serious games made by them, adapted to their needs and interests.
- Enhancement of trainers and carers of pwID skills in terms of organizing co-creational game workshops.
- Cooperation with different professionals and use serious games in everyday activities.
- Involving professionals, university students, game-designers, pwID, their carers, members of the local community in the creation process of serious games.
- Creating awareness and motivation about the improvement that serious games and creation of serious games can offer to the quality of life of pwID

Co-creation game workshops have **many innovative elements**:

- are combined with the citizen science methodology and open living labs
- involve different professionals from healthcare field, ID trainers/specialists, game-designers,
- pwID, their carers, university students or other people from local community
- enable direct feedback and adaptation of games to the needs of the final users (both pwID, trainers of pwID, and healthcare professionals)
- engage local community with pwID through games that they have "created" as ideas

B. Participants of co-creation game workshop

As we underlined earlier and according to the results from the questionnaire circulation within the consortium the **participants of the co-creation game workshops** will be:

- people with intellectual disability
- professionals working with pwID (eg. psychologists, adult trainers of pwID, occupational therapists, social workers etc)
- carers (caregivers) of pwID
- volunteers (eg. university students, game designers, children etc)
- people from local community

It is important for the effective implementation and facilitation of the co-creation game workshop to understand the profile and the needs of each group. During the workshop they will have to cooperate, thus it is essential to meet their needs.

The following Table B presents the profile and needs of each group of participants.

Participants	Profile	Specific needs
pwID	People with mild or moderate ID, preferably younger adults	- Cognitive stimulation - Socialization - Communication - Sense of belonging (inclusion) - Motor stimulation - Autonomy promotion - Fun - Sense of satisfaction and rise of self-esteem - Gain new ideas for their free time
carers	Informal caregivers - family members of pwID	- To be understood and accepted by the community - To feel useful - To feel satisfaction about their role and that they are doing things right. - To communicate in a calm and joyful way with pwID and community (relax from the burden of care)
volunteers	Young people/ university students of connected disciplines	- To strengthen their skills - To gain experience and knowledge - To socialize and have fun - To feel useful
professionals	Special education professionals, therapists, social workers, other relevant professionals	- To create and find new tools for their work - To acquire new skills and knowledge to their professional lives - To have the sense of active participation
Game designers	Game designers with technical knowledge in game development	- To be informed and to understand PwID, their needs and skills - To create useful games - To feel creative

Table B

Each group of participants has a specific role during the workshop. Depending on the role of each group they participate in specific parts of the workshop that are specifically designed to meet their needs and expectations as well as the objectives of the project ID GAMES.

As explained before the main workshop includes:

- introductory information
- game session with existing games
- co-creation of games session
- playtesting sessions of game ideas and prototypes

After the introductory information the participants will shape mixed groups which will include pwID, their carers, volunteers, game designers and professionals. More specifically these **groups will include 2-3 pwID, 2-3 carers, 3-6 volunteers, 1-2 game designers, 1-3 professionals.**

- **The game designers will play the role of the team-leader in each group**. This means that they will have to facilitate the group of people, hear and understand the needs of each participant and lead the process of playing games as well as creating game ideas and playtesting them. It is essential to include game designers in the role of team-leader in order to create games (and not exercises) as well as to enable a free interaction between people and inclusion of pwID.
- The **ID professionals** will support the group, especially the pwID and will offer their expertise in creating effective and useful serious games for pwID.
- The **pwID** will play games, have fun, express their needs and test the game ideas and prototypes.
- Their **carers** will also have fun, express their needs, support pwID and offer ideas.
- Finally the **volunteers** will support pwID, try to create bonds with them and create games for them.

The following Table C presents the main roles of each group as well as the part that its contribution is more essential.

Participants	Age	Number	Participation	Role
pwID	18-50	2-3	Gaming session Playtesting	- Have fun - Give information about themselves and their interests - Give feedback about prototypes and ideas of games - Give useful living indicators about the results of the workshop
carers	all	2-3	All if they can't stay: gaming session and playtesting	- Support pwID. - Give insights and ideas during the process - Explain their everyday needs and the needs of the pwID
volunteers	18+	3-6	All	- Give ideas - Interact with pwID - Play games with pwID - Support of pwID - Help with the organization of the event - Aces in the sleeve – to be utilize according to their skills
professionals	25-60	1-3	All	- Inform the participants through talks and presentations about Intellectual disability, ways of interacting with pwID and examples of activities and games that are accessible to pwID and strengthen their skills - Support the pwID as they interact in the groups. - Contribute to the design of the prototypes/ideas of games by sharing their knowledge about the abilities of pwID, explaining the fields that interest them to exercise them and giving examples of exercises and activities they usually perform. - Collaborate with game designers in order to develop the best working game ideas to satisfy the PwID needs. - In case of a lack of designer, they may exceptionally take the role of team leader
Game designers	all	1-2	All	- Be Team- leaders- Lead the team to create new games ideas. - Guide the whole-game creation process and facilitate the interaction of the group - Collaborate with professionals in order to develop the best working game ideas to satisfy the PwID need - Explain rules of games during gaming sessions - Explain principles of game creation during game co-creation sessions. - Make an effort to conclude with a certain game prototype/idea - Facilitate the playtesting

Table C

C.Actions before the co-creation game workshop

a.Find the appropriate Venue

The characteristics of the venue are very important in order to create a creative atmosphere that enables collaboration between the participants, interaction and inclusion. It is recommended to be comfortable, suitably equipped, bright, accessible, friendly and safe.

The venue should be large enough (depending on the number of participants) to accommodate the corresponding number of participants and not be too crowded.

It should be equipped with tables (rounded if possible) for the groups and with comfortable chairs, to facilitate the visualization and dialogue between people. It is recommended that participants be seated around a round table since the linear location may lead to the isolation of one or more members, negatively affecting the level of interaction. Also there should be a projector and screen viewable by everybody.

Last but not least a kind of rest/snack area should be available to be also used as a socialization area.

Relaxing Music, r other kind of music will help participants to enjoy and relax

One or more areas (e.g. table) with materials for creating physical or digital games is also recommended. Possible materials can be :

- For the **physical games** materials such as dices, cards, pawns, white cardboard, pencils, pen, markers, balls of foam, blankets, colored paper, A4 paper, cut paper, glue, plaster, scissors, cubic, post-it, large flipchart paper, balls, cubes, colored cardboards, foam paper, printed images, photos, balloons.
- For the **digital/ phygital games**: computers (desktops, laptops or tablets) networking (Ethernet/Wi-Fi) and cables are required.

b. Advertise the game co-creation workshop

After planning the workshop, the organizer should start advertising it. One can use:

- announcements on the organization's website
- posts on social media
- press releases
- leaflets
- announcements on the local TV stations
- announcements through the organization's network

c. Recruit Participants

The participant's recruitment process involves two major aspects. Firstly, how to approach them and secondly how to attract them in getting involved.

Channels for approaching the participants

- pwID and their carers

The most direct channels through which we can approach pwID and carers are our organizations/organizations that work with pwID. Moreover other organizations working with pwID, organizations that deliver services to them, social network groups for pwID and organizations that represent them to local and state environment are important channels

- Volunteers

The most essential channels for approaching young volunteers are colleges, universities, especially of health, special education and social care departments. We can also use social media to promote our project and attract people that want to volunteer as well as youth organizations that want to engage volunteers.

- Game-designers

Channels for approaching game- designers are IT and graphic departments of universities, universities related to studies of game-design and game-development, colleges, schools, design studios, board game groups, social media and companies of game development and game design.

- Professionals

The most important channel to approach professionals is our organization and relevant organizations working with pwID or with people with disabilities in general. Moreover special needs schools and organizations and networks of people with disabilities as well as networks of specific professionals (eg. occupational therapists, psychologists etc), our working environment and social media are effective channels

Ways to attract participants

- PwID

-explain them that they will go to an event where they will play games
-provide them with a great and welcoming environment of the event -offer them games that are fun to play and spend their time
-display mini-sessions in practice of what they will do during the workshop
-ask mediation from key persons working with pwID,
-participation free of charge.

- Carers

-explain the aim of the workshop and their role in it
- explain the benefits of participating regarding the inclusion of pwID
-ask their guidance in letting other people to understand their needs and needs of pwID
-make them to understand the useful skills they will gain as well as the benefits for pwID.

- Volunteers

-engage them in a nice team environment
-explain them that they will work as volunteers and at the same time they will have fun
-provide them with a certificate of attendance.
-persuade them that they will cultivate their skills and knowledge on pwID
-persuade them that they will gain experience, knowledge and contacts by professionals

- Game designers

-explain to them that their games will be used to support pwID all over Europe and
-challenge them to create games with a focus on pwID in a very tight time .
-explain them that they will cooperate and have the guidance of specialists concerning the needs and abilities of the pwID
-explain them that they will learn new things and improve their skills or even change direction to their career since serious games are getting important and essential
- provide them participation certificates.

- Professionals

-invite to the workshop important personalities in the field of special education to give speeches on ID and activities/games for pwID
-invite the professionals to give those speeches and invite their colleagues
-explain to them that they will develop new tools for their work
- explain them that their expertise and knowledge is essential for the workshop - explain the innovative issues of the workshop and that they can get ideas for organizing similar workshops for the inclusion of their groups.

d.Train the game designers and volunteers

The training of the game-designers is a recommended first step that should take place sometime in the week before the workshop. They should be informed about:

- their role and the main formation of the workshop,
- the types of games pwID can play;
- the specifications that games for pwID need.

Moreover it is essential to give them specific tips and practises for the communication with pwID:

- Use short sentences
- Use familiar words
- Use everyday language
- Make sure they know the meaning of the words (ask them!)
- Give examples/show them what you want
- Use concrete support for the explanations etc.
- Verify if they understand the explanations/game instructions – do not make assumptions that they did

Finally you can give them information about the specifications of games (Chapter V)

The meeting between the organizers and game-designers gives them the chance to know each other in a friendly manner and to discuss any unclear issues, taking all the time they need.

The training of volunteers is also recommended especially if they will help in registration, support of participants and communication (eg. social media) issues. They should be informed about:

- their role in the workshop and their responsibilities
- the volunteering position they undertake and the tasks they have to accomplish
- the challenges they might face

The training of volunteers, especially if it takes the form of team building will ensure the success of the project. It is not needed that all participants with the profile of a volunteer attend this training. It is important for volunteers that will take specific roles in registration or support of participants.

e.Decide the agenda of the workshop

The recommended duration of the workshop: a 2-days workshop that will last 3-4 hours per day or a 1-day workshop that will last 8 hours. pwID and carers is easier to participate in a 2 days workshop since they come once each day. The first day they come to interact with participants and play games and the second one to playtest the new prototypes of games.

Focus on a specific topic can be a real challenge for pwID. Activities that require total concentration need time adjustments in order to avoid distractions, fatigue and feelings of boredom. Thus, it is recommended that the part of the workshop that includes their presence should not be longer than 3 hours This may be extended by the breaks that are to be taken every 45 minutes/1 hour. The break should last about 15-20 minutes.

The workshop is recommended to be held in the morning or early afternoon.

Agenda and implementation of the 2 days workshop

The 2 days workshop is lasting 4 hours each day.

The 1st Day of Workshop

During the first day of the workshop it is important to inform people about Intellectual Disability, to include pwID in the activities and to co-create game ideas and prototypes if possible.

1. Registration
Duration: 10' minutes
Participants: All
Venue- equipment: Information table at the entrance of the room

The organizers and/or volunteers should provide the participants with an information sheet (Annex I) and ensure they have their informed consent to take part in this workshop. They should also register the participants and gather demographic data on the participants (Annex III). Finally they should give a card with a specific colour to each participant depending on his/her category-role (volunteer, carers, designer, and pwID) and his/her name on it.

It is recommended to have 1-2 volunteers in the entrance of the venue in order to inform participants that coming later and collect from them their data and compliance.

2. Introductory session

Duration: 30' minutes
Participants: All , it is recommended pwID to come later if possible
Venue- equipment: Projector, laptop, microfone and chairs in a position the face the screen

Using a PPT, the ID professionals from the organization will introduce the workshop's aim, objectives and content and provide a background of the development of this idea.

The ID professionals from the organization or experts invited by them will also present basic information about:

- What is Intellectual Disability
- Which are the abilities and needs of pwID and their carers
- Best strategies and tips on how to communicate with pwID
- How to develop games targeting pwID/examples of serious games and activities that benefit pwID

Since volunteers and game-designers may not have experience dealing with pwID prior to the workshop, it is important that this introductory session will guide them on how to approach pwID and how to handle specific situations.

3. Break

Duration: 5' minutes

The break is essential to rest and also reform the position of the chairs in the room.

4. Formation of mixed groups

Duration: 5' minutes
Participants: All
Venue- equipment: Chairs around round tables

As explained earlier during the registration process the participants have taken a card with his/her name on it and a specific colour depending on his/her category-role (volunteer, carer, designer, and pwID). This is useful for creating the right mixed group including all the different categories of participants. The organizers/volunteers give advice to the participants for the appropriate creation of the mixed groups and how many people of each category should take part in a group. As explained earlier in each group participate, 2-3 pwID, 2-3 carers, 3-6 volunteers, 1-2 game designers, 1-3 professionals.

5. Team Building in the groups

Duration: 10' minutes
Participants: All

The team leader - game designer should ask the participants of his/her team to share and talk about their needs, the games they like to play, their interests. He/she can keep information that might help the creation of games later on and also use the indicative questions of ANNEX IV. Professionals can also help at this stage by facilitating pwID.

6.Gaming session
Duration :30' minutes
Participants: All

The game-designer/team-leader selects existing games to play in teams or all together with the members of his/her group. Team-leaders/game designers should explain the rules of games if participants don't know them and professionals should facilitate the interaction with pwID. It is very important for all the members of the group that will be involved in the co-creation procedure to observe the skills and abilities of pwID, to ask the carers and professionals about challenges pwID face and understand through personal experience the specifications the games should have. It is also very important to let pwID play together with volunteers and carers. Smaller teams within the group can be created to enable the easier interaction between participants. Moreover it is acceptable for some time, some participants stay out of the game and just observe the others.

7. Break
Duration: 15' minutes

This time should be used by participants to have refreshments.

During or after the break pwID and their carers are able to leave. The other participants have collected all the essential information about their needs and interests in order to create new game ideas. Both groups, but especially carers are invited to stay longer if they want so in order to participate more in the creation of ideas of the games.

8. Co-creation of ideas of games
Duration: 2,5-3 hours
Participants: Game designers, professionals, volunteers (if they want carers and pwID can stay and contribute)

The game designer-team leader encourages people to think about the basic thematic and type of game they want to create. She/he gives some ideas about different types of games and possible mechanisms from his/her experience. All participants should keep in mind that at the end of the day there should be at least an idea of a game and they have to try to design/develop an idea /prototype within the limited time of the event.

The team should test ideas created with simple materials and decide which game idea will be developed by their group as a prototype. It is important that professionals give advice to game designers on the abilities of pwID, their needs and the activities that help to improve their skills, so that the prototypes of games are not only fun to play but actually help pwID and improve their quality of life.

It might be helpful for them to work on the template document in Annex V. This way they will have a better idea of the target group, the objectives and the basic information behind the game.

In the end of the workshop each group should have completed this Annex in order to be collected by the organizers.

During the second day of the workshop the pwID will have the chance to test the co-created game ideas/prototypes and give immediate feedback. During playtesting there are no specific mixed groups. pwID and carers are invited to test all games. Each group that has designed a game prototype sets up the game and pwID circulates around the tables and play the games. During playtesting there is also no specific timeline that all participants should follow together.

1. Registration
Duration: 10' minutes

As explained for the first day it will be good to have in the entrance of the room a table for registration. The second day new participants might appear and all procedures must be followed as on the 1st day of the workshop.

2.Playtesting session
Duration: 60 minutes
Participants: All

The playtesting session include two actions:

Explaining the rules of each game prototype (around 5 minutes for each game)

PwID that participate "play the new games". Team leaders-game designers or volunteers give advice for the procedure and explain in detail the rules of each game. It is important that pwID play all the games created by the groups since it is crucial collecting their feedback about the games.

Play the new games (10-20 minutes depending on the game)

The participants in each group start to play the new games. The game-designers/team leaders have to promote dialogue, active participation and motivation. The game-designers/ team leaders and the professionals also observe and take notes about the interaction of pwID with the games and the volunteers. Moreover they collect creative ideas driven by their observations or the suggestions of players. This information will be used to improve the design, the content and the rules of the games afterwards. The game designers and professionals can use the indicative questionnaire in ANNEX IV to record this information.

We encourage creating a rotation of groups of pwID in order to play all the games and take feedback from all pwID.

3. Break
Duration: 30 minutes

This time should be used by participants to have refreshments.

4. Give feedback
Duration: 20 minutes
Participants: All

During this session participants are intended to share perspectives, proposals and impressions among them. The professionals game-designers or volunteers should ask pwID and carers a few questions about their experience of playing these games (Annex IV).The team leaders encourage the participants to give feedback about their experience as well as discuss among the group the benefits and the difficulties of each game.

5. Feedback for the workshop
Duration: 20 minutes
Participants: All

The organizers will provide to participants of the workshop a questionnaire to get feedback and to collect information about their satisfaction. PwID and carers should fill in a questionnaire about their experiences in the workshop, the benefits and the limitations of this procedure. This information is valuable in order to improve future workshops. Moreover, another questionnaire will be filled in by professionals, game designers and volunteers to get feedback about their experience (Annex IV)

The 1 day workshop lasts 8 hours. It is more concrete but has a specific difficulty since pwID and their carers have to come two times within one day or stay all day long in order to attend both the gaming session and give feedback during playtesting. In fact the agenda is the same and shrinked in one day.

1. Registration
Duration: 10' minutes
Participants: All
2. Introductory session
Duration: 30' minutes
Participants:, All , it is recommended the participants except pwID to come later if possible
3. Break
Duration: 5'
4.Formation of mixed groups
Duration: 5' minutes
Participants: All
5. Team Building in the group
Duration: 10' minutes
Participants: All
6. Gaming session
Duration : 30' minutes
Participants: All
7. Break
Duration: 20 minutes
8. Co-creation of ideas of games
Duration: 2,5-3 hours
Participants: Game designers, professionals, volunteers (if they want carers and pwID can stay and contribute)
9. Break
Duration: 30 minutes
10. Playtesting session
Duration: 60 minutes
Participants: All
11. Break
Duration: 20 minutes
12. Give feedback
Duration: 20 minutes
Participants: All
13. Feedback for the workshop
Duration: 10 minutes
Participants: All

f. Materials and tools for the workshop

At the gaming session of the workshop the game-designers who have the role of the team leader can consult the professionals in order to select the proper games for the level of intellectual disability. Some examples of games are: UNO, junk art, monopoli, balls, puppets, jenka, digital games for pwID, running squirrels etc.

During the co-creation session of games the organizers should have available for participants different materials. This is a recommended list of materials that can enable the participants to innovate and create new game ideas. We suggest the organizer of the co-creation workshop to have them available to participants free to use:

List of materials for physical and phygital: dices, cards, pawns, white cardboard, pencils, pen, markers, balls of foam, blankets, colour paper, A4 paper, cut paper, glue, plaster, scissors, cubic, post-it, large flipchart paper, balls, cubes, colour cardboards, foam paper, printed images, photos, balloons.

List of materials for digital games: computers (desktops, laptops or tablets) networking (Ethernet/Wi-Fi) and cables

D. Disseminating of the game co-creation workshop

The dissemination can focus on different groups at local, regional, national and European level:

- pwID
- Trainers of pwID, health care professionals and relevant professionals addressing to pwID
- Carers of pwID, family of pwID
- Game designers and developers
- University students and volunteers
- People from local communities and Stakeholders:
- Organisations and NGOs supporting pwID
- Institutes, universities and public authorities who are interested in inclusive education and integration of disabled people in the career field
- Foundations working on inclusion
- Private and public entities which deliver care and support to families and carers of people with disabilities
- Educational authorities at a local, regional, national and international level including other EU

The dissemination can be realized through:

- organizers' web-site
- organizers' social media pages
- leaflets
- press articles
- interviews/announcements on TV local station/radios
- multipliers events organized in collaboration with universities, NGOs, schools,
- institutes and foundations

V. Objectives, needs and specifications of serious games focusing on training and inclusion of pwID

A. Objectives and needs of serious games for pwID

The games created in the workshops should respond to the needs of pwID. According to the results of the questionnaire, the benefits should be present in cognitive, social, emotional and motor areas.

Intellectual disability includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. However, it is the adaptive functioning that determines the level of support required by pwID, and below we present the benefits of different games taking into account these domains.

- **Conceptual domain** refers to language & literacy, money, time, number and self-direction and it involves competence in memory, language, reading, writing, math reasoning, acquisition of practical knowledge, problem solving, and judgment in novel situations, among others.
- **Social domain** refers to interpersonal skills, social responsibility, self-esteem, gullibility, naïveté, social problem solving, the ability to follow or obey rules and to avoid being victimized and involves awareness of others' thoughts, feelings, and experiences; empathy; interpersonal communication skills; friendship abilities; and social judgment, among others
- **Practical domain** refers to personal care, work-related skills, healthcare, travel & transportation, schedules, safety, use of money and use of telephone and involves learning and self-management across life settings, including personal care, job responsibilities, money management, recreation, self-management of behaviour, and school and work task organization, among others.

Beers & Wehman (1985) have differentiated four categories of games that are cognitively and socially important for people with disabilities: the exploratory game, the puzzle game, the social game and the structured game with rules.

Any game can bring benefits for more than one area/domain. More specifically:

- **Physical Education:** games can offer them better physical and mental condition and an opportunity to improve their health habits.
- **Occupational Therapy:** games enhance communication and cognitive skills they need to use in everyday life.
- **Activities and Games in groups**, like board games with cards, matching colours or shapes, simple strategic games, pantomime, dancing, etc. offers pwID the opportunity to cooperate with each other and develop communication and cognitive skills. In group sessions, pwID should listen carefully to others' options, try to be part of a conversation, remember the rules of a game and wait for their turn patiently.
- **Digital Games:** modern digital games are characterized by easy simulation of real-world situations and everyday life and they can offer interesting time through rich interaction and balanced challenge mechanisms.

The main objective of ideas of games and the final games developed through ID GAMES, is to respond to key domains that are presented in the table below regarding the development of conceptual, social and practical skills as well as the inclusional environment they can create.

Conceptual skills	Social skills	Practical skills
developing language concepts	interpersonal skills	personal care skills
literacy comprehension skills	developing social responsibility	work-related skills
ability to use time-space concepts	improving self-esteem	travel & transportation skills
counting skills	reducing gullibility	ability to use healthcare
ability of self-direction	reducing naivety	ability to plan & schedule
improving memory functions	ability of social problem solving	developing a sense of security
reading skills	ability to follow social conventions	ability to use money
writing skills	avoid being victimized	ability to use telephone
math reasoning skills	developing empathy	ability to manage free time
acquisition of practical knowledge skills	awareness of others' thoughts, feelings, and experiences skills	self-management ability throughout life
problem solving skills	developing friendship abilities	ability to self-management of behaviour
judgment in novel situations skills	ability to social assessment	ability to school and work task organization

B. Examples and specifications of serious games for pwID

At this point we suggest a **list of games** as examples of what pwID like to play, and simultaneously stimulate skills, sensory systems, cognition, and social abilities:

- Attractive and fun games; jenka, uno, ball
- Clear objective and easy to understand
- Games rich in sensory stimulation (texture, colour sounds speed etc): toys with light, mini trampoline, finger paints, dough
- Cause and effect/result game
- Puzzle games
- Relaxing games: plasticine, Koosh balls, sensory pads
- Games which stimulate mouth and facial senses /orally: chewing gems, whistles, bubbles
- Construction games – like blocks
- Games which enhance problem solving, decision making and visual processing: UNO, other card games, dominos and crosswords
- Adventures games – on PC
- Action games – on PC
- Role playing games: puppets
- Enhance the relation between caregiver and pwID

During the co-creation workshop it should be useful to underline to the participants some **key points** that they should consider about the new game idea and prototype.

- Simple rules and easy to follow – the rules of the game are simple, easy to understand and remember
- Good use of rewards at the end of each level – after finishing a game level, the player should receive a reward
- Games with short feedback cycles – the level of the game/the game should not be long and at the end of it there should be a reward
- Interesting and engaging design of the games
- Recognizable graphics, shapes and materials used in the games
- Different levels of difficulty that can be tailored towards the players.
- Play mostly in a group - the games should not encourage single playing, they should encourage the players to make teams in order to be able to play
- Easy availability of games – they should be easy to find
- Duration of the game – depending on the type of ID, span of attention of the players, their ability to stay focused, it may have big variations, so there should be all types of games, or variation of the same game (short/long)
- Different ways of gameplay must be proposed in each game in order to increase its adaptability to the needs of pwID, carers, trainers of pwID and facilitate their use
- Understand the physical characteristics of the players beforehand and adapt the games to the physical abilities of them – some pwID may have motor difficulties, coordination difficulties, hearing and/or visual impairments
- Emphasize the objective of each game. Including a 'how-to' video demonstration for each of the selected games may be a useful tool for facilitating this process.

The table in ANNEX V can be used as a guide during the process to write down some basic information about the new game you are going to create.

There are some **specific challenges** in using Serious Games with pwID. The most important of them can be seen in the table below. The key challenges are:

- pwID don't have the necessary technological knowledge or/and are not familiar with ICT
- pwID have cognitive and motor deficits, which can make the use of Serious Games more complicated.
- specific materials might be prohibited because they can become dangerous interaction with other people while playing.

There are also some kind of games that may seem challenging for pwID.

- Games played using technology like devices with touch screen can have unattractive graphic, small letters, use unknown/specific words that pwID have trouble understanding; they can have difficult instructions, a fast pace, provide too many stimuli at the same time; require concentration, distributive attention, good fine motor skills, visual acuity, ability to understand the task in a short amount of time.
- Games like Nintendo Wii or Kinect (Moving and navigating Sensor) require balance, complicated movements, fast pace, hand dexterity and good vision. PwID can have trouble maintaining attention, find the tasks conflicting, have difficulties understanding instructions due to lack of vocabulary.
- Games played using different materials like small pieces and cards, small written instructions, pieces of similar colour - all these are difficult to use because they are hard to be picked up, hard to read or be differentiated, hard to handle.

If the environment where pwID play is too noisy they will be distracted, unable to focus and will most probably become frustrated. A large group may make them feel insecure, afraid, helpless and so incapable to enjoy the activity and use their skills appropriately.

Related to Technology	Related to Materials	Related to skills of pwID	Related to the environment	Related to games
iPad/Tablet/telephone	Small materials	limited memory skills	too many stimuli	long duration of game
Touch screen	Rotating shapes	faster pace	large groups	
Moving and navigating Sensor	Long words	Lack of vocabulary	noisy environment	guessing words
	Difficult words	Maintaining attention	long tables	conflicting tasks
	Similar colours	Visual problems		too many stimuli
	Graphics off-putting	Hand dexterity		dexterity
	Size of letters	lack of balance		complicated movements
	Cards difficult to pick up			pick up materials
	matching piece			competition
				positioning
				Difficult instructions
				Purpose unclear
				Difficult calculations

It can be helpful for the participants of the co-creation workshop but also the game designers to follow some tips in mind during the process of creating new game ideas regarding the materials they will use:

• Use large writing materials and shapes
• Colourful and attractive material
• Easy to handle materials
• Easily to read materials
• Use more pictures, not letters
• Use bigger cards with less detail on them
• Use simple figures that are well known from everyday life
• Adapt the level of difficulty by using words with fewer letters or by presenting less jumbled words in games where this is appropriate
• Categorize the words that players are required to find
• Categorize the answers (e.g. Objects of clothing) to recognize the words more easily
• Use phrases/sentences that are familiar to people to motivate them
• Use a projector screen in order to facilitate visualization and to encourage collaborative working
• Use a reward system so players are aware when they have answered a question correctly

VI. Implementation of playtesting and game workshops

A. The objectives of game workshops

In order to test and specify the challenges of the innovative methodology of co-creation game workshops during the ID GAMES program the partners whose focus group are pwID will organise pilot co-creation game workshops.

After the implementation of the workshops the partners will select 6 ideas of games that they will develop further in order to come back to the communities that created the games and implement playtesting workshops and game sessions. In this part of the methodological guide we describe a way of organizing these playtesting and game workshops.

The objectives of game workshops are:
• To change the attitude of local communities towards pwID and enhance inclusion
• To allow pwID to feel useful and successful by giving feedback for the games
• To make pwID feel less excluded by participating in groups
• To give professionals and carers game-tools that directly address the needs of pwID

The innovative elements of playtesting and game workshops of ID GAMES are:
• playtesting /playing games based on ideas coming not only from game designers but also through the direct involvement of pwID, their carers, professionals and volunteers
• direct feedback and adaptation of games to the needs of the final users (both pwID, trainers of pwID, and healthcare professionals)
• local community engagement with pwID through games that they have "created" as ideas

B. The participants of the game workshops

The participants of the workshops include professionals in the role of facilitator and pwID carers and volunteers. The number of people participating at the workshop should be about 12-16 participants. The participants will create around 3-4 mixed groups and will play the games. Recommended number of participants in each group are : 1 pwID, 1 carer, 1-2 volunteers. The professional will explain the steps of the workshop, the rules of the games and will facilitate the whole procedure.

participants	number	profile
pwID	1	People with mild or moderate ID, preferably younger adults
carers	1	Informal caregivers - family members of pwID
volunteers	1-2	Young people/ students of connected disciplines

C. Duration
Each workshop should last 2 hours.

D. Agenda of the workshops

1. Registration
Duration: 10' minutes
Before the workshop has started, the professionals should provide the participants with an information sheet (Annex I) and ensure they have their informed consent to take part in this workshop. They should also gather demographic data on the participants (Annex III). The training session should not begin until this data has been collected.

2. Creation of the mixed groups
Duration: 5' minutes
The special education/health professionals will create the mixed groups including all categories of participants.

3. Explaining the rules of first Game
Duration: 10' minutes
The special education/health professionals will explain the rules of the game to each group simultaneously.

4. Playing the first Game
Duration: 25' minutes
Each team plays the first Game

5. Break
Duration: 15' minutes

6. Explaining the rules of the second Game
Duration: 10' minutes
The special education/health professionals explain in detail the rules of the second game at the same time to the groups.
6. Play the second Game (25' minutes)
Each team plays the second game

7. Give feedback
Duration: 10' minutes
The professionals will provide questionnaires to get workshop's feedback and to collect feedback about each game. The participants of the workshop (pwID, carers, volunteers, special education/health professionals) should fill in the questionnaire about their experiences in the workshop, the benefits and the limitations of this procedure and some specific characteristics of each game.

VII. Determination of evaluation criteria for the created games

Learning life skills help individuals live in a safe and socially responsible manner in their everyday lives. Because of this, people with an intellectual disability are likely to need help and support with everyday living skills. Some people may need high levels of support, while other people, with minimal support, are able to live quite independently.

Depending on the level of their disability and the individual particularities of the pwID, the impact and applicability of the games co-created in the workshop can vary a lot. The areas to be **evaluated** refer to:
- The conceptual skills
- The social skills
- The practical skills
- The interaction of pwID with their carers
- The interaction of pwID other people and inclusion

Before the co-creation workshop and the playtesing /game session workshops the professionals will establish the severity of the ID of the participating pwID. This will take place with the help of the carers of pwID, who should have the papers that contain the necessary information. If they don't have a certificate, we may divide pwID in three categories: pwID who can participate in the process only with their carer's help, pwID who can participate in the process but need repeated and more detailed instructions from their carer and pwID who can participate in the process independently, on following the instructions of the leader.

A first evaluation of the game ideas will be done during the co-creation game workshop. There will be 2 different questionnaires addressing two different groups of participants (Annex IV). The first is addressed to pwID and their carers. They will give immediate feedback regarding the workshop, the first impact, the expectations and the proposals for future events according to the needs of participants. The second is addressed to game designers , ID professionals and volunteers that have created the ideas of the games.They will also give feedback regarding the workshop and the feeling towards pwID and their carers.

A second evaluation on the games will be done during learning training activity C2 by the staff of the partners.

A third evaluation on the games and the game-workshop will be done during playtesting workshops. There will be specific questionnaires addressing participants divided in 2 main categories:
- impact and evaluation of the workshops and
- impact and evaluation of games

The questionnaires can be found in Annexes IV and VI. Examples of evaluation methods that we will use are:
Quantitative: Time to understand the gameplay, duration of the game

Qualitative: How the user received instructions, if she/he seemed interested, obstacles and difficulties encountered, doubts that arose from the professional or carers, difficulty in recognizing pictures, shapes, colours, difficulties in handling the materials of the games, if he interacted with the other players, etc.

VII. Determination of needs and specification of the Training Material (E-Course)

E-learning is one of the main tools for improving access to education as also a facilitating social inclusion platform. The principal areas of online training for pwID are centred in care provision, what highlights the need for e-courses aiming at innovative interventions and approaches that promote empowering aspects, such as media creation with or by people with ID.

This e-course aims to empower professionals with training, guidelines and tools so they can be agents of change in the society and foster the digital inclusion and, particularly, the games accessibility for people with ID. This insight also based the inclusion of "Contents in the field of games accessibility for people with ID" will increase the social inclusion of pwID through the dissemination of knowledge in the field developed by educators, carers, game-designers and other people from local community, through the different modules of the e-course.

After gathering all the created material of the Methodological guide and development of games and deciding the main format of the e-learning platform, the partners will create the content needed. This will include the methodological guide and the finalized games, but also step by step videos and material concerning Intellectual disorder, needs of pwID, existing attitudes towards pwID, ways of inclusion of pwID, carers needs and facilitation, organizing and implementing game co-creation workshops.

A. Objectives

The e-learning course will be open for use from any stakeholder (organizations, carers, institutions) who has interest in the learning material and serious games it includes.

The trainers of pwID, people from local communities and carers, who are the target of the E-course, will have access to an open material which can help them to create open-living labs for game-creation in any place which can also result in new material for pwID.

As a result, they will be able to:
• change the attitude of local communities towards pwID and enhance inclusion
• empower the skills of ID trainers and professionals in terms of cooperation with other professionals,
• create co-created workshops and self-created material, adapt to changes and implications
• empower the skills of carers through the training of implementation of games
• empower the awareness of people about ID and inclusion of pwID

 The training material (E-course) will guide the targeted groups:
   • through all steps of understanding ID
   • to organize co-creation game workshops
   • to implement the finalized games to pwID
       Reflect and improve on professional practice with pwID

The scope is to turn them able to use this knowledge in order to organize co-creation game workshops targeted at pwID in their own country, empower their skills and create an impact in terms of inclusion.

B. Structure of the E-course

The rational ID Games e-course is divided on 4 modules, accessed in the same e-platform (ID-Games web portal), where learners could interact and progress through contents that will be organized within an engaging user interface (gamification) and clear visual style with accessibility options, to wide the spectrum of different users.

All users could access to main page, where the main links will be available with the most accurate and accessibility interactions for a better user experience design. To access to e-course contents it will be required an online registration for users become authorized users of ID Games e-course.

Module 1) Learning Disability Awareness
This entire section will be focused in learning resources for the field of Intellectual Disabilities knowledge and best-practices. Organize by ID themes in several chapters, learners will navigate and interact through the learning phases by an organized structure where they can choose a specific subject of interest or easily jump to another one. Through a gamified narrative, each learner could study as one's own pace, following videos, reading the available documents and choosing when to be evaluated (examination tests).

Module 2) Games for pwID
This module will be oriented in a clear and logical order (sections), with:
- Learning resources oriented to play the six games created in ID-Games project, with local communities, pwID, relatives, professionals, among others..
- Learning resources for ID games development, adaptation of the six ID-games (expansions packs, new rules, new game props or new interfaces).

Module 3) Co-creation and game workshops for inclusion of pwID
This module will present the methodology of co-creation and game workshops and tools to create games for inclusion of pwID.

Module 4) Dissemination and Support section
Evaluation and dissemination section, were learners could get e-course certifications, share they knowledge, interact with other learners, professionals, among others.

Each user will need a clear roadmap to navigate to the different modules contents and to be clarified for any questions that may be occur during the learning progress. So, this section aims not only to help with the learning experience, but also to mark the user progress (evaluation achievements), disseminate the results (digital awards and diplomas of succeeded e-courses concluded) and promote the discussion between pairs (Discussion Board, Wikis, among others.).

With game design approach, the e-Course roadmap should be an intuitive and gamified structure to lead learners to know what they're going to learn, and share the achievements in a graduation hall-of-fame (Building a community is the main goal of the e-Course, so creating a gamified experience through leaderboards, achievement badges, bonus, course progress tracking, sharing profiles, creating contests will create public recognition and enable an healthy e-course collaboration between all the participants).

C. Content of the E-course

The e-course introduces some of the fundamental principles of Intellectual disabilities presented by the outcomes of the ID-Games project, such as video publications, research papers, or stakeholder information. The games developed by ID-Games project will be fully available to be shared on this platform as also the participant' games updates that could be uploaded and shared with the community.

Contents	Aims
Contents in the field of working with people with intellectual Disability (pwID) and inclusion	Capacitate trainees with the required information to understand ID and how to foster inclusion in their daily relationship with people with pwID.
Contents in the field of game-based learning	Inform trainees about data on the effectiveness of game-based learning approaches to skill promotion and main strategies in this field.
Contents in the field of co-creation games workshops	Provide all the methodological information regarding the implementation of co-creation workshops and empower them in the use of the six games developed by ID Games.
Contents in the field of games accessibility for people with ID	Train participants in how to foster inclusion in the games they create and how to analyse a game's accessibility for pwID.

IX. Determination of technical specification and approach of e-learning platform

The users will access the platform from mobile devices and personal computers;
- Users will register themselves online or via email;
- The administrators will be managing the LMS (Learning Management System);
- Multimedia files will be used on the platform (PDFs, Docs, MP4s, executable files,…);
- The learners' progress is to be known in general, due to the gamification strategies;
- Oriented to be social learning (50-50);
- The platform should have the same graphic and colouring as the main website
- The interface should be customize for different roles according with accessibility design rules;
- Gamification elements to increase user engagement on platform and contents;
- The evaluation should be with closed-ended questions with score;
- A certificate of completion will be provided;

ANNEX I

INFORMATION SHEET

"ID GAMES" aims to:

increase social inclusion of people with ID by fostering equity, live involvement, and cooperation between them, their educators, their carers, university students, game-designers and other people from local community,

decrease stigma and victimization of people with ID and their caregivers

strengthen the professional profile of educators and professionals , through training workshops, mobility and new training tools, so that they will be able to use and create serious games.

create 6 innovative serious games (physical, digital, phygital) treating social and practical limitations of people with ID as well as a methodology for creation of serious games, adapting them and implementing in the specific group.

create digital tools (e-course, e-platform, games) that enhance the sustainability of the project's aims

Co-creation game workshops is a new approach of developing educational and inclusion tools for pwID with the active participation of them.

More specifically the co-creation game workshops are workshops that involved different target groups; professionals working with people with ID, pwID and their carers, volunteers, university students, game designers and developers, other members of community; and bond them towards a common target: to create an idea for a serious game (boardgame, phygital or digital) that strengthens the skills of pwID.

The workshop duration is …….. days and last……. hours from….. to……

During the workshop you will be asked to evaluate it through questionnaires and give feedback on them. Moreover by signing it you agree the partners of ID GAMES project to use and (if needed) modify the results of the workshops, the questionnaires, the photos and videos as well as the ideas of games for the purposes of the project

Annex I. Specifiers (DSM5th)

The various levels of severity are defined on the basis of adaptive functioning, and not IQ scores, because it is adaptive functioning that determines the level of supports required.

DIAGNOSTIC AND STATISTICAL
MANUAL OF MENTAL DISORDERS
FIFTH EDITION
DSM-5TM

Severity level	Conceptual domain	Social domain	Practical domain
Mild	For preschool children there may be no obvious conceptual differences. For school-age children and adults there are difficulties in learning academic skills involving reading, writing, arithmetic, time or money, with support needed in one or more areas to meet age-related expectations. In adults abstract thinking, executive function (i.e. planning, strategizing, priority setting and cognitive flexibility) and short term memory as well as functional use of academic skills (e.g. reading, money, management) are impaired. There is a somewhat concrete approach to problems and solutions compared with age-mates.	Compared with typically developing age-mates the individual is immature in social interactions. For example there may be difficulty in accurately perceiving peers' social cues. Communication, conversation and language are more concrete or immature than expected for age. There may be difficulties regulating emotion and behaviour in age-appropriate fashion; these difficulties are noticed by peers in social situations. There is limited understanding of risk in social situations; social judgment is immature for age and the person is at risk of being manipulated by others (gullibility).	The individual may function age-appropriately in personal care. Individuals need some support with complex daily living tasks in comparison to peers. In adulthood supports typically involve grocery shopping, transportation, home and child-care organizing, nutritious food preparation and baking, and money management. Recreational skills resemble those of age-mates although judgment related to well-being and organization around recreation requires support. In adulthood, competitive employment is often seen in jobs that do not emphasize conceptual skills. Individuals generally need support to make health care decisions and legal decisions and to learn to perform a skilled vocation competently. Support is typically needed to raise a family.
Moderate	All through development the individual's conceptual skills lag markedly behind those of peers. For preschoolers, language and pre-academic skills develop slowly. For school-age children, progress in reading, writing, mathematics and understanding of time and money occurs slowly across the school years and is markedly limited compared with that to peers. For adults, academic skills development is typically at the elementary level and support is required for all use of academic skills in work and personal life. Ongoing assistance on a daily basis is needed to complete conceptual tasks of day-to-day life and others may take over these responsibilities fully for the individual.	The individual shows marked differences from peers in social and communicative behaviour across development. Spoken language is typically a primary tool for social communication but is much less complex than that of peers. Capacity for relationships is evident in ties to family and friends and the individual may have successful friendship across life and sometimes romantic relations and adulthood. However individuals may not perceive or interpret social cues accurately. Social judgment and decision-making abilities are limited and caretakers must assist the person with life decisions. Friendship with typically developing peers are often affected by communication or social limitations. Significant social and communicative support is needed in work settings for success.	The individual can care for personal needs involving eating, dressing, elimination and hygiene as an adult, although an extended period of teaching and time is needed for the individual to become independent in these areas and reminders may be needed. Similarly participation in all household tasks can be achieved by adulthood, although an extended period of teaching is needed and ongoing support will typically occur for adult-level performance. Independent employment in jobs require limited conceptual and communication skills can be achieved but considerable support from co-workers, supervisors and others is needed to manage social expectations, job complexities and ancillary responsibilities such as scheduling, transportation, health benefits and money management. A variety of recreational skills can be developed. These typically require additional support and learning opportunities over an extended period of time. Maladaptive behaviour is present in a significant minority and causes social problems.

Severity level	Conceptual domain	Social domain	Practical domain
Severe	Attainment of conceptual skills is limited. The individual generally has little understanding of written language or concepts involving numbers, quantity, time and money. Caretakers provide extensive support for problem solving throughout life.	Spoken language is quite limited in terms of vocabulary and grammar. Speech may be single words or phrases and may be supplemented though augmentative means. Speech and communication are focused on the here and now within everyday events. Language is used for social communication more than for explication. Individuals understand simple speech and gestural communication. Relationships with family members and familiar others are a source of pleasure and help.	The individual requires support for all activities of daily living including meals, dressing, bathing and elimination. The individual requires supervision at all times. The individuals cannot make responsible decisions regarding well-being of self or others. In adulthood, participation in tasks at home, recreation and work requires ongoing support and assistance. Skill acquisition in all domains involves long-term teaching and ongoing support. Maladaptive behaviour including self-injury is present in a significant minority.
Profound	Conceptual skills generally involve the physical world rather than symbolic process. The individual may use objects in goal-directed fashion for self-care, work and recreation. Certain visuospatial skills such as matching and sorting based on physical characteristics may be acquired. However co-occurring motor and sensory impairments may prevent functional use of objects.	The individual has very limited understanding of symbolic communication in speech or gesture. He or she may understand some simple instructions and gestures. The individual expresses his or her own desires and emotions largely through nonverbal, nonsymbolic communication. The individual enjoys relationships with well-known family members, caretakers and familiar others and indicates and responds to social interactions through gestural and emotional cues. Co-occurring sensory and physical impairments may prevent many social activities.	The individual is dependent on others for all aspects of daily physical care, health and safety, although he or she may be able to participate in some of these activities as well. Individuals without severe physical impairments may assist with some daily work tasks at home like carrying dishes to the table. Simple actions with objects may be the basis of participation in some vocational activities with high levels of ongoing support. Recreational activities may involve for example enjoyment in listening music, watching movies, going out for walks or participating in water activities, all with support by others. Co-occurring physical and sensory impairments are frequent barriers to participation (beyond watching) in home, recreational and vocational activities. Maladaptive behaviour is present in significant minority.

ANNEX II

Research for Greece

<u>The Constitution of Greece</u>
Article 4 states that Greeks are equal and have equal rights and obligations, establishing the principle of equality of people with disabilities.

Article 21 explicitly refers to the rights of people with disabilities, stating: "People with disabilities have the right to enjoy measures to ensure their autonomy, professional integration and participation in the social, economic and political life of the country." According to this provision, the Constitution of the Country is harmonized with the most progressive constitutions of other countries and adopts the social model for disability.

Article 22 establishes the right of people with disabilities to work and the right to have protection for the work they provide. Professional placement, employment conditions, remuneration, promotions, training and the whole regime for people with disabilities are regulated by laws and rules, which protects them by discrimination due to their disability. (Rozaki & Adamos, 2010).

Public and Private services for People with Intellectual Disabilities (pwID)

In Greece, the inclusion of pwID starts in an educational setting. The Greek educational system consists of several types of schools, including Special Education Schools. According to Law No 2817/2000, Special Education programs apply to all levels of education for people with special educational needs, from 4 to 22 years old (Galani et al., 2015). In addition, this Law established the operation of public centers that provide diagnostic information, evaluation and support to pwID before entering the educational system. Also, they are responsible for the design of personalized educational programs for students with ID. In 2008, the Law No 3699/2008 established the opportunity for students with ID to receive education at the same school with students without disabilities, with or without support from specialized educators, at "inclusion" classrooms, or at Special Education high schools. The next step for secondary education is the "School of Special Vocational Education and Training" (EEEEK). In EEEEK students receive general academic and social skills, as well as independent living skills and pre-occupational and occupational skills. When students graduate from EEEEK, they obtain a Level 1 Certificate of Professional Training, as well as a professional Bachelor's Degree (Rozaki & Adamos, 2010).The importance of this Law, that applies until today, is that it has set the ground for the inclusion of pwID in an educational setting.

Other inclusive options for pwID are:

- Centres for Creative Activities (Κ.Δ.ΑΠ.) That provide knowledge and recreation, and cultivate aesthetic awareness and team culture amongst children and young people from 5 to 25 years old.
- Summer Camps for pwID under the age of 50 that aim to develop their skills through special creative and entertainment programs and games, practicing independent living skills, as they spend some days without family members but their carers

As for employment inclusion, according to Law No 2646/1998 pwID can work in Productive Workshops only after attending a two year vocational program either in a state centre or at NGO's centres. Also the Law No 4019/2011 has established the operation of Social Cooperative Enterprises (SCE/Κοιν.Σ.Επ) that can be created by people and organizations dealing with disabilities by providing opportunities for integration into the labour market.

Finally, NGOs make a huge contribution to social inclusion of pwID with their involvement to be complementary, but independent of the state (Roussos K., 2010). NGOs have set up organizations and centres such as:

- Day Care Centres (Κ.Δ.Η.Φ.) for pwID aged 16 or older, targeting at their social and professional inclusion.
- Residential Units for adults with ID providing hospitality and meeting basic educational needs as well as recreational programs.
- Supported Living Units (Σ.Υ.Δ.) are apartments for pwID with limited staff supervision.

All the above placements, either public or private, have programs and projects specifically for people in need, helping the individual to fully develop his/her abilities, acquire a complete personality and leave his mark as an active member of society (Kalpakoula F. et all, 2017).

Types of games and giving examples provided of those which are used in Greece

Beers & Wehman (1985) have differentiated four categories of games that are cognitively and socially important for people with disabilities. The exploratory game, the puzzle game, the social game and the structured game with rules.

Regarding to the design of the games for people with disabilities in Greece, great efforts have been made to create the appropriate experiences to each of these categories of game (Kalpakoula F. et all, 2017). More specifically, there are five types of games for people with disabilities.

- cause and effect/result game (promote visual and motor coordination and allow individuals to learn the 'cause'/ type of reaction)
- puzzles (improve cognitive development as the individual practice on strategy, taking a decision, and how pieces fit together to form a bigger picture)
- relaxing games (promote self-regulation, focus and concentration, reduce stress and provide tactile awareness, e.g. plasticine, Koosh balls, sensory pads)
- games which stimulate mouth and facial senses /orally? (e.g. chewing gems, whistles, bubbles)
- sensory games (e.g. toys with light, mini trampoline, finger paints) (Kalpakoula F. et all, 2017).

Some of the most widely used games by educators and carers in schools or day care centers with people with Intellectual Disability (ID) are Monopoly, The puppet theater, Physical exercise, Cooking (Constantasiou, 2018).

Digital Games

Nowadays, technology plays a significant role in our lives, so to a large extent, digital game-based learning is one of the most up-to-date directions inherent in educational technology (Kalpakoula F. et all, 2017). Based on recent findings, the use of digital games for learning purposes has internationally being tested in both general and special education (Kalpakoula F. et all, 2017). There is a variety of both free of charge softwares and online educational games, which can be easily accessible from any computer user, such as https://online.seterra.com/el/vgp/3073 and https://scratch.mit.edu/.

Another example of digital educational game designed in Greece measured the impact this game had on people with disabilities (Nikos N., 2012). It was combined with the use of a KINECT camera and it was similar with the widely known game Pacman. Their performance was recorded and the effects of the educational game and the use of camera were very positive (Nikos, 2012).

Games for learning foreign language

Latest research has measured the ability people with ID have to learn foreign languages, participating in programs and playing interesting games (Topalidou, 2017). There are professionals, such as teachers and medical staff, specialized for every person and also, methods such as Fun & Learning that make learning a game for people with disabilities.

Outdoor Games

It is very important for people in need to have access to outdoor games. Regarding to the outdoor playgrounds in Greece, a study conducted in Volos found the results of accessibility of children with Special Educational Needs (SEN) to playgrounds to be particularly disappointing (Politi, 2016). There was no outdoor playground with equipment suitable for people with SEN, while only 13.3% of outdoor playgrounds had ramps (Botsoglou et al., 2011).

Theatre/ Drama Games

Theatrical play is an alternative educational approach for people with disabilities, setting goals on learning new abilities and spending time creatively (Kalpakoula F. et all, 2017). Numerous programs have been conducted in recent years on people with intellectual disabilities, based on theatrical play and the results of these programs are very positive (Kladaki, Tsibidaki & Darra, 2015; Tsimbidaki & Kladaki, 2016).

Educational Games in cultural centres

A variety of special educational games have designed for people with ID in cultural and educational places in Greece. A representative example is the Museum of Modern Greek Culture, which implements special education programs in an effort to promote inclusion by ensuring the participation of people with disabilities in knowledge and culture. Different games that people can play when they visit the museum (e.g. Karagiozis, Acoustic and Visual experience), as well as online games offer a special experience and a chance to meet the Greek culture and history.

Some gaps need to be filled

- -There is much research that has been conducted for special designed games for children and young people with disabilities. However, there is a lack of studies for adults with ID.
- -There is also need for innovation games, board or digital ones specially designed for adults with ID.
- -It is also significant to focus on outdoor spaces and how outdoor games can enforce the inclusion of pwID.

ANNEX II

Research for Portugal

Prevalence, Education, Employability and Social Exclusion

In 2011, the last nation-wide census in Portugal, the data regarding disability (based on diagnosis) were replaced by data regarding the individual's self-assessment of functionality, based on the dynamic interaction between the person and the context. About 17,79% of the citizens, over five years old, referred having major or total difficulties in performing at least one of the six daily activities (see/vision, hear, walk, memory/concentration, shower/get dressed, understand/make themselves understood). In population over 65 years old, this number increases to 49,51%. The daily life activity more often pointed out as difficult is walking (25% in the above five years old group; 27% in the above 65 years old group), followed by see/vision (23% in the above five years old group; 19% in the above 65 years old group); and memory/concentration (17% in the above five years old group; 15% in the above 65 years old group) (INE, 2012, p.27).

Considering that such data does not establish a panorama regarding the citizens with disability, neither regarding people with Intellectual Disability (pwID), it is important to consider the number regarding the financial support granted by the state to such people. In 2018, 93916 citizens with disability (or their families) received social security's financial support, with an average of 62,37 euros for each citizen, and a total 89931,1 spent by the state in this type of payment (FFMS, 2019a; 2019b; 2019c).

In the field of education (basic and secondary), the Portuguese educational system suffered profound changes in the 2018/2019 school year, with the replacement of the previous Special Education Needs (SEN) legal framework by the new Inclusive Education Legal Regime. This approach is based on a flexible curriculum, in the continuous monitoring of the implemented interventions, and in a constant dialogue between stakeholders (family, school, support teams), and replaces an approach based on diagnosis and categorization of students as the main intervention motor (Decreto-lei no 54/2018). Such changes are believed to better fit in the Convention on the Rights of Persons with Disabilities premises, signed by Portugal in 2007, which commits states to the promotion of "an inclusive education system at all levels" (Pinto & Pinto, 2018, p. 12). On the other hand, in the field of higher education, only about half of higher education institutions foresee adaptations and resources to support students with disabilities (Pinto & Pinto, 2018, p. 21). In 2016/2017, 1644 student with disabilities enrolled in higher education, 91% in public institutions and 9% in private institutions (Pinto & Pinto, 2018, p. 20). Data regarding their achievement and inclusion in higher education institutions are still needed.

Regarding employability, the Portuguese legal and political frameworks include measures to support employment and vocational training aimed at people with disabilities, regulated by a specific government program (Programa de Emprego e Apoio à Qualificação das Pessoas com Deficiência). Additionally, since 2001 an employment quota system for people with disabilities was implemented in public administration (Pinto & Pinto, 2018, p. 24). Nevertheless, in 2016, the activity rate of people with

disabilities in Portugal was much lower than that of people without disability (66,7% and 85,7%, respectively). At that time, people with disability represented 0,51% of the human resources, in companies over 10 employees, and in 2017 represented 2,41% of the public administration employees (Pinto & Pinto, 2018, p. 6).

In 2016, the risk of poverty or social exclusion was significantly higher in people with disability, both in the 16-64 age group (38,2%; 16% higher than in the same age group without disability), as in the 65 and above age group (24,8%; 8,2% higher than in the same age group without disability). These values are also higher than the European Union (EU) numbers for both age groups (Pinto & Pinto, 2018, p. 47). Noteworthy is the lack of statistics and specific numbers, related to pwID to support priority setting and policy-making to such population.

Paradigm shifts, intervention and institutions

As in other countries, in Portugal the socials paradigms related to pwID evolved from social charity to social citizenship (Fontes, 2009). Such paradigm shift was mainly organized in four chronological phases, exclusion – segregation – integration – inclusion (Emygdio da Silva, 2009), accompanied by an evolution in the type of responses and interventions made available to pwID. Another important evolution was in the assessment and characterization of this population, from a medical point of view, mainly based on diagnosis and psychometry, to an assessment based on the description of the subjects' functionality, despite the underlying neurodevelopmental causes of the disability (Emygdio da Silva & Coelho, 2014). These changes framed the above-mentioned changes in the educational system, and mainly conceptualize interventions in this field as providers of the necessary support to help pwID overcome difficulties, as well as strategies to remove the barriers faced in their daily lives (Emygdio da Silva & Coelho, 2014). Nowadays, the interventions are being increasingly developed considering the subjects with ID as active agents in their lives, highlighting the role of self-concept (Fonseca et al, 2019), self-determination (Leitão, 2015), empowerment and social participation (CRPG & ISCTE, 2007), as central to autonomy and well-being.

In Portugal, the interventions and responses to pwID are mainly divided in the ones conceived to include children and youth and the ones conceived to adults. In the field of early childhood, the public policies are mainly framed in the Childhood Early Intervention National System (Sistema Nacional de Intervenção Precoce na Infância – SNIPI). This system includes children younger than six years old, assessed by multidisciplinary teams, that develop and monitor individual intervention programs, developed considering the subject specific needs. This system intends to be of universal access, is coordinated by the Health Ministry and aims to harmonize the children's inclusion in preschools, kindergartens and other educational responses (Decreto-lei no 281/2009). When a kid enters the educational system, after 1st grade, the individual supports, interventions and adaptations to the learning process are framed in the above-mentioned Inclusive Education Legal Regime (Decreto-lei no 54/2018). These interventions are negotiated between the schools' multidisciplinary teams and the professionals from the Resources Centres for Inclusion (Centros de Recursos para a Inclusão - CRI). This type of centres are a recent type of social support to pwID, specifically children and youth, coordinated by People with Disability's Non-Governmental Organizations (PDNGO), and funded by the Ministry of Education. CRI's multidisciplinary teams are typically composed by psychologists, occupational

therapists, speech therapists and physiotherapists (Pinto, 2015).

In the field of adult intervention, there are several types of interventions available on the public system, funded by Social Security (Segurança Social) and coordinated by PDNGO. The inclusion on each subject on a type of intervention largely depends on the support needs (considering the level of autonomy), but also on the existing support networks (mainly family) and the available vacancies in the system, that are frequently below the citizens' needs (Pinto & Pinto, 2018, p. 56).

The existing types of interventions/social support include: protected employment; adapted vocational training; domiciliary support to daily life activities; occupational activities centres (Centros de Atividades Ocupacionais – CAOs); and residential support (including autonomous homes and fully supported homes) (DGSS, 2018).

Even though autonomous homes are a type of support much more framed in the above discussed empowerment paradigm, the number of users is residual (N = 348), when compared to the number of pwID included in fully supported homes (N = 6659) (Pinto & Pinto, 2018, p. 57). CAOs are also a very relevant type of social response for pwID with 15558 users in 2018 (Pinto & Pinto, 2018, p. 58). Its intervention is intended to include individuals above 16 years old with severe disabilities, aiming to promote significant occupational activities, self-esteem, autonomy, activities of daily living support, and the transition to employment (when applicable) (DGSS, 2018).

Multidisciplinary teams in this type of intervention models frequently include: social workers; psychologists; occupational therapists; speech therapists; physiotherapists; psychomotricity technicians; nurses; psychiatrists; neurologists; and general practitioners, that cooperate in the development of individual interventions plans, formal instruments aimed at organizing, operationalize and integrate all responses to the development needs and potentials identified together with the user (SS, 2007).

Main Institutional Stakeholders and Projects

In addition to the pwID and their families, there are several stakeholders in Portugal who work to guarantee the rights and well-being of these people at macro level. When considering citizens above 16 years old, the main funder in the field of support to pwID is, as above-mentioned, the Social Security system (Instituto da Segurança Social - ISS). Under this system the National Rehabilitation Institute (Instituto Nacional para a Reabilitação -INR) is one of the most relevant stakeholders, with the mission of ensuring the planning, implementation and coordination of national policies to promote the rights of people with disabilities (Decreto-Lei n.o 31/2012).

Although most of the funding to pwID support and interventions is mainly from government institutions, such as ISS or INR, these institutions have a more regulatory role, being the social equipment and interventions leaded by PDNGOs. According to INR, in 2019 there are 193 registered PDNGO in Portugal.

Most of the existing PDNGOs were created in the 70s by parents, professionals and other carers of pwID, and are called CERCIs, even though they are not the only institutions in the field. All over the country, 52 CERCIs ensure direct and indirect support to almost eight thousand pwID, through several types of interventions. FENACERCI is another crucial stakeholder, being a federation of all the CERCIs, with the

mission to ensure the quality and sustainability of the associated institutions and having an important role in the fields of ethics, human rights, training, research development and dissemination (FENACERCI, n.d.).

There are also other relevant projects to the rights of pwID in Portugal such as: the disability and human rights observatory (Observatório da Deficiência e Direitos Humanos – ODDH), aiming to "follow-up the development of disability policy in Portugal and Portuguese-speaking countries and to promote participatory processes of monitoring and promotion of disability rights" (ODDH, n.d.); and the project Support Model to Independent Living (Modelo de Apoio à Vida Independente – MAVI), financed by the government and aimed at providing support to people with disabilities in their own home, by specialized carers (Decreto-Lei n.o 129/2017).

In the field of action-research, and although there a lack of projects in this field compared to other areas, it is possible to highlight some developments, such as the IDP LIVING project (funded by Erasmus+); the MINCE project (funded by Erasmus+); or the TOPSIDE project (funded by the European Commission DG Education and Culture – LifeLong Learning Programme). Most of these projects mainly aim at the promotion of social inclusion, through participatory processes and through the creation of conditions to an independent life for pwID.

ANNEX II

Research for Poland

<u>Inclusive education in the Polish education system</u>

Education of children and youth with special educational needs in Poland takes place in three forms of education: kindergartens and schools or special departments, kindergartens and schools or integration departments as well as kindergartens and public schools in accordance with individual development and educational needs and predispositions.

The basic criteria for determining the optimal form of education at a given educational stage are: the current level of development and the resulting needs of the child, the possibilities determined by the intellectual level and functioning of the senses, as well as the didactic progress of the student. Reliable diagnosis, responsibility and competence of specialists allow to indicate the right educational path for each child.

Pursuant to the provisions of Polish educational law, the decision on the form of education (special, integrative or generally available) in one of the previously mentioned education models is made by parents, and the school head is responsible for organizing the education of a student with a disability. The basis for making decisions about the place of education of a child with a specific type of disability is a comprehensive diagnosis, carried out as early as possible and repeated at various times of its development.

Among the forms of institutional assistance for adults with disabilities we can mention poviat family support centers, homes and social assistance centers, day support centers, vocational activation centers, sheltered workshops, occupational therapy workshops, community support homes and supported employment. Their activity strives for the independent life of disabled people, improving their functioning and integration with the environment. These institutions deal primarily with the activation and organization of free time, developing their interests and basic social skills, as well as teaching everyday home functioning.

Most of the tasks in this area are carried out by or with the help of local associations and foundations. It is through various projects that they contribute not only to maintaining the activity of people with disabilities after leaving education, developing their interests, enabling rehabilitation, recreation and spending free time but also to including this group of people in the local community.

Occupational therapy workshops are the most common form of social activation in Poland which create the possibility of choosing activities from many forms of activity and can be the initial stage before starting independent work. Supported employment brings measurable benefits but unfortunately this is not a common form of support. Sheltered workshops and vocational activity plants are more often created and run.

Contemporary social policy by minimizing the social exclusion of people with disabilities tends towards social inclusion. This policy is manifested in legal acts and actions that solve the problems of universal access to education and equalize educational opportunities for people with disabilities. An example of social inclusion of equal opportunities is inclusive education.

The essence of inclusive education is to provide students with different types of special educational needs equal opportunities in all areas of life, including education, vocational training, employment and social life.

Inclusive education involves inclusion of the disabled in local schools and other educational institutions on an equal footing with their non-disabled peers.

Inclusive education is currently the basic form of education and upbringing of students with disabilities in many European countries. In recent years, we also observe its dynamic development in Poland. It is visible both in statistics showing a systematic increase in the number of students with a pronounced need for special education fulfilling the compulsory schooling in generally accessible institutions.

The subject of inclusive education are students:

1) with special educational needs having a certificate of need for special education: with disabilities: the deaf and the hearing impaired, the blind and the visually impaired, with motor disabilities, including aphasia, with intellectual disability, with autism, including Asperger's syndrome and coupled disabilities; at risk of social maladjustment and socially maladjusted.

2) students with opinions and others in need of psychological and pedagogical assistance, in particular due to: special talents; specific learning difficulties; language communication disorders; chronic diseases; crisis or traumatic situation; educational failures; environmental negligence related to the living situation of the student and his family, way of spending free time;

3) able-bodied students.

Inclusive education in Poland grows out of the integration trend. The rapid development of integration education in our country has lasted since the 90s of the 20th century. In the following years, the growth dynamics of integration institutions for inclusion began to decrease. Inclusive education in Poland began in 2006, when Poland became a member of the European Agency for Special Needs and Inclusive Education.

The Educational Law Act of 14 December 2016 provides the possibility of receiving education in all types of schools by children and youth with disabilities, socially maladjusted and at risk of social maladjustment, in accordance with individual development and educational needs and predispositions. The consequence of joint learning of able-bodied and disabled students is a uniform core curriculum for general education for all students, with the possibility of adapting it to the needs and psychophysical abilities of students with disabilities - with the exception of children and adolescents with moderate, severe and profound intellectual disability. In practice, this means that all students learn the same subjects, although not necessarily at the same level and to the same extent. Each teacher is obliged to adapt the educational requirements to the individual capabilities and needs of the student with developmental dysfunctions.

Many individualized forms of education organization have been implemented to support the process of educating students with special educational needs.

An example is the early support of children's development (WWR), which is organized from the moment disability is detected to the start of school. The number of children enrolled in WWR is increasing every year. In 2011 18.3 thousand children were included in the classes, while 57.5 thousand in 2017; It is worth mentioning that as part of the government program 'Behind Life' implemented in 2017-2021, multi-specialist support also covers children at risk of disability. In 2017 4,000 children were included in the program.

Currently, educational institutions offer various forms of psychological and pedagogical assistance, such as: assistance during ongoing work, didactic and compensatory classes, classes developing learning skills, specialized classes, an individualized educational path, therapeutic classes, workshops, advice and consultations;

The provisions of educational law also guarantee adaptation of the content, educational requirements and organization of education as well as the methods of working with the student to his individual needs and possibilities, e.g. adaptation of educational requirements, special education, individual teaching, individual program or course of study, exemption from selected educational classes.

Also included in the educational law is the adjustment of the start time and duration of education by earlier starting or postponing the implementation of the compulsory schooling, extending the educational stages for disabled students, shortening the training period for socially maladjusted and threatened by social maladjustment, promotion to the higher education class during the school year , individual learning process.

The need to adjust the conditions and form of external exams to the type of disability of students was specified in the form of legal provisions.

Legal changes also covered individualized forms of education. Individual teaching is an example. It is a form of education addressed to students who, due to their health condition, cannot attend school at certain times, which is why they are given the opportunity to implement curriculum content at home, in individual and direct contact with the teacher. This is a temporary solution, implemented only when the student cannot go to school. If the condition improves so much that there is no need to organize individual teaching classes, the school head may suspend or terminate their implementation in accordance with the medical certificate. Administrative procedures have been reduced to a minimum. 20702 students were included in this form of education in the 2017/2018 school year.

Another personalized form of education intended for students who are not included in special education, but will encounter difficulties in functioning in a peer group despite the fact that they can attend kindergarten or school, is the possibility of implementing an individualized path of compulsory annual pre-school preparation and an individualized education path based on reviews published by a public psychological and pedagogical counseling center. The number of hours of classes carried out individually and carried out with the class is determined by the school head, in accordance with the student's needs set out in the opinion. Approximately 1, 5 thousand used this form of organization of education in the 2017/2018 school year. students.

Working with children and young people with special educational needs requires the ability of team teachers to act. The team consists of all teachers and specialists working with the student. The main goal of the team is planning and coordinating psychological and pedagogical assistance provided to the student. The team is developing an individual educational and therapeutic program (IPET) for a student who has a decision on the need for special education or a support action plan for a student who has a psychological opinion.

In kindergartens and schools in which special education applies to students who hold a certificate on the need for special education, the following are additionally employed: 1) teachers with special pedagogy qualifications. The task of these teachers is to co-organize and coordinate the special education of students with disabilities. 2) teacher's assistant or assistant of the club's educator, 3) teacher's help.

In inclusive education, a lot of attention is given to modifying assessment methods commonly used in public schools. In addition to universal assessment, so-called inclusive assessment. It is a way of assessing which is directed at the best support for the learning process of all students, especially students with special educational needs.

It is worth emphasizing that the Ministry of National Education undertakes a number of activities aimed at promoting, developing and supporting inclusive education in Poland. Significant are information and training activities regarding new regulations in the field of educating students with special educational needs, directed to principals, teachers, specialists and parents.

Development and publication of guides on new legal regulations for principals and methodological materials regarding the implementation of the new curriculum for teachers, methodological materials for teaching students with special educational needs, cooperation with parents and other entities to build an inclusive environment.

As part of the European Social Fund, projects are implemented to develop standards for the diagnosis of development and educational needs as well as diagnostic tools to plan support activities, as well as a training and counseling model for employees of psychological and pedagogical counseling centers and school specialists.

Inspectors were appointed to assist principals, teachers and parents of students with special educational needs in matters related to the organization of education, organization of expert roster and consultation points and assistance in solving reported problems;

In 2018, the implementation of the government Accessibility Plus program began. The program includes a broad educational component covering: awareness campaigns, staff training, developing standards for an available school, piloting Inclusive Education Support Centers (the new role of special schools and centers) and a solution consisting in providing assistants supporting the functioning of students with special educational needs;

 In the same year, the Ministry of National Education began the implementation of the project entitled Support for improving the quality of inclusive education in Poland, implemented as part of the European Commission's Structural Reform Support Program. The aim of the project is to develop recommendations for actions that will serve to improve the quality of inclusive education in the daily practice of kindergartens and schools. The project is implemented in cooperation with the European Agency for Special Educational Needs

Pro-inclusion activities bring many benefits and changes both at the level of individual development of students, at the institutional level associated with the organization and functioning of a public school, and at the general social level.

Many practitioners and theoreticians of inclusive education appreciate the opportunities associated with this form of education, among others, using the methodological resources of pedagogy and special pedagogy in terms of the needs of a child with special educational needs, raising diagnostic and methodological competences of all teachers, breaking stereotypes, ability to work in a team, awareness of goals, resources and needs or cooperation with parents. Proponents of the inclusion idea also point out the risks associated with inclusive education and its weaknesses. These are: lack of understanding of the idea of inclusive education, resistance to change, insufficient preparation of teachers in special pedagogy, lack of substantive support for the school and teachers, focus on the child's weaknesses, negative experiences with "integration", incompetent cooperation with parents, claims of parents.

Educational and social inclusion cannot be introduced through a one-off declaration or regulation. It is a long process, and its course and level in each facility will look different. It depends on the team of teachers (their knowledge and skills), on the effectiveness of school or kindergarten management, on the external and internal conditions of the institution, its base and resources, on the community of students and parents, and also on the local environment and the possibility of cooperation with him.

ANNEX II

Research for Romania

The Convention on the Rights of Persons with Disabilities, ratified by Romania in 2010, recognizes the equal right of all persons with disabilities to an independent life in the community, with equal opportunities, and obliges States Parties to take effective and adequate measures to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity

There are eight guiding principles that underlie the Convention:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
- Non-discrimination
- Full and effective participation and inclusion in society
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- Equality of opportunity
- Accessibility
- Equality between men and women
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

The National Strategy on the social inclusion of persons with disabilities 2014-2020, includes the Social Policies - from the "rehabilitation" of the individual to the reformation of the society, which have the task of creating conditions of "normalization" of the life of people with disabilities.

Standardization involves a process of designing / redesigning social systems, so that they allow people with disabilities to live as autonomously as possible, in their own family, in the ordinary living environment of the community. In practice, normalization is translated by achieving the "least restrictive choice", which means that each measure of placement and / or assistance of the person with disabilities is made to ensure as much as possible the same level of autonomy and social participation as that of the other members of the community. .

A first axis of the "normalization" of the life of persons with disabilities is the deinstitutionalization, the gradual elimination of assistance and care in the residential system, when there are no imperative recommendations, process supported by the creation of an alternative system of community-based support services.

Accessibility of common community resources (facilities, services and products for housing, health and recovery, culture, education and training, work, politics, sport, etc.), for the purpose of use by persons with disabilities, is the second axis of achieving an "open society" in accordance with current democratic principles.

In Romania the inclusion of people with pwID starts with the inclusion in the educational system. The children with ID can be educated in special schools or in mainstream schools with support structures (support teachers). The final decision of choosing the type of school belongs to the parents.

In order to enter the Special Educational System, the child has to be evaluated and oriented to a certain form of education.

A person with ID can receive a certificate of school guidance until 26 years of age.

After becoming an adult, the situation changes for the people with ID. Depending on the form and severity of their condition they can follow several paths. Some of them remain in the care of their family, some of them are institutionalized and some can find jobs.

According to the legislation in force, any public or private employer with at least 50 employees has the obligation to employ persons with disabilities in a percentage of at least 4%, but most prefer other options in the law, to pay to the state budget half the minimum salary per economy corresponding to each person with disabilities or to purchase goods or services from the protected units. As of 07.10.2019, there are 32 protected units authorized in the country (which have at least 30% of employees with disabilities).

There are a lot of NGOs that work with and for PwID. These offer a place where PwID can socialize, learn different thigs, have therapy, do activities in all sort of areas like theatre, painting, playing musical instruments, singing, pottery, gardening,etc.

The Special Olympics Foundation in Romania contributes to the social integration of people with intellectual disabilities through training programs and competitive events, organized throughout the year at national level. Thus, Special Olympics athletes have the opportunity to become active members of their family and community.

The Special Olympics Foundation in Romania was established in November 2003, as an integral part of the Special Olympics international sports movement initiated in 1968 by Eunice Kennedy Shriver, sister of US President John F. Kennedy. There are 27,000 athletes with intellectual disabilities throughout the country, 1,500 coaches and volunteers, 15,000 pupils and teachers from the informed schools, 15 Olympic sports disciplines, 125 special schools and partner NGOs across the country, 100 events organized annually, 100 free health assessment events, so far offered.

As of June 30th, 2019, the total number of persons with disabilities communicated to the National Authority for Persons with Disabilities within the Ministry of Labor and Social Justice was 833,131 persons. Of these, 97.88% (815,463 persons) are in the care of families and / or live independently (uninstitutionalized) and 2.12% (17,668 persons) are in public residential social welfare institutions for adults with disabilities (institutionalized), coordinated by the Ministry of Labor and Social Justice through the National Authority for Persons with Disabilities.

The number of people with disabilities, by type of disability, 30.06.2019

The number of people with disabilities, by type and degree of disability, 30.06.2019
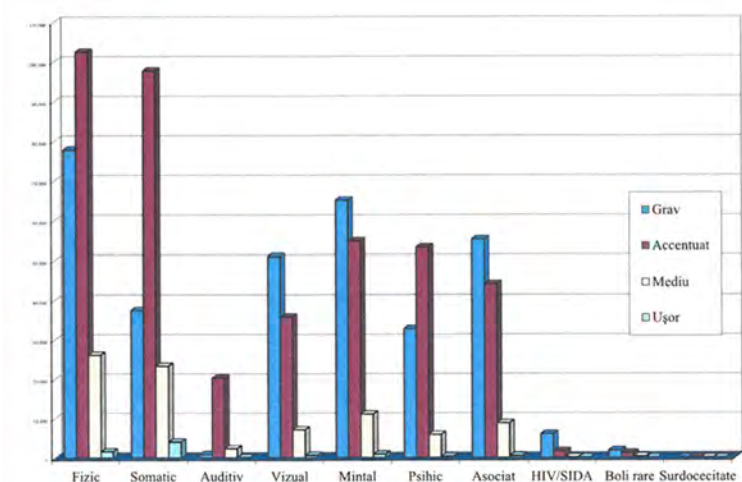
6. Persoane cu handicap, pe tipuri și grade de handicap, la 30 iunie 2019
Disabled persons, by types and degrees of deficiencies, on June 30, 2019

| | Total - persoane - (Total - persons) | față de 30 iunie 2017 (to June 30, 2017) (+/-) | din total: (out of which:) | | din total, pe grade de handicap: (out of total, by degree of deficiencies:) | | | | | | | |
| | | | | | Grav (Severe) | | Accentuat (Marked) | | Mediu (Medium) | | Ușor (Minor) | |
			Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)
TOTAL	833.131	27.478	66.715	766.416	40.813	287.323	9.488	402.023	15.251	70.029	1.163	7.041
Fizic (Physical)	208.079	9.051	4.458	203.621	2.118	75.703	925	101.578	1.264	24.889	151	1.451
Somatic (Somatic)	162.675	6.637	14.395	148.280	7.212	30.269	2.543	95.252	4.016	19.314	624	3.445
Auditiv (Auditive)	23.562	37	1.884	21.678	777	82	645	19.652	433	1.892	29	52
Vizual (Visual)	94.594	-1.295	2.712	91.882	863	50.116	488	35.327	1.309	5.856	52	583
Mintal (Mental)	131.907	3.497	10.100	121.807	5.285	59.784	1.513	53.287	3.179	7.947	123	789
Psihic (Psychic)	92.211	747	15.443	76.768	11.161	21.613	1.407	51.789	2.800	3.108	75	258
Asociat (Associated)	108.679	8.459	16.068	92.611	11.940	43.266	1.816	42.292	2.204	6.643	108	410
HIV/SIDA (HIV/AIDS)	7.931	260	198	7.733	166	5.876	32	1.695	0	117	0	45
Boli rare (Rare diseases)	3.403	90	1.448	1.955	1.286	595	115	1.091	46	261	1	8
Surdocecitate (Deafness-blindness)	90	-5	9	81	5	19	4	60	0	2	0	0

Sursă: Direcțiile Generale de Asistență Socială și Protecția Copilului județene și ale sectoarelor municipiului București
(Source: General Departments for Social Assistance and Child Protection at the country leve land at the local level for the districts of Bucharest)

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7. Persoane cu handicap aflate în familie (neinstituționalizate), pe tipuri și grade de handicap, la 30 iunie 2019

Disabled persons residing in family (non - institutionalised), by types and degrees of deficiencies, on June 30, 2019

Tipuri de handicap (Type of deficiencies)	Total persoane cu handicap (Total disabled persons)	din care: (out of which:)		din total, pe grade de handicap: (out of total, by degree of deficiencies:)							
				Grav (Severe)		Accentuat (Marked)		Mediu (Medium)		Ușor (Minor)	
		Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)
TOTAL	815.463	66.715	748.748	40.813	280.012	9.488	393.505	15.251	68.337	1.163	6.894
Fizic (Physical)	206.839	4.458	202.381	2.118	75.117	925	101.082	1.264	24.765	151	1.417
Somatic (Somatic)	162.480	14.395	148.085	7.212	30.226	2.543	95.158	4.016	19.268	624	3.433
Auditiv (Auditive)	23.487	1.884	21.603	777	71	645	19.591	433	1.889	29	52
Vizual (Visual)	94.303	2.712	91.591	863	49.931	488	35.260	1.309	5.822	52	578
Mintal (Mental)	122.013	10.100	111.913	5.285	55.446	1.513	48.829	3.179	6.900	123	738
Psihic (Psychic)	88.745	15.443	73.302	11.161	20.816	1.407	49.414	2.800	2.839	75	233
Asociat (Associated)	106.303	16.068	90.235	11.940	42.035	1.816	41.334	2.204	6.476	108	390
HIV/SIDA (HIV/AIDS)	7.840	198	7.642	166	5.791	32	1.690	0	116	0	45
Boli rare (Rare diseases)	3.369	1.448	1.921	286	566	115	1.087	46	260	1	8
Surdocecitate (Deafness-blindness)	84	9	75	5	13	4	60	0	2	0	0

Sursa: Direcțiile Generale de Asistență Socială și Protecția Copilului județene și ale sectoarelor municipiului București
(Source: General Departmens for Social Asistance and Child Protection at the country leve land at the local level for the districts of Bucharest)

8. Persoane cu handicap instituționalizate, pe tipuri și grade de handicap, la 30 iunie 2019

Institutionalised disabled persons, by types and degrees of deficiencies, on June 30, 2019

Tipuri de handicap (Type of deficiencies)	Total persoane cu handicap (Total disabled persons)	din care: (out of which:)		din total, pe grade de handicap: (out of total, by degree of deficiencies:)							
				Grav (Severe)		Accentuat (Marked)		Mediu (Medium)		Ușor (Minor)	
		Copii[1] (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)
TOTAL	17.668	0	17.668	0	7.311	0	8.518	0	1.692	0	147
Fizic (Physical)	1.240	0	1.240	0	586	0	496	0	124	0	34
Somatic (Somatic)	195	0	195	0	43	0	94	0	46	0	12
Auditiv (Auditive)	75	0	75	0	11	0	61	0	3	0	0
Vizual (Visual)	291	0	291	0	185	0	67	0	34	0	5
Mintal (Mental)	9.894	0	9.894	0	4.338	0	4.458	0	1.047	0	51
Psihic (Psychic)	3.466	0	3.466	0	797	0	2.375	0	269	0	25
Asociat (Associated)	2.376	0	2.376	0	1.231	0	958	0	167	0	20
HIV/SIDA (HIV/AIDS)	91	0	91	0	85	0	5	0	1	0	0
Boli rare (Rare diseases)	34	0	34	0	29	0	4	0	1	0	0
Surdocecitate (Deafness-blindness)	6	0	6	0	6	0	0	0	0	0	0

[1]Copiii aflați în instituțiile publice de asistență socială pentru persoanele adulte cu handicap (The children in the social assistance institututions for the adult persons with handicap)
Sursa: Direcțiile Generale de Asistență Socială și Protecția Copilului județene și ale sectoarelor municipiului București
(Source: General Departmens for Social Asistance and Child Protection at the country leve land at the local level for the districts of Bucharest)

10. Persoane cu handicap instituționalizate, pe tipuri de handicap, la 30 iunie 2019

Institutionalised disabled persons, by types of deficiencies, on June 30, 2019

Tipuri de handicap (Type of deficiency)	Centre de îngrijire și asistență (Care and assistance centers)		Centre de integrare prin terapie ocupațională (Integration centers by occupational therapy)		Centre de recuperare și reabilitare[1] (Recovery and rehabilitation centers[1])		Locuințe protejate (Shelter houses)		Centre respiro (Respite care centre)		Centre de zi[2] (Day centres[2])	
	Total	Față de 30 iunie 2018 (To June 30, 2018) (+/-)	Total	Față de 30 iunie 2018 (To June 30, 2018) (+/-)	Total	Față de 30 iunie 2018 (To June 30, 2018) (+/-)	Total	Față de 30 iunie 2018 (To June 30, 2018) (+/-)	Total	Față de 30 iunie 2018 (To June 30, 2018) (+/-)	Total	Față de 30 iunie 2018 (To June 30, 2018) (+/-)
TOTAL	6.330	-215	1.147	-5	9.200	-120	983	64	8	4	1.971	-213
Fizic (Physical)	989	20	12	1	204	-22	32	0	3	2	845	-32
Somatic (Somatic)	154	-41	5	-1	26	7	10	-2	0	0	175	6
Auditiv (Auditive)	43	-28	6	1	26	-10	0	-2	0	0	10	-5
Vizual (Visual)	199	-24	9	4	71	-13	12	-3	0	0	47	-19
Mintal (Mental)	3.046	-122	740	-3	5.400	-70	706	56	2	-1	371	-154
Psihic (Psychic)	943	-52	281	-3	2.112	-140	130	20	0	0	252	32
Asociat (Associated)	877	38	93	-5	1.313	104	90	-4	3	3	265	-28
HIV/SIDA (HIV/AIDS)	74	0	0	0	14	-6	3	-1	0	0	5	-8
Boli rare (Rare diseases)	5	-5	1	1	28	24	0	0	0	0	1	-5
Surdocecitate (Deafness-blindness)	0	-1	0	0	6	6	0	0	0	0	0	0

[1] Includ: centre pilot de recuperare și reabilitare pentru persoanele cu handicap; centre de recuperare și reabilitare neuropsihiatrică; centre de recuperare și reabilitare pentru persoanele cu handicap, centre de pregătire pentru o viață independentă, centre de criză.
(Include: Disabled people recovery and rehabilitation pilot centers; neuropsychiatric recovery and rehabilitation centers; disabled people recovery and rehabilitation centers; training centres for living an independent life; crisis centres)
[2] Includ centrele nerezidențiale: centre de zi; centre cu profil ocupațional; centre de servicii de recuperare neuromotorie de tip ambulatoriu; echipa mobilă, Centre de consiliere psihosocială pentru persoanele cu handicap, Centre de recuperare și integrare socială – recuperare neuromotorie.
(Include day care non-residential centres: day centres; centres with occupational character; Centers for ambulatory neuromotory rehabilitation services; mobile team; Psychic-social counselling centres for the persons with handicap; Recovery and social inclusion centres – neurological recovery)
Sursa: Direcțiile Generale de Asistență Socială și Protecția Copilului județene și ale sectoarelor municipiului București.
(Source: General Departmens for Social Asistance and Child Protection at the country leve land at the local level for the districts of Bucharest)

Annex III: Demographic data for participants in the workshop.

Please ensure this information is collected for every participant at the workshop

Please choose one:

● Person with ID

● Carer

● Game designer

● Special Education and ID professional

● Volunteer

1. Name:

2. Age:

3: Gender:

4. Highest educational qualification:

5. Occupation:

6. Type of ID (only ask carers of pwID):

9: Previous experience with games to train/stimulate cognitive functions:

Yes/No

- If yes, then what games have they played?

10. Previous experience with co-creation workshops: Yes/No

- if yes, then what types of workshops?

ANNEX IV: Questionnaires for the co-creative workshops

1. Indicative Questions that can be addressed by Game-designers/ Team Leaders to the participants during team building session

The game designer/team leader should ask the participants of her/his team to share and talk about their needs, the games they like to play. She/he should try to make the communication easier and promote the collaboration and the cooperation.

The questions will be adapted by the game designers/ team leaders, in order for pwID to understand them. Otherwise they can ask the carers. It would be useful not to ask all questions and not ask them all together. The questions are just ideas that can be discussed during team building

1. Which kind of games do you like to play?

2. Which games do you usually play with your friends or carers?

3. Can you tell me why you prefer these games/ what you like about them?

4. Do you prefer digital games/ board games/games with objects?

5. Is it easy for you to play digital games using ICTs (computer, tablet, video)?

6. Do you prefer games with images, words or numbers?

7. Do you prefer to play games alone or in groups?

8. Do you think you need "big games" (with larger pieces, bigger images and words, etc) in order to see and handle them better?

9. Other relevant topics

ANNEX IV: Questionnaires for the co-creative workshops

2. Indicative issues that game designers/ team leaders and special education and health professionals can record during playtesting in co-creation workshops and/or game workshops

These questions aim to gather 'in-the-moment' data when pwID are playing the Prototypes Games during co-creation workshops. Information should be noted by the team leaders-game designers and/or professionals supporting the activity. They don't need to ask participants but they have to observe them and keep note while playing.

Name of Game:

Number of players:

1.   Did people appear to enjoy engaging with the game?

2.   What did people seem to enjoy about the game?

3.   Do you think the game had any benefits for the playing persons?

4.   Did the people become better at playing the game as they continued to play?

5.   Did people find anything particularly difficult when playing the game?

6.   Did they ask to make any changes to the game to make it easier for them to play?

7.   Would you run the game in a different way if you used it again?

8.   If yes, then what changes would you make and why?

9.   Please note any other important observations

ANNEX IV: Questionnaires for the co-creative workshops

3. Feedback for prototypes and game ideas at the end of co-creation workshop

These questions should be asked to the participants (both pwID and carers) immediately after they have played one of the games by volunteers or organizers.

Name of game:

Name of participant:

1. Did you enjoy the game?

a.What did you like about the game?

b.Were there any particular features of the game that you liked? (music, graphics, colour?)

c.Was there anything you didn't like about the game?

2. Did you experience any difficulties when playing the game?

a.If yes, then what were these difficulties?

b.Could anything have been done to help you overcome these difficulties?

3. Do you think there was anything that could be done to improve your experience of playing the game?

4. If you were to play this game again on your own, what instructions would be helpful?

ANNEX IV: Questionnaires for the co-creative workshops

4. Questionnaire for Evaluation of the co-creation game workshop by pwID and carers

This questionnaire is addressed to pwID and carers at the end of the co-creation workshop to collect their feedback. These questions will be asked by the organizers and/or volunteers

1. Did you enjoy participating in the workshop?

2. Did you like the games?

4. Was the cooperation with the other participants pleasant?

5. Do you think that the people supported you today?

6. Do you feel the workshop offered you any benefits (physical, mental, social benefits)?

7. Do you think there was anything else that could be done to improve your overall experience of taking part in similar workshops?

5. Questionnaire for Evaluation of the co-creation workshop by game designers, professionals and volunteers

This questionnaire is addressed to game-designers, professionals and volunteers to collect their feedback for the workshop. These questions will be asked by the organizers/volunteers.

1. Do you find the workshop interesting?

2. What did you like more about the workshop?

3. Did people appear to enjoy engaging with the co-creation of the games?

4. What did people seem to enjoy about the workshop?

5. Do you think the workshop had any benefits for you?

6. Did you find anything particularly difficult in the workshop?

8. Do you have any proposals for relevant future workshops?

ANNEX V: Template sheet for specifications of each game idea of co-creation workshops

Name of the game	
Classification Digital game, physical game, phygital game	
Duration Meant/recommended duration	
Objectives Goals of game eg. conceptual skills, social skills, practical skills, interaction with carers, inclusion Please specify eg. money management, hand dexterity, empathy etc.	
Participants Participants' profile (ID level/diagnostics, physical and cognitive status, etc.) Number of participants (explanation and variations)	
Material and requirements Materials needed to develop the game eg. cards, dice, tablet, PC etc	
Support needed Explain the role of professionals / carers (instructions, supervision, motivation, help,…)	
Starting point: Setup of the game and how to start	
Main rules of the game In detail how the game is carried out step by step (instructions for use). *Here you can use: Text, Images, Video / tutorials, Presentations, Animations*	
Variants of the game Other ways to play the same game (more or less participants, analog / digital, with more or less assistance, etc.)	

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ANNEX VI: Questionnaires for participants of play-testing and game workshops

1.Questionnaire for people with ID

This questionnaire is addressed to pwID regarding the procedure of the workshop and the games played during it. (Please change a-e based on the objectives of each game)

Evaluation of the workshop

1.Did you enjoy the games? yes/no
2.Which game did you like best?
3.Did playing these games make you understand some things better? (we offer examples, depending on what games they play)
a.You know money better
b.You understand the value of money
c.You know how to read a map/ask for directions
d.It helped you to read/write/calculate better
e.You can remember some things better etc.
4.Did you like playing with the volunteers? yes/no
5.Do you think yours was a good team? yes/no
6.Do you want to participate in such a workshop again? yes/no
7.What would you change in the workshop to make it better?

Evaluation of the games

Game's name (filled by the professional):
Level of difficulty (filled by the professional):

	Question	Disagree	Neither Agree nor Disagree	Agree	Obs.
1	I liked the theme of the game (what it was about)				
2	I had fun playing the game				
3	It was easy to understand the rules of the game				
5	I needed help during the game (why)				
6	I had difficulties with the graphics				
7	I had difficulties with the size of blocks/cards/images/letters etc.				
8	I enjoyed the sound in the game (digital games)				
9	Would you like to change anything in the game?				

2. Questionnaire for Special education/Health Professionals

This questionnaire is addressed to Special education/Health Professionals regarding the procedure of the workshop and the games played during it.

Name:
Occupation:
Evaluation of the workshop
Please answer the following questions, where
1.Strongly disagree
2.Disagree
3.Neither Agree nor Disagree
4.Agree
5.Strongly agree

	Question	1	2	3	4	5	Obs.*
1	The workshop was interesting						
2	People enjoyed playing the games						
3	I use games in my work with pwID						
4	I can act as team-leader						
5	The workshop had benefits for pwID						
6	wID had no difficulties during the workshop						
7	I made no changes to the workshop						
8	The workshop had benefits for the carers						
9	e workshop had benefits for the volunteers						
10	I will recommend the games to other carers/people working in the same domain						

Please note your observations for the questions here, as well as any other you think are important regarding the whole experience

10. Do you think there was anything else that could be done to improve your overall experience of facilitating similar workshops?

Evaluation of the games

Name of the game:

Please answer the following questions, where

1. Strongly disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly agree

	Question	1	2	3	4	5	Obs.*
1	pwID liked the theme of the game						
2	pwID enjoyed playing the game						
3	Carers enjoyed playing the game						
4	Volunteers enjoyed playing the game						
5	The rules of the game were clear						
6	easy to use different level of the game according to the group's needs						
7	had no difficulties facilitating the game						
8	ayers had difficulties due to the graphic						
9	ers had difficulties due to the size/form of game materials (blocks, cards, images etc.)						
10	Players had difficulties due to the sound (digital games)						

Please note your observations for the questions here, as well as any other you think are important regarding the whole experience

11. Do you have any suggestions that can improve the players' experience with this game?

3. Questionnaire for Carers

This questionnaire is addressed to carers of pwID regarding the procedure of the workshop and the games played during it.

Name:

Evaluation of the workshop

Please answer the following questions, where

1. Strongly disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly agree

	Question	1	2	3	4	5	Obs.*
1	The workshop was interesting						
2	I enjoyed playing the games						
3	I enjoyed the environment						
4	oyed the cooperation with the volunteers						
5	e workshop had benefits for me as a carer						
6	The workshop had benefits for the pwID in my care (explain)						
7	We play games in other locations						
8	ill start playing games after this workshop						
9	I will recommend the games to other pwID/carers/people working in the same domain						

Please note your observations for the questions here, as well as any other you think are important regarding the whole experience

10. Do you think there was anything else that could be done to improve your overall experience of taking part in similar workshops?

Evaluation of the games

Name of the game:

Please answer the following questions, where

1. Strongly disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly agree

	Question	1	2	3	4	5	Obs.*
1	nd my pwID liked the theme of the game						
2	We enjoyed playing the game together						
3	ules of the game were easy to understand for both of us						
4	The rules of the game were easy to understand for me						
5	We had difficulties due to the graphic						
6	We had difficulties due to the size/form ame materials (blocks, cards, images etc.)						
7	e had difficulties due to the sound (digital games)						
8	vas easy to use different level of the game						

Please note your observations for the questions here, as well as any other you think are important regarding the whole experience

9. Do you have any suggestions that can improve the players' experience with this game?

4. Questionnaire for volunteers

This questionnaire is addressed to volunteers regarding the procedure of the workshop and the games played during it.

Name:

Evaluation of the workshop

Please answer the following questions, where

1. Strongly disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly agree

	Question	1	2	3	4	5	Obs.*
1	The workshop was interesting						
2	I enjoyed playing the games together with pwID						
3	It was challenging playing with pwID						
4	The workshop had benefits for me						
5	I didn't find anything particularly difficult in the workshop						
6	I would like to take part in a workshop like this again						
7	I want to support pwID inclusion by involving in more activities with them						
8	I will recommend the games to other pwID/carers/people working in the same domain						

Please note your observations for the questions here, as well as any other you think are important regarding the whole experience

9. Do you think there was anything else that could be done to improve your overall experience of taking part in similar workshops?

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