



# *CONSIDERATIONS, CHOICES AND DECISIONS IN THE GAME DESIGN PROCESS*



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# ***CONSIDERATIONS, CHOICES AND DECISIONS IN THE GAME DESIGN PROCESS***

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# Considerations, Choices and Decisions In The Game Design Process<sup>1</sup>

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## Abstract

*In 2007 a group of managers in the Dutch Youth Health Care asked us to develop a simulation game to help them propagating their progressive ideas about reforming the Youth Health Welfare. While talking to them we came to the conclusion that if we wanted to reach the goals they had set themselves for the game it was nor desirable, nor possible, to develop only one game. Therefore we decided to design two simulation games, that share the same basic principles, but differ in many ways. In this article we want to share with you how differences in a.o. the goals and target groups made us to design two completely different simulation games focusing on the same theme.*

## 1 Introduction

When designing a simulation game the designer makes many decisions and choices about what the resulting simulation game is going to look like, such as decisions about the use of a metaphor, the pace of the game, the pressure for the players, the setting of the debriefing. Often these decisions are made implicitly. We were in the lucky situation that we had to design two simulation games on the same subject but for two different audiences. The resulting products were very different in many respects. Comparing and confronting the two design processes make our considerations, choices and decisions more explicit. A description of this reflection reveals our 'logic-in-use'.

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<sup>1</sup> Paper presented at the annual Conference of the International Simulation And Gaming Association (ISAGA) in Spokane, USA, July 2010..

After describing the problem we had to address and its context, we elaborate our interpretations, considerations and choices for the two simulation games. After that, we shortly present the two simulation games.

## 2 The diagnosis

In The Netherlands Youth Health Welfare is a public task, that aims at securing conditions in which children can grow up to be healthy and well-balanced adults. The aim of the Youth Health Welfare is to spot children who have problems or live in a threatening environment as early as possible and to have the appropriate health care or welfare organization(s) to intervene and help the child.

The way this care is organized seems to offer a solid and watertight system that ensures that no children are being overseen. However, in the last few years an increasing number of incidents happened in the Netherlands, concerning children and involving Public Youth Welfare organizations, unveiling serious problems in the PYW. One of the causes for this situation is that many different organizations are involved in PYW, all having their own specializations. A short summary of involved organizations: Family Doctors, Youth Health Care (0-19 years), Social Welfare Institution, Centre for Youth & Family, Care Teams in Schools, Child Molest Office, Juvenile Social Work, Child Care Office, Child Welfare Council, Mental Welfare for Children, Child Mentally Handicapped Care and the Juvenile Detention Centre. All these institutions and organizations have a specific scope and play a particular role in the care process. The communication within and particularly between these organizations is not optimal.

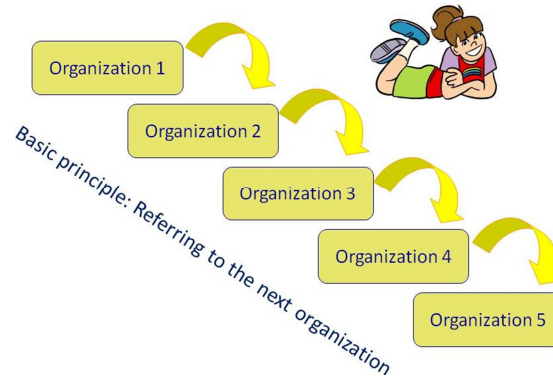
### 2.1 CURRENT SITUATION

The way (most of) these organizations and institutions are organized and work can be summarized as

- institutions are organized around specific disciplines
- a strong hierarchic structure and bureaucracy
- an extensive layer of coordinators and managers
- a heavy case load for the professionals
- minutely described tasks and responsibilities
- relatively much time needed for writing reports and accounting (on the average 40% of the available time of professionals is taken up by this).

This organizational structure and culture results in a focus on the own organization and discipline; cross-organizational and cross-disciplinary coordination and cooperation demands more energy, since bureaucratic barriers have to be leveled out.

As a consequence the predominant way of cooperation between organizations in case of children with multiple problems, can be characterized as shown in Figure 1.



**Figure 1: The predominant way of helping children with multiple problems**

The youth care process is organized from the perspective of the organizations: the child is sent from one organization to the other. In this view the care process is a chain of consecutive events, and chain management is considered as the basic principle to steer and coordinate these processes.

Issues that come up with these ways of cooperating are<sup>2</sup>:

- ▶ Responsibility. Who is responsible or who takes the responsibility for the child and the family?
- ▶ Overview. When a child is referred to the next professional, the first loses sight of this child. Who has the overview over the child, who have already dealt with this child, what

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<sup>2</sup> To reassure you about the situation in The Netherlands: the type of intensive chain oriented care, with long chains and many organizations involved, only applies for about 5-10% of all children (see section 4.1)

do other involved care workers do, how reinforce or hinder multiple treatments each other, and so on?

- ▶ Sharing information and knowledge. All professionals write their own files, and these files are kept by their own organization. Combining the information in the separate files is very hard (sometimes even legally impossible) and therefore it is hard to get a complete view on the child and its problems.
- ▶ Limited latitude for professionals: professionals are 'forced' to stick to the rules and procedures of their organizations. Taking responsibility or doing things for a child beyond their task description is not allowed and may even be punished. Professionals often feel helpless.

To overcome these kind of problems and to ensure that each child gets what it needs, new concepts of the care processes are being developed, and new initiatives are taken.

## 2.2 TOWARD CHILD CENTERED CARE

One of the approaches for an improved care process is the Child Centered Care (CCC), also referred to as wrapped care. The basic principle of this way of thinking is illustrated in Figure 2.



**Figure 2: Child Centered Care**

The child is put in a central position, and whenever a specific type of care (discipline) is needed, the appropriate professional is involved, for a shorter or a longer period of time, depending on the type of problem and the progress. The basic idea is that organizations post their professionals in a team that is formed around a child. This process requires much coordination between the organizations, and this coordination is steered from the 'centre', i.e. the needs of the child. Case



management is the principle that helps to get a clear view on the child, its problems and the progress.

The principle of CCC requires a style of working that is quite different from the present situation. It requires among others:

- less bureaucracy in the organizations
- more responsibilities and competences lower in the organization, with the professionals and workers
- gearing the procedures and working processes of the different organizations / disciplines
- mutual trust between organizations, between disciplines, and between managers and professionals
- knowledge of each other's approach, expertise, modus operandi
- respect for each other's expertise, always in the perspective of the interest of the child
- shared client files.

### 3 The occasion

It may be obvious that such a change in culture, attitude and procedures cannot be achieved easily. There are multiple problems which occur not only between organizations, but also on different levels within the organizations.

In 2006 a group of managers from the Youth Health Care (which is part of the PYW) were so frustrated by the lack of (or, in their view, wrong) initiatives from the national government that they decided to develop instruments to change things bottom up by creating awareness on different levels about CCC. In 2007 they asked us to design a simulation game in close cooperation with them to support the change in thinking and working.

During the subsequent system analysis we assessed the following changes as necessary:

- new relations between organizations
- new roles for decision makers and managers: they steer on basic ideas and have a facilitating, instead of a mere directing and controlling role
- more autonomy and freedom of action for professionals, even a certain degree of disobedience for the professionals (e.g. to give a higher priority to the interests of the child above the interests of the organization).
- efficient procedures for case management and sharing responsibility

- more time for the child instead of writing reports and rendering account.

It may be obvious that the problems professionals and workers on the one hand, and the managers and decision makers on the other hand, are confronted with are very different. And also that these groups of people are very different. Therefore we eventually decided to design instead of one, two separate, but related simulations games for these two audiences.

## 4 Towards two simulation games for the Child Centered Care

The overall purpose of both games is to make the participants aware of the principles and added value of CCC and give them insight in how professionals and organizations can cooperate. As a point of departure for both games we therefore used the assessment process to determine whether children need special attention or care.

### 4.1 THE SHARED UNDERLYING PRINCIPLE: THE ASSESSMENT PROCESS

The procedure to assess whether children grow up without problems or threats, or that they face problems and need special care, is a four steps process:

- I. Of all children in The Netherlands approximately 80% is okay and do not need any more attention than a regular check. In the first phase the 20% who have (potential) problems or need special attention have to be identified; they will be examined further in the next phase of the process.
- II. For about 15% of the children the type of problem they have is known and a routine solution (protocol) exists for dealing with it. These are problems such as development arrears, dyslexia or obesity. These children have to be identified in the second phase, so the proper care can be given according to the protocols.
- III. If there is not sufficient information about the child or its (type of) problem, this step is to find out which disciplines and professionalisms are needed to come to a complete overview of the child and the problem. If the problem and solution prove to be known after all (like in the former phase) then the protocol is set into action, otherwise a tailor made plan is needed (next phase).
- IV. In case of an unknown, complex problem a multidisciplinary team has to design a tailor-made plan of action and execute this plan. This concerns about 5% of the children and is about problems such as anorexia, domestic violence, or war syndromes of immigrant children.

### 4.2 THE DIFFERENCES

Despite the common principle the objectives and the context for the two target audiences are very different. These differences concern:

- the objective
- the level of abstraction
- the focus
- the opportunity to change the situation
- the pace of the game
- the safety for the participants
- the style and focus of the debriefing.

These characteristics are seven of the aspects (dimensions) we usually use for analyzing the real life situation and transforming it into a simulated environment. They are our own practice-based elaboration of the steps and decisions as described by authors like Greenblat & Duke (1981) and Duke & Geurts (2003).

In Table 1 we have summarized the differences between the situation of the two target groups and the consequences these had, in our view, for the design of the two simulation games. The most important difference is that the simulation game for the professionals must help them in getting to know each other, each other's discipline, the different ways they look at the children, and the way they work. The simulation game for the managers and policy makers must give them insight in the (CCC) system and in their role in that system. These differences in objectives, together with the specific characteristics of these two groups resulted in two completely different simulation games, that will be shortly introduced in the next sections.

## 5 The two simulation games

### 5.1 *FOCUS ON ALL CHILDREN (ALLE KINDEREN IN BEELD)*

FOCUS ON ALL CHILDREN aims at the professionals and care workers to create awareness that they cannot operate on their own, but that they have to work together in order to be able to give children the care they need. It is developed to help these professionals from different disciplines to come to a joint, complete and correct assessment of the risks for children.

**Table 1: Comparison of the situation for the two target groups and the decisions made for the simulation games.**

|                       | Professionals & Workers   |  | Managers & Decision makers  |   |
|-----------------------|---|--|---|---|
|                       | context   | decision   | context   | decision  |
| Objective             | In the daily situation professionals seldom have the time to really get to know each other and each other's professionalism and know-how, which is really important for this problem.   | get to know each other and each other's discipline   | Managers and decision makers have to oversee the entire process in which professionals of different disciplines and organizations have to work together.  | get to know the system  |
| Level of abstraction  | Professionals are the ones working with the children. What professionals of different organizations have in common and what binds them is the problem of the child (and its social environment). That is the starting point of their cooperation, so the child should be in the game. | real life tasks: case descriptions based on real files   | Managers and decision makers need to focus on the processes, procedures, cooperation and coordination, without being absorbed by the character of the problems children are confronted with. In addition, they do not necessarily have extended knowledge and experience of protocols and procedures in the care processes. | use a metaphor, enabling them to experience the circumstances of the work of professionals and how structures can hinder or help them |
| Focus                 | Professionals must have the opportunity to exchange what they see in a case, why it is a problem in their view, what they would do and why.   | exchange of experiences and perspectives   | How to organize and facilitate the processes in such a way that the professionals can join their efforts in such a way that the child gets the help it needs.   | cooperation and coordination of processes   |
| Change the situation? | Professionals have no power to change formal procedures. The focus should be on the other professionals and not on the system. On the other hand, a certain degree of disobedience for the professionals may be beneficial for the child.   | no changes in the procedures allowed, but give a feeling that own initiatives may be helpful; static: no changes in the flow of activities | Managers and decision makers must have the opportunity to experiment with how they can give guidance to their professionals in the cooperation with others. They are the ones who can change (part of) the procedures.  | experimenting with new ideas and procedures; dynamic: participants may change the procedures  |

|            | Professionals & Workers  |  | Managers & Decision makers  |  |
|------------|--|--|---|--|
|            | context  | decision                                 | context   | decision   |
| Pace       | Because there is seldom time to really get to know each other in the daily situation, the game has to offer space to talk to each other intensively and extensively.                             | relaxed pace, no excessive time pressure | Managers and decision have to experience a high pace, time pressure, and tension, just like the professionals in real life.                       | high pace and tension  |
| Safety     | Professionals of different disciplines (and cultures) must feel free to exchange their expertise and listen to each other.   | safe environment                         | A certain feeling of being uncomfortable may be helpful in making the managers and decision makers aware of the seriousness of the situation.     | time pressure, possibility to fail   |
| Debriefing | Professionals must get insight in how they can join their efforts in a better way, starting from the child and its problems. Coming to agreements how to work together and exchange information. | aiming at finding common ground          | Managers and professionals must get the feeling that cooperation and coordination is necessary, and they must feel the urge to change procedures. | confronting: how can you apply the experience and lessons from the tie bombs in the real life situation. |

We chose for a recognizable scenario for the professionals and the workers, in order to facilitate them to talk about their own perspective, discipline, know-how and skills in relation to concrete child files. Since the professionals and workers have been 'under attack' in the public opinion, it was decided to make this game not too confronting: it should not point at possible shortcomings and mistakes, but instead it should give perspectives and energy for working together with the other professionals.

Table 2 gives a short description of the simulation game.

**Table 2: Characteristics of the simulation game  
FOCUS ON ALL CHILDREN**

|               |  |
|---------------|--|
| General theme | the process of assessing client files and the coordination between professionals from different disciplines  |
| Target group  | professionals from different disciplines in the child welfare and their team leaders   |
| Objectives    | the participants ... <ul style="list-style-type: none"><li>• practice with a structured way of assessing client files</li><li>• experience the principles of Child Centered Care</li><li>• get to know each other('s work)</li><li>• exchange information about their knowledge, skills and procedures</li></ul> |
| Participants  | 20 up to 250 (and more)  |
| Time          | half a day   |

Participants of FOCUS ON ALL CHILDREN are professionals from different organizations, who 'play' themselves. Teams are heterogeneously formed, consist of as many different disciplines as possible. The game is built up out of four rounds, each being a rather exact representation of the respective phases of the assessment process. In each of the rounds the teams have to assess children, represented by client files, by discussing the case from their distinct views and interpretations, and by discussing the various decisions they propose. These files are based on real files, but are simplified, adapted and made anonymous for the simulation game.

After the last round the participants reflect on their specific role in the entire assessment process, first individually, then in their teams. The simulation game is completed with a plenary debriefing aiming at finding understanding and common ground. Important themes in this debriefing are the steps in the assessment process, the role of the disciplines in each of the rounds, and the alignment, cooperation and responsibilities of professionals from different disciplines. The debriefing finishes with the participants making concrete agreements on how to keep in touch, attune their activities, and the like.

## **5.2 IN TIME FOR THE CHILD (OP TIJD VOOR HET KIND)**

IN TIME FOR THE CHILD is the simulation game for managers and decision makers to help them to get insight in how their organizations can facilitate the coordination of and cooperation in child care processes.

In the case of the managers and the decision makers we chose for a more confronting approach, in order to stress the urgency of the matter, and in order to make them step out of the ordinary culture that is characterized by discipline and organization centered perspectives and bureaucracy. In IN TIME FOR THE CHILD the problem of child welfare is translated into the problem of disman-

ting time bombs. The metaphor is obvious: children with problems who do not get the proper care will eventually turn into serious problems.

The characteristics of this simulation game are summarized in the Table 3.

**Table 3: Characteristics of the simulation game**  
**IN TIME FOR THE CHILD**

|               |   |
|---------------|---|
| General theme | cooperation and coordination between organizations, dealing with responsibilities   |
| Target group  | managers of child welfare organizations and decision makers   |
| Objectives    | the participants ... <ul style="list-style-type: none"><li>• experience a structured procedure for assessing children</li><li>• experience the added value of working according to Child Centered Care</li><li>• learn how to setup case management</li><li>• experience some of the problems the professionals are confronted with in the current situation</li><li>• experience ways of coordination and cooperation</li><li>• get insight in the facilitating role of managers and decision makers</li></ul> |
| Participants  | 16 to 75  |
| Time          | a full day  |

As said, this simulation game is about dismantling time bombs in time. In the game the participants are members of different departments of the Time Bombs Dismantling Agency, each department having different skills, know-how and capabilities (just like the care organizations in reality). The bomb experts intercept messages that may contain a bomb alert, and if so, they have to locate the bomb, investigate it, set up a team of required experts and dismantle the bomb, and all of this, of course, in time.

The basis for the efforts of the bomb experts is also the assessment process. In order to fit the metaphor the content of the steps has been adjusted, but the principle is the same (as shown in Figure 3).

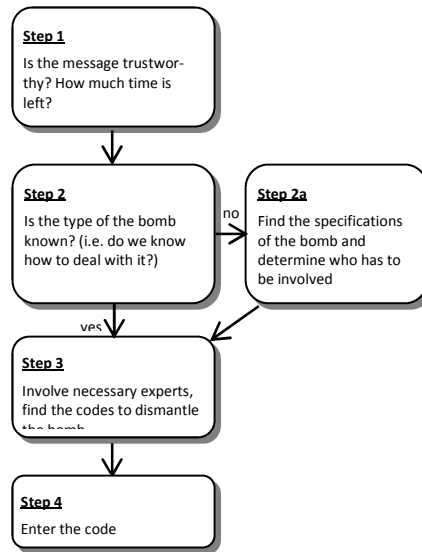


Figure 3: The process for investigating the message and dismantling the time bomb.

Together the bomb experts have to come to an effective and efficient alignment, coordination and cooperation in assessing (deciphering) messages that may contain a bomb alert (see the top of Figure 4) and in dismantling the time bomb (see the bottom of Figure 4) before it will explode.

And all the time the bomb has to stay in place and may not be moved. Just like with a child: a team has to be formed around the bomb instead of pushing it from one organization to another.

The teams have the possibility to change the procedures, regulations and structures, and make arrangements that can be tested for their effectiveness and efficiency directly in the (simulated) practice, under the condition that they do not move around the bomb.

Bombs that have not been dismantled in time are taken away by the facilitator, marked as 'exploded' and ostentatiously displayed on a wall.

In the debriefing the question is asked whether the way of working developed during the simulation game might be usable in the day-to-day practice, and what conditions must be met to make this successful. In the end the game is about the question what they as managers and decision makers can or must do to create the conditions that help the workers and professionals to do their work as good as possible according to the principles of CCC.



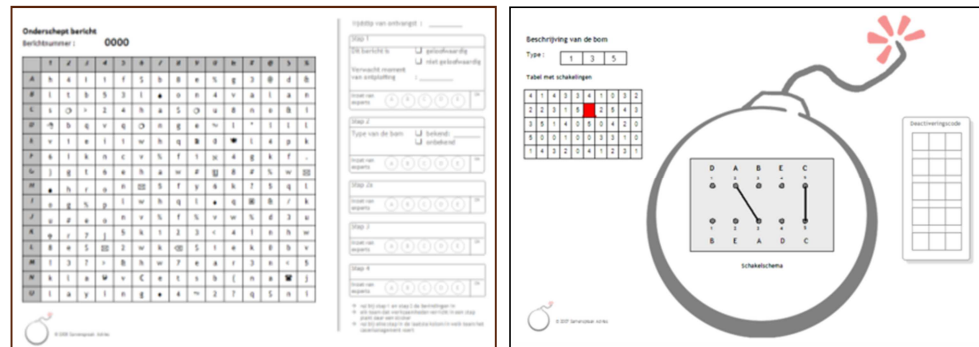


Figure 4: Example of an intercepted message and a bomb




## 6 Closure

In this article we have shown how our interpretations, considerations, choices and decisions on seven dimensions determine the resulting simulation game, and how differences in these interpretations and considerations resulted in different choices and decisions, and in the end in different simulation games.

By doing so we have tried to disclose considerations, choices and decisions that most of the time are used implicitly by game designers. In the terms of Abraham Kaplan (1964) we have tried to describe out 'logic-in-use'. If other game designers do the same, we may be able to transform all these 'logics-in-use' into a 'reconstructed logic', that may be helpful in elaborating the methodology of game design.

# 7

## Literature

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