



# EUROPEAN DIGITAL CAMPS FOR INCLUSION OF YOUTH WITH CANCER

## A METHODOLOGICAL GUIDE



Co-funded by  
the European Union



The project “EUROPEAN DIGITAL CAMPS FOR THE INCLUSION OF YOUTH WITH RETINOBLASTOMA: Spaces for the digital and social construction of youth with retinoblastoma in Europe” is co-financed by the Erasmus+ program of the European Union. The content of this result is the sole responsibility of Fundació La Nineta dels Ulls, SmallCodes, Zavod Botter, Artistes du Monde, Intress and Redtree Making Projects Coop.V. Neither the European Commission nor the Spanish Service for the Internationalization of Education (SEPIE) are responsible for any use that may be made of the information disseminated here.



**Co-funded by  
the European Union**

All images used are royalty-free.

Licensed under Creative Commons: This document is licensed under a Creative Commons Attribution-ShareAlike License that allows others to download and share it with others as long as they credit the authors, but they may not modify it in any way or use it for commercial purposes.



# AUTHOR AND CONTRIBUTORS

## Author and editor



Fundació  
**LA NINETA  
DELS ULLS**

La Nineta dels Ulls Foundation  
(Tarragona, Spain)

## Contributors



Small Codes srl (Florence, Italy)



Artistes du Monde for Kids (Brussels, Belgium)



Zavod Boter (NovoMesto, Slovenia)



RedTree Making Projects Coop. V. (Valencia,  
Spain)



Institute of Social Work and Social Services  
(Barcelona, Spain)



# Index

<b>INTRODUCTION</b>	<b>10</b>
<b>BLOCK 1. Retinoblastoma.</b>	<b>14</b>
<b>1.1. What is retinoblastoma?</b>	<b>15</b>
1.1.1. Symptoms	16
<b>1.2. Treatment and consequences</b>	<b>17</b>
1.2.1. Enucleation	20
<b>1.3. How does it affect those who suffer from it beyond the consequences of cancer itself?</b>	<b>21</b>
<b>1.4. Stages during the disease</b>	<b>22</b>
1.4.1. Pre-diagnosis phase	22
1.4.2. Diagnostic phase	23
1.4.3. Treatment phase	25
1.4.4. Return home phase	27
1.4.5. Terminal phase	28
<b>BLOCK 2. Adapted non-formal training processes</b>	<b>29</b>
<b>2.1. How does retinoblastoma affect leisure and free time?</b>	<b>30</b>
2.1.1. Limitations in vision	30
2.1.2. Need for medical treatment and follow-up	30



2.1.3. Physical activity restrictions	31
2.1.4. Emotional impact	31
2.1.5. Necessary adaptations	31
<b>2.2. How can trainers contribute to standardization?</b>	<b>32</b>
2.2.1. Encourage active participation	32
2.2.2. Promote diversity and inclusion	33
2.2.3. Model positive behaviors	33
2.2.4. Facilitate meaningful conversations	34
2.2.5. Adapt the activities	34
2.2.6. Emotional support	35
2.2.7. Promote autonomy and self-esteem	35
<b>2.3. How should trainers prepare?</b>	<b>36</b>
2.3.1. Specific training	36
2.3.2. Awareness, empathy, unconditional acceptance and authenticity	36
2.3.3. Communication skills	37
2.3.4. Know the support resources available	37
2.3.5. Adaptability and flexibility	37
2.3.6. Conflict management	37
2.3.7. Security	37
2.3.8. Teamwork	38



2.3.9. Emotional self-regulation	38
2.3.10. Continuing education	38
<b>2.4. How to prepare informal sessions and adapted workshops?</b>	<b>39</b>
2.4.1. Understand the needs and capabilities of participants	39
2.4.2. Design of inclusive activities	40
2.4.3. Implementation of appropriate pedagogical strategies	41
2.4.4. Emotional and social support	42
2.4.5. Evaluation and feedback	43
<b>2.5. In-person sessions</b>	<b>44</b>
2.5.1. Designing accessible and secure sessions	44
2.5.2. Creating a positive and inclusive environment	45
2.5.3. Adapted physical activities	46
2.5.4. Emotional management and psychological well-being	47
2.5.5. Continuous evaluation and improvement	48
<b>2.6. Virtual sessions</b>	<b>50</b>
2.6.1. Accessible and dynamic virtual space	50
2.6.2. Adapted and inclusive activities	52
2.6.3. Adapted physical and wellness activities	54
2.6.4. Creating an emotionally safe and motivating environment	55
2.6.5. Continuous evaluation and improvement	56



<b>BLOCK 3. Virtual camps for young people with cancer</b>	<b>57</b>
<b><u>3.1. Create a digital camp from scratch</u></b>	<b>59</b>
<u>3.1.1. Benefits and opportunities</u>	<b>59</b>
3.1.2. Risks and limitations	<b>60</b>
3.1.3. Objectives of a digital camp for young people with cancer	<b>61</b>
3.1.4. Methodological bases	<b>62</b>
• Non-formal education focused on youth	<b>62</b>
• Experiential and meaningful learning	<b>63</b>
• Flexibility as a rule	<b>63</b>
• Accessibility and pedagogical adaptations	<b>64</b>
• Emotional and support approach	<b>64</b>
• Real youth participation	<b>65</b>
3.1.5. How to prepare a digital camp?	<b>66</b>
3.1.6. How to run a digital camp?	<b>69</b>
<b>3.2. Create a FUNCAMP camp</b>	<b>71</b>
3.2.1. How to prepare a FUNCAMP camp?	<b>73</b>
3.2.2. How to run a FUNCAMP camp?	<b>76</b>
3.2.3. Who are the recipients of FUNCAMP camps?	<b>78</b>
• Youth people with cancer	<b>79</b>
• Brothers and close friends	<b>80</b>
• Families and caregivers	<b>81</b>
• Professionals in the educational, social and health fields	<b>82</b>



3.2.4. Selection of dates and funding for FUNCAMP	83
3.2.5. Financing options	84
3.2.6. Emotional and psychosocial support	85
• Presence of trained monitors	85
• Participation of families and caregivers	85
3.2.7. Pedagogical and emotional adaptations for young people with cancer	86
• Pedagogical adaptations	86
• Emotional and psychosocial adaptations	87
• Cultural and religious adaptations	88
• Active involvement of young people themselves in the adaptations	89
3.2.6. Workshop proposals	90
• Discovering and being inspired by Romero Britto	90
• Collage sensorial	91
• Abstract painting with pastilina	92
• Home theater	93
• Spacecraft	97
3.2.9. Register and promote FUNCAMP	100
• Instructions for registering as a user	101
• Instructions for registering as a user trainer	102



• Instructions for accessing the digital camp	103
• Promotion	104
3.2.10. Design the evaluation	107
• Objectives	108
• Evaluation methods	109
• Analysis of results and implementation of improvements	111
• Examples of questionnaires	112
<b>BLOCK 4. Conclusions</b>	<b>116</b>
<b>BIBLIOGRAPHY</b>	<b>120</b>
<b>ANNEXES</b>	<b>124</b>
<u>Annex 1. Questionnaire for trainers</u>	<b>125</b>
Annex 2. Checklist for assessing whether activities are inclusive	<b>127</b>
Annex 3. Digital camp model	<b>129</b>



# INTRODUCTION



The diagnosis and treatment of childhood cancer represent a challenge not only medically but also in terms of the emotional and social well-being of young people who suffer from it. During long periods of hospitalization or convalescence at home, these young people face significant isolation, a decrease in their participation in educational and recreational activities, and a loss of interaction with their social environment.

In this context, there is a need to develop initiatives that promote inclusion and provide opportunities for them to continue learning, socializing, and enjoying activities tailored to their needs. The Virtual Inclusion Camp for Youth with Cancer is presented as an innovative and accessible response, using digital tools to create a safe, stimulating, and enriching environment where participants can share experiences, develop new skills, and strengthen their self-esteem.

This project is aligned with European priorities regarding inclusive education, training, and digitalization, promoting an accessible space for all young people, regardless of their physical or mobility limitations.

Through non-formal education methodologies, interactive activities, and the support of specialized trainers, the virtual camp seeks to provide a positive and transformative experience that reduces the social exclusion gap that often affects these young people.

The implementation of the virtual camp also represents an opportunity to train trainers in the use of inclusive methodologies in digital environments, promoting equity and access to quality learning experiences. It also involves families in the process, offering them tools and support so their children can participate in an effective and enriching way.

This guide is structured into 5 different blocks:

- 1. Retinoblastoma.
- 2. Non-formal training processes adapted.
- 3. Virtual camps for young people with cancer.
- 4. Conclusions.
- 5. Annexes.

Block 1 details the disease process of cancer and specifically, retinoblastoma.

Section 2 explains the consequences of cancer and retinoblastoma in young people and how trainers and camps can help them cope better.

Section 3 first details the virtual camps for young people who are homebound or have long-term hospitalizations. The second section explains the operation and organization of the FUNCAMP platform.

FUNCAMP is a platform specifically created for virtual camps. It is highly customizable, free, and has a very intuitive interface, saving significant time and money for organizations or trainers who want to create a digital camp.

In block 4, conclusions are drawn up with the risks and benefits of the platform, and finally, in block 5, documents of interest to trainers and users are attached.

Ultimately, this project embraces digitalization as a means of guaranteeing the right to leisure, education, and social interaction for young people with cancer, contributing to their emotional well-being and creating a supportive and learning community.



# BLOCK 1. Retinoblastoma

# 1.1. What is retinoblastoma?

Retinoblastoma is the most common eye tumor in children under 6 years of age.

It can affect only one eye (unilateral retinoblastoma) or both eyes (bilateral retinoblastoma)

It originates in the developing retina and the average age of diagnosis is 2.5 years in the unilateral case and 1 year in the bilateral case.

The majority of cases (75%) correspond to the unilateral case, while the remaining 25% correspond to the bilateral case.

Retinoblastoma tumors originate from an alteration (mutation) in both copies of the RB1 gene. These mutations can be inherited or passed on by chance. In only 10% of cases, one of the parents has passed on a mutation in one of the copies of the RB1 gene to the patient. In the remaining cases, the mutation in the RB1 gene is passed on by chance early in the child's development. These two types of retinoblastoma are called inherited retinoblastoma, and the mutation is present in all or almost all of the body's cells. In the case of non-inherited retinoblastoma, also called sporadic retinoblastoma, the gene mutations occur sporadically in a single retinal cell. 90% of cases are sporadic retinoblastoma.

## 1.1.1. Symptoms

These are the most common symptoms that people with retinoblastoma may experience.



**Leukocoria**



**Strabismus**

If a child is suspected of having retinoblastoma, it is important to seek specialized medical care as soon as possible. Early diagnosis and appropriate treatment increase the chances of successful treatment and the preservation of the child's vision and life.



**Painful  
glaucoma**



**Heterochromia  
of the iris**



**Absence of the red  
pupillary reflex**

## 1.2. Treatments and consequences

### **INTRARTERIAL CHEMOTHERAPY**

It involves inserting a catheter into the child's femoral artery and directing it toward the ophthalmic artery to administer chemotherapy directly into the blood vessel that supplies the eye.

### **INTRAVITREAL CHEMOTHERAPY**

It involves injecting a small amount of chemotherapy through the wall of the eye and into the vitreous humor.

Intravitreal chemotherapy is particularly useful in the treatment of vitreous disseminations, which are small tumor fragments that break off and remain in the jelly (vitreous) of the eye.

### **BRACHYTHERAPY OR PLATE THERAPY**

It involves placing plates that release radiation next to the tumor to destroy it without affecting as much tissue as external radiation therapy.

### **CRYOTHERAPY**

It consists of the death of tumor cells by freezing.

### **THERMOTHERAPY**

It consists of the use of heat to destroy cancer cells.

### **ENUCLEATION**

It involves enucleation of the eye, leaving a prosthesis in place that is sutured to the ocular muscles to provide mobility. Later, an external prosthesis is placed that mimics the anterior part of the eye. It is indicated for cases of very large tumors in eyes with limited vision.

Treatment for retinoblastoma can have several consequences, both short- and long-term, that can affect the health and well-being of the affected child. Some of these consequences include:

### **Loss of vision:**

Depending on the size and location of the tumor, as well as the type of treatment used, the child may experience partial or complete loss of vision in the affected eye. This can affect their ability to see clearly and perform daily activities.

### **Changes in physical appearance:**

Some treatments, such as radiation therapy or surgery, can cause changes in the appearance of the eye or surrounding area. This may include scarring, deformities, or facial asymmetries that can affect a child's self-esteem.

### **Developmental and learning problems:**

Aggressive treatments such as radiation therapy can affect a child's normal development, both physically and cognitively. This can result in developmental delays, learning difficulties, or problems with attention and concentration.

### Acute side effects:

During treatment, the child may experience acute side effects such as nausea, vomiting, fatigue, hair loss, eye irritation, or gastrointestinal problems. These side effects are usually temporary but can significantly affect the child's quality of life during treatment.

### Emotional impact:

Both the diagnosis and treatment of retinoblastoma can be emotionally challenging for the child and their family. Stress, anxiety, fear, and sadness are common reactions that may arise during this process and may require emotional and psychological support.

### Risk of secondary problems:

Some treatments may increase the risk of developing long-term secondary problems, such as cataracts, glaucoma, retinal degeneration, dry eyes, strabismus, or other eye disorders. These problems may require additional treatments and lifelong follow-up.



## 1.2.1. Enucleation

It is a surgical procedure in which the eye affected by retinoblastoma is removed. This intervention can have several additional consequences, including:

### **Total loss of vision in the affected eye:**

Enucleation involves the complete removal of the eye affected by the tumor. As a result, the child completely loses vision in that eye. This vision loss can have a significant impact on the child's visual function and spatial perception.

### **Rehabilitation and adaptation:**

After enucleation, the child will need to learn to adapt to their new vision. This may include participating in vision rehabilitation programs and learning techniques to maximize vision in the remaining eye. In addition, ocular prostheses may be required to improve the eye's cosmetic appearance.

### **Emotional and psychological adjustment:**

The loss of an eye can be emotionally traumatic for the child and their family. Feelings of sadness, grief, anxiety, and concern about the child's physical appearance may arise. It is important to provide emotional and psychological support to both the child and the family during this period of adjustment.

### **Changes in physical appearance:**

Enucleation may cause changes in the child's physical appearance, especially if a prosthetic eye is used to replace the removed eye. While prosthetic eyes may look quite natural, they may require periodic adjustments and proper care to maintain their appearance and functionality.

## 1.3. How does it affect those who suffer from it beyond the consequences of cancer itself?

In addition to the direct medical consequences of retinoblastoma, this disease can have several impacts on the lives of those who suffer from it and their families.

### **Emotional impact:**

Concern for the child's health, stress associated with medical treatments, and uncertainty about the future can cause anxiety, fear, and depression in those affected.

### **Impact on daily life:**

Hospital visits, surgeries, invasive medical treatments, and prolonged recovery periods can affect a child's ability to attend school regularly, participate in activities, and lead a normal daily life.

### **Long-term effects:**

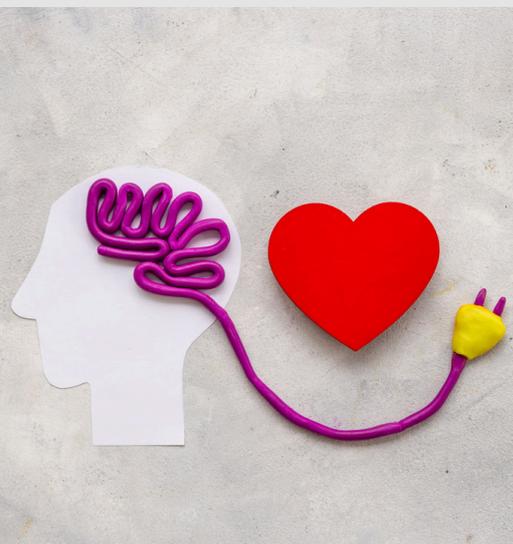
Although many children survive retinoblastoma, they may experience long-term effects from treatment, such as vision problems, hearing loss, and learning and developmental difficulties.

### **Alteration of quality of life:**

Disruption of daily routine, limitations on social and recreational activities, and concerns about long-term well-being.

### **Financial impact:**

Families may face financial hardship due to loss of income because of the child's inability to work.



## 1.4. Stages during the disease

### Stages or phases of childhood cancer

A cancer diagnosis has an emotional impact on both the sick child and all family members. It represents a sudden disruption to the rhythm of life, with serious implications for each member.

#### 1.4.1 Pre-diagnosis phase:

##### STAGE 1



Hospitalization. Hospitalization is a source of stress for children, involving significant changes and negative situations: loss of contact with their usual environment (school, friends, separation from siblings and the rest of the family) without prior explanation, lack of understanding of the need for hospitalization, arrival in a strange place surrounded by medical personnel, painful procedures and/or surgeries. The child may experience problems adapting to the hospital environment, manifested through sleep and eating disorders, a tendency toward isolation, fear, and anxiety.

## 1.4.2 Diagnostic phase:

### STAGE 2

It's one of the most difficult times for parents and children. It's also the period when they most need guidance and support.

As a general rule, children are not informed about their diagnosis, although this does not mean they are unaware of it. Children know they are sick and are able to perceive the severity of their illness, although this obviously depends on their maturity and their parents' attitude.

Children up to the age of 5 lack the maturity to fully understand the illness, and are more concerned about separation from their parents, abandonment, and loneliness.

Children, especially between 4 and 5 years old, fear physical harm.



Children between 6 and 9 years old, on the other hand, understand that they suffer from a serious illness. They are able to connect symptoms, treatments, and consequences, and because their thinking flows within this cause-and-effect framework, they may consider themselves to be responsible for their illness. Despite their greater developmental stage, they may, like younger children, feel anxiety, anger, or sadness and develop regressive behaviors.

Their main fear is the fear of what might happen to them, especially the fear of mutilation.

Preadolescent and adolescent children are capable of understanding their diagnosis and treatment. Older children also experience anxiety about separation and threats to their physical integrity, as well as threats to their independence, appearance and body image, peer acceptance, sexuality, and future plans.



The psychological impact of cancer can be more devastating during adolescence than at any other age, as the disease and its therapy temporarily remove children from their environment and cause physical changes. These changes are particularly impactful, leading to fears not only about the disease itself, but also about the loss of their place among their peers, the loss of control over their newly acquired independence, their privacy, and their activities. Without adequate support, all of this can impact their self-esteem, with consequences at the emotional, social, relational, and performance levels. In addition to information, children need to perceive hope and emotional control from those around them.

Be sure that they perceive you as before and that they accept the physical changes you have experienced, that they treat you normally

### 1.4.3 Treatment phase:



#### STAGE 3

This period is characterized by a more positive mood. Parents and child feel more integrated into the hospital setting and more confident about the possibility of treatment.

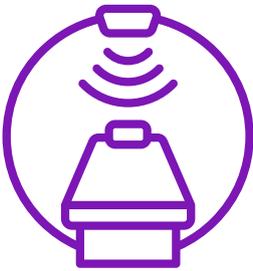
There are different cancer treatments, each affecting the child differently.

Of all the side effects caused by chemotherapy, due to its impact on a child's emotional stability, hair loss (alopecia) stands out. This evident physical change causes children to perceive themselves as different from others, and they may develop social avoidance or withdrawal behaviors, especially in adolescence.

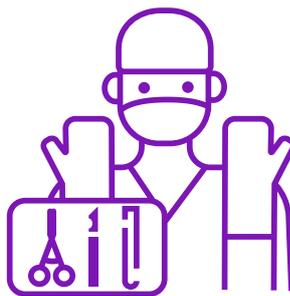


Neutropenia, which manifests clinically as anemia, hemorrhages, or a decreased immune system against infections, requires isolating the child from the outside world. This situation results in sensory and social deprivation, further exacerbating their isolation from the outside world.

Radiation therapy causes great anxiety in children due to the unknown and the coldness of the treatment and the room itself. In addition, they must remain alone, which tends to increase fantasies of pain and fear of the unknown, especially if the child has not received information about the treatment process.



For many solid tumors, surgery is the most effective treatment. This intervention generates a high level of anxiety due to the lack of knowledge about the upcoming process, the unfamiliarity of the environment and those around them, and the separation from their parents. A child undergoing surgery will suffer the consequences of the type of intervention and its location. It is especially traumatic when the tumor is located in the eyeball or in a bone, as it can lead to partial or total amputation of the affected organ. Such surgery seriously alters the child's body image and can affect their self-esteem.



## 1.4.4. Return home phase:

### STAGE 4

This stage is characterized by a certain "normalization." The child spends long periods at home and has greater contact with the outside world. However, their physical condition still does not allow them to lead a normal life. Returning to school is an emotionally difficult time for the child. Sometimes, sick children may show a tendency to isolate themselves as a response to feelings of insecurity and vulnerability. They may also show a lack of initiative, a lower level of activity, and school refusal behavior.



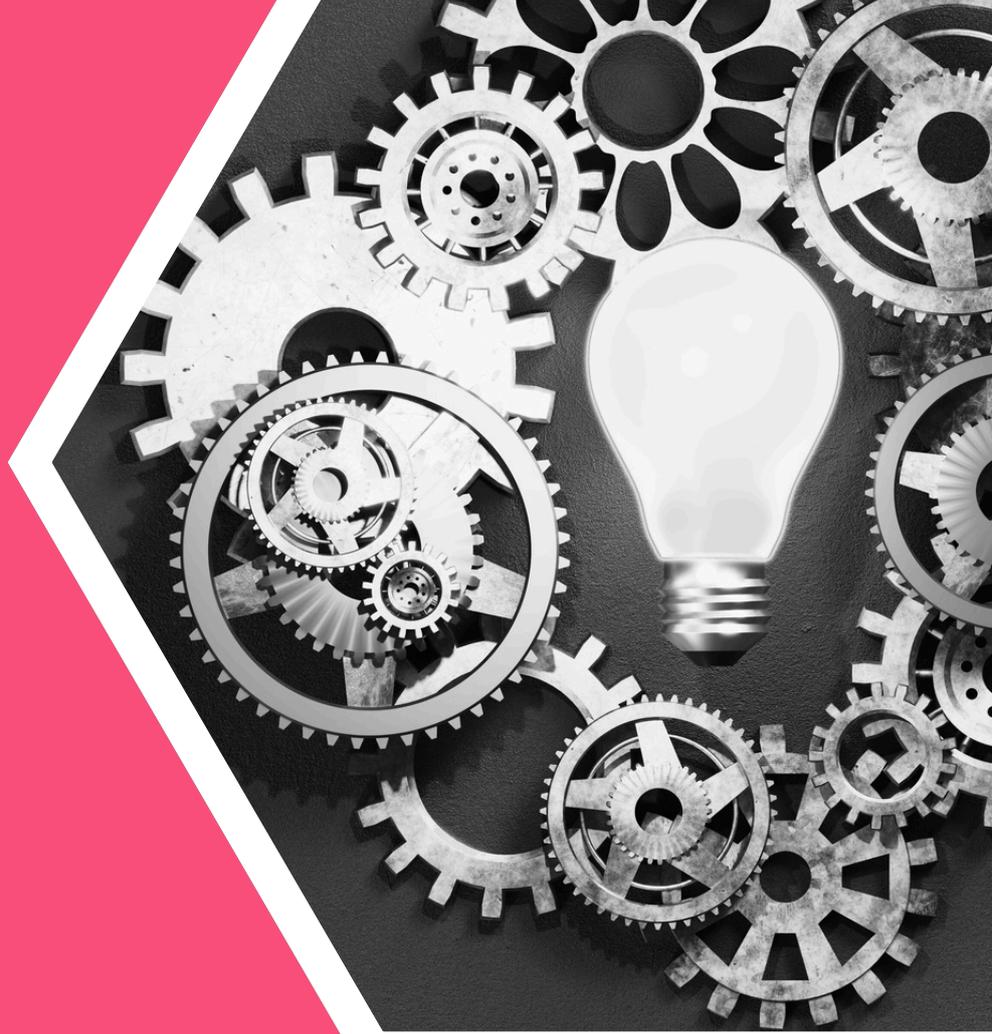
## 1.4.5. Terminal phase:

### STAGE 5

Treatment is not always effective and the child can return to a normal life. Sometimes, there is little chance of recovery and death becomes more imminent.

It is characterized by the difficulty the family faces in accepting the limited therapeutic options and, in some cases, resistance to the application of palliative rather than curative treatments; this can lead to a deterioration in the child's quality of life. It is an extremely stressful situation, as there is no natural preparation to cope with the loss, which disrupts natural law, where children die before their parents, and the circumstances are especially dramatic.





## **BLOCK 2. Adapted non-formal training processes**

## 2.1. How does retinoblastoma affect leisure and free time?

Retinoblastoma can have a significant impact on leisure and recreational activities, especially in children. Below are some of the ways retinoblastoma can affect children:



### 2.1.1. Vision limitations:

Retinoblastoma can cause partial or complete vision loss in one or both eyes. This can make it difficult to participate in activities that require good vision, such as sports, outdoor games, or artistic endeavors.

---

### 2.1.2. Need for medical treatment and follow-up:

Children with retinoblastoma often require treatments such as chemotherapy, radiation therapy, or surgery. These treatments may require hospitalization and recovery periods, limiting their ability to participate in leisure activities.

### 2.1.3. Physical activity restrictions:

Depending on the patient's treatment and vision condition, there may be restrictions on participation in physically demanding or high-risk activities that could increase the risk of injury or complications.

---

### 2.1.4. Emotional impact:

Having cancer and undergoing medical treatments can be emotionally challenging for the patient and their family. This can affect their willingness to participate in leisure activities and enjoy their free time.

---

### 2.1.5. Necessary adaptations:

Leisure activities may require adjustments to ensure the safety and comfort of the retinoblastoma patient. This may include the need to play in well-lit environments or participate in activities that do not rely as heavily on vision.



## 2.2. How can trainers contribute to standardization?

Trainers play an essential role in the normalization and emotional well-being of young people participating in virtual camps for young people with cancer. Normalization refers to the creation of an inclusive environment where individual differences are not a cause of discrimination, but are instead positively integrated into the collective experience. In this sense, coaches play multiple roles that contribute to normalization and a sense of community within the camp. Below are some ways trainers can facilitate this process:

### 2.2.1. Encourage active participation:

Trainers should ensure that all youth feel comfortable and encouraged to actively participate in all camp activities, creating a welcoming environment where every youth feels valued and respected, regardless of their medical circumstances.





### **2.2.2. Promote diversity and inclusion:**

Trainers should not only accept but also celebrate individual differences in terms of ethnic, cultural, socioeconomic, and medical circumstances. Trainers should ensure that all young people feel accepted as they are, thus creating an inclusive environment.

---

### **2.2.3. Model positive behaviors:**

The trainers are the role models for the young participants, and it is crucial that their behavior remain positive at all times. Showing empathy, respect, and understanding toward all participants, as well as fostering collaboration, camaraderie, and mutual respect in all interactions, are examples of positive behavior.

### 2.2.4. Facilitate meaningful conversations:

Trainers should create a safe space where young people can freely share their experiences, concerns, and achievements. This involves facilitating meaningful conversations about health-related topics in an open and supportive environment, which helps reduce stigma and isolation.

---

### 2.2.5. Adapt the activities:

Trainers must adapt camp activities to ensure full and meaningful participation by all participants. This involves modifying activities to make them accessible to all, as well as providing necessary support for those who need it.





### **2.2.6. Emotional support:**

Trainers should provide appropriate emotional and psychological support to young participants, recognizing the emotions associated with cancer and providing resources and tools to manage them in a healthy manner. Referral to additional support services should be considered if deemed necessary.

---

### **2.2.7. Promote autonomy and self-esteem:**

Trainers play a key role in empowering young people, fostering their independence and helping them develop life skills. Encouraging young people to make decisions, assume responsibility, and achieve personal goals helps strengthen their self-esteem and confidence.

## 2.3. How should trainers prepare?

Proper training for trainers is vitally important to providing a safe, supportive, and enriching environment for participants.

Important aspects of preparation are:

### 2.3.1. Specific training:

Having specific knowledge about the treatments and needs of young people with cancer is very important. Understanding the side effects—physical, emotional, and psychological—and how these can affect their participation on campus is crucial.

---

### 2.3.2. Awareness, empathy, unconditional acceptance and authenticity:

Show support and understanding, recognizing the difficulties they face. Accept their qualities, attitudes, values, and ideology without judgment.





### **2.3.3. Communication skills:**

Active listening, clarification, paraphrasing, reflection.

---

### **2.3.4. Know the support resources available:**

Medical services, psychological support services and patient organizations.

---

### **2.3.5. Adaptability and flexibility:**

Ability to adapt to the changing needs of children and the resulting ability to adapt camp activities accordingly.

---

### **2.3.6. Conflict management:**

Promoting an environment of cooperation and mutual respect, and the ability to resolve conflicts peacefully and constructively.

---

### **2.3.7. Security:**

Basic first aid training.



### **2.3.8. Teamwork:**

Collaboration among the team of instructors to provide an enriching experience for young people.

---

### **2.3.9. Emotional self-regulation:**

Have emotional regulation strategies to properly perform your work and maintain a good relationship with young people.

---

### **2.3.10. Continuing education:**

Participate in professional development activities to stay informed about the best practices and strategies for supporting and caring for children with cancer.

A questionnaire designed to detect the needs of trainers is included in Annex 1.

## 2.4. How to prepare informal sessions and adapted workshops?

Sessions must be carefully prepared to ensure that activities are inclusive, accessible, and enriching.

The most important points for its preparation are:

### 2.4.1. Understand the needs and capabilities of participants.

#### Initial assessment:

- Get to know the participants: Gather information about the youth's specific needs, physical limitations, preferences, and energy levels.
- Interviews and questionnaires: Use parent or guardian interviews and questionnaires to gather information about young people's health and well-being.



## 2.4.2. Design of inclusive activities.

### Clear objectives:

- Define goals: Establish clear objectives for each session or workshop, considering the learning and well-being outcomes you want to achieve.
- Goal Adaptation: Ensure goals are flexible to accommodate different skill and energy levels.

### Diversified activities:

- Variety of formats: Include a mix of activities such as crafts, games, music, gentle exercise, and relaxation sessions.
- Duration and breaks: Plan short activities with frequent breaks to accommodate fatigue and the need for rest.

### Accessibility:

- Adapted materials: Use materials that are accessible to all young people, including those with visual or motor disabilities.
- Technology: Incorporate technology where necessary, such as screen-reading software, to facilitate participation.



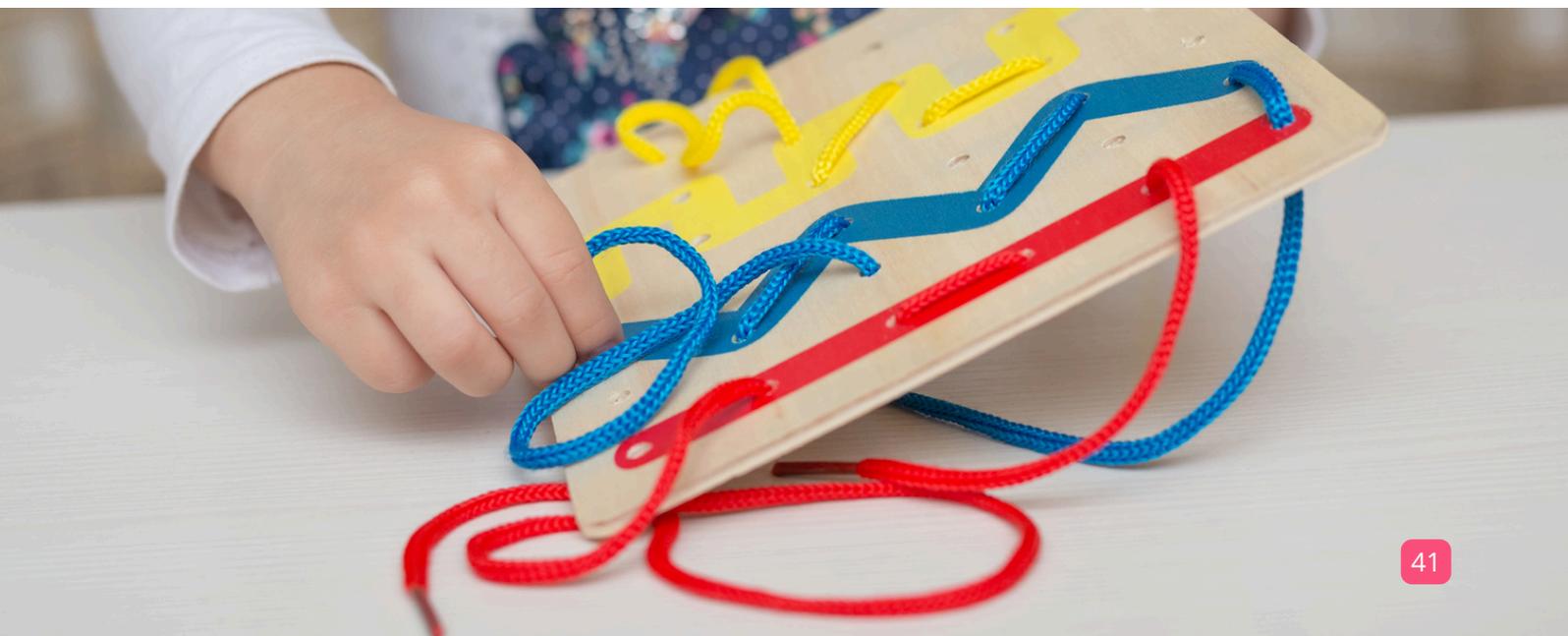
## 2.4.3. Implementation of appropriate pedagogical strategies

### **Interactive approaches:**

- **Active Participation:** Encourage active participation through interactive activities that involve young people in the learning process.
- **Project-based learning:** Enabling young people to work on projects that interest and excite them, promoting autonomy and a sense of accomplishment.

### **Flexibility and adaptation:**

- **Real-Time Modification:** Be prepared to modify activities based on participants' needs and moods in real time.
- **Alternatives and options:** Provide alternatives for each activity so that young people can choose according to their preferences and abilities.



## 2.4.4. Emotional and social support

### Safe and supportive environment:

- Creating a positive environment: Fostering an environment where young people feel safe, valued, and understood.
- Facilitating support groups: Establish support groups within the camp where youth can share their experiences and feelings.

### Emotional interventions:

- Play Therapy: Using play therapy to help young people express their emotions and manage stress.
- Mindfulness and Relaxation: Include mindfulness activities and relaxation techniques to help young people manage anxiety and pain.



## 2.4.5. Evaluation and feedback

### Monitoring and evaluation:

- Progress Monitoring: Implement methods to monitor youth progress and well-being throughout camp.
- Regular assessments: Conduct regular assessments to adjust activities and approach as needed.

### Participant feedback:

- Surveys and Interviews: Gather feedback from young people and their families through surveys and interviews to understand their experience and improve future sessions.
- Direct observation: Observe youth reactions and participation during activities to continually adjust and improve.

A questionnaire to assess the inclusiveness, accessibility and enrichment of activities is included in Annex 2.



## 2.5. In-person sessions

In-person camps for young people with cancer must be carefully designed to ensure all participants enjoy a rich, inclusive, and safe experience. The key is to adapt activities to the physical and emotional needs of young people, promoting their active participation while respecting their well-being.

### 2.5.1. Designing accessible and secure sessions

#### Appropriate timing and rhythm

- Alternate dynamic activities with moments of rest.
- Allow flexibility for youth to participate according to their energy levels.

#### Adaptation to the environment

- Select an accessible space with rest areas and shade.
- Ensure the presence of support staff and medical equipment if necessary.
- Avoid architectural barriers for young people with reduced mobility.

#### Adapted materials and tools

- Use contrasting colors and tactile materials for young people with low vision.
- Include multisensory options (auditory, visual, and tactile).
- Provide both individual and group participation options.

## 2.5.2. Creating a positive and inclusive environment

### Activities that encourage personal expression

- Role-playing games and theater to allow the expression of emotions.
- Creation of stories or comics where young people are the protagonists.

### Teamwork and mutual support

- Cooperative games instead of competitive ones.
- Activities where young people help others with creative tasks.

### Art and creativity without limits

- Hand painting, clay modeling, or collage making.
- Spaces for free expression where each young person participates in their own way.

### Inspirational and motivational stories:

- Storytelling about resilience and overcoming.
- Invitation to young people who have experienced similar situations to share their experiences.

## 2.5.3. Adapted physical activities

### Gentle and fun exercises

- Yoga and stretching adapted to reduce stress and improve mobility.
- Movement games without strong physical contact (example: balloon dancing, exploratory walks).

### Inclusive sports

- Activities such as bowling with recycled bottles, adapted mini golf, or supported archery.
- Games of precision and balance that do not require intense physical effort.

### Personal challenge circuits

- Individual achievement points so each child can participate at their own pace.
- Symbolic prizes for completing activities, highlighting effort and creativity.

## 2.5.4. Emotional management and psychological well-being

### Emotional management workshops

- Guided breathing and relaxation techniques.
- Talking circles to safely share thoughts and feelings.

### Alternative therapies

- Animal therapy (if possible, interaction with trained emotional support dogs).
- Use of relaxing aromas in sensory activities (lavender, citrus).

### Relaxation spaces

- Areas with cushions and soft lighting for young people to rest when they need to.
- Relaxing music or nature sounds for calm moments.

## 2.5.5. Continuous evaluation and improvement

### Well-being monitoring

- Observe how young people react to each activity and adapt the pace to their needs.
- Allow additional breaks or changes in activity if a group shows signs of fatigue.

### Collecting opinions

- Ask young people simple questions about what they liked most and what they would improve.
- Include parents and caregivers in providing feedback on the young person's well-being.



## Example of an adapted in-person workshop

### **Workshop: “Let’s paint with emotions”**

**Objective:** Express emotions through painting freely and without rules.

**Duration:** 45 minutes.

**Materials:** Large cardboard, paintbrushes, water-based paints, sponges, paint balloons.

### **Steps:**

1. Each young person chooses a color that represents how they feel.
2. They can paint with brushes, hands, or use fun techniques (splashing with water balloons).
3. Afterwards, each young person shares their work and explains its meaning (if they wish).
4. Final reflection: “There are no good or bad emotions, they are all important.”

### **Adaptations:**

- For young people with reduced mobility: allow them to paint from their chair using extension tools.
- For young people with low vision: Use contrasting colors and textures in painting.

## 2.6. Virtual sessions

Virtual camps for young people with cancer should be designed to be accessible, dynamic, and inclusive, ensuring that all participants can enjoy an enriching experience without physical barriers limiting their participation. It is essential to adapt workshops and activities to individual abilities, pace, and needs, promoting interaction, creativity, and emotional well-being through technology.

Below are the keys to designing and conducting successful virtual sessions:

### 2.6.1. Accessible and dynamic virtual space

Flexible and balanced structure

---

Design short and dynamic sessions (30-45 minutes).  
Alternate active and passive activities to avoid fatigue.  
Include breaks for rest, stretching, or mindfulness.

## Attractive and participatory design

---

- Create presentations with eye-catching, easy-to-read visuals.
- Include images, videos, and sounds to facilitate understanding and interest.
- Offer participation options with a microphone, chat, or reactions.

## Platform

---

- Use the FUNCAMP platform.
- Within it, use Youtube Live for live use.
- In non-live activities, you can upload the corresponding video to the platform.

## 2.6.2. Adapted and inclusive activities

### Artistic and creative activities

- **Digital drawing and painting:** using tools like Paint, online drawing platforms, or apps like Jamboard and Sketchpad.
- **Stop-motion workshop:** use clay, toys, or cutouts to make short animations.
- **Music and rhythm:** percussion games with household objects, group singing, or creating sounds with the mouth and body.
- **Interactive storytelling:** a trainer narrates a story, and young people choose how it should continue. They can also invent alternative endings.

### Expression and creativity activities

- **Role-playing games** in which young people create characters and participate in stories as a team.
- **Dramatizations** in which young people can express themselves through their voices or gestures on camera.
- **Online karaoke** with popular songs to encourage participation and self-esteem.

## Games and group dynamics

- **Virtual escape room:** solve puzzles and work together to advance the story.
- **Home Treasure Hunt:** Clues are given to help young people find objects around their homes and share them on camera.
- **Trivia and interactive questions:** trivia games about movies, science, nature, or any topic that interests participants.

## Educational workshops

- **Smartphone photography:** teaching basic techniques and creating fun photography challenges.
- **Creating digital stories:** using Google Docs or interactive storytelling tools to create stories as a group.
- **Science experiments at home:** simple activities with accessible ingredients like baking soda and vinegar volcanoes, or making your own slime.

## 2.6.3. Adapted physical and wellness activities

### Gentle movement exercises

- Seated dance: Choreographies with hand, arm and head movements.
- Yoga and stretching: Gentle poses guided by instructors to relax the body.
- Coordination games: Guessing movements, musical statues or imitating animals.

### Theatrical and expressive games

- Puppets at home: Use socks or puppets to tell fun stories.
- Character Imitation: Choose characters from movies or stories and dramatize situations.

### Animal therapy

- Virtual tours of animal sanctuaries or demonstrations with therapy dogs.

### Adapted cooperative video games

- Online games that promote teamwork, such as building in Minecraft or challenges in Roblox.

## 2.6.4. Creating an emotionally safe and motivating environment

### Promote self-esteem and confidence

- Enhance the individual strengths of each young person and encourage their participation without pressure.
- Prevent young people from feeling exposed if they don't want to turn on their cameras or actively participate.

### Promoting resilience and inclusion

- Stories of overcoming difficulties told by young people who have overcome cancer.
- Talks with artists, athletes, or inspirational people who have faced similar challenges.
- Strategies for coping with anxiety or fear in difficult situations.

### Emotional support

- Plan sessions with specialists who work on emotional expression through art or writing.
- Gratitude and appreciation games to improve mood and self-esteem.
- Free conversation spaces to share experiences in a safe environment.

## 2.6.5. Continuous evaluation and improvement

### Flexibility and constant adaptation

- Evaluate how each young person has responded to the sessions.
- Adjust dynamics according to the needs and energy levels of the group.

### Positive reinforcement

- Create a system of symbolic rewards such as diplomas, virtual badges, or special appointments.
- Promote recognition among young people themselves, highlighting their strengths and talents.

### Collecting opinions

- At the end of each session, conduct an interactive survey with simple questions.
- Ask young people to rate the activities with emojis or colors.
- Feedback spaces with parents and trainers to improve future sessions.



## **BLOCK 3. Virtual camps for young people with cancer**

This section aims to serve as a practical guide for any organization wishing to organize a digital camp for the social inclusion and emotional well-being of young people with cancer.

Two possible options are presented:

1. Creating a digital camp from scratch, with the entire step-by-step process.
2. Using the **FUNCAMP platform**, a solution that is already available, accessible, and validated by young people and professionals.

This dual approach allows organizations to decide how they want to structure their proposal, while offering them a proven option that saves them time, resources, and errors: **FUNCAMP**.



## 3.1. Create a virtual camp from scratch

### 3.1.1. Benefits and opportunities

Creating a digital camp tailored for young people with cancer represents a great opportunity to:

- **Reduce isolation** caused by hospitalization or prolonged treatments.
- **Strengthen self-esteem and emotional well-being** through fun and educational activities.
- **Promote digital inclusion** among young people who don't always have access to appropriate leisure and learning activities.
- **Build community among equals**, offering spaces to share experiences without stigma.



### 3.1.2. Risks and limitations

While creating a camp from scratch may seem appealing due to its design freedom, it carries significant risks without prior experience or appropriate tools:

- **High technical load and unforeseen costs:** web development, hosting, maintenance, digital security, etc.
- **Lack of real accessibility:** Many generic platforms are not designed for young people with motor, sensory, or cognitive difficulties.
- **Complexity in moderating virtual spaces:** without specific tools, it is difficult to guarantee a safe environment, free from psychosocial risks.
- **Excessive setup time:** It can take months to set up a system from scratch, testing and correcting errors that FUNCAMP has already resolved.
- **Lower youth participation:** If the environment is not engaging or intuitive, young people may disengage or participate only superficially.

Therefore, we recommend seriously considering FUNCAMP as a solid and adaptable alternative, born from direct experience with young people with cancer.



## 3.1.3. Objectives of a digital camp for young people with cancer

✓ Facilitate access to digital spaces for leisure, training, and emotional expression.

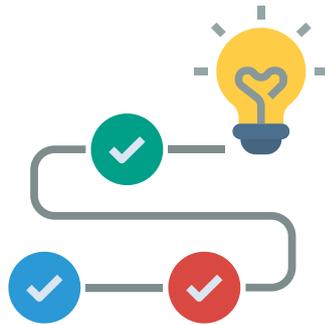
✓ Promote youth autonomy and leadership, even in vulnerable conditions.

✓ Empowering young people by providing them with tools to navigate their journey through creativity, resilience, and learning.

✓ Building bridges between young people, their families, and trainers.

## 3.1.4. Methodological bases

Designing a digital camp for young people with cancer involves much more than moving activities online. It requires applying a pedagogical, emotional, and technological methodology designed to respond to their specific realities: demanding medical treatments, social isolation, physical fatigue, intense emotions, and a need for connection with peers. The methodological foundations must be inclusive, participatory, and adaptive.



## Non-formal education focused on youth

Digital camps should be based on non-formal education methodologies, where learning takes place through experience, creativity, social interaction, and play. Here, young people are active participants, not passive recipients. This means it is necessary to design dynamics that foster personal reflection, emotional expression, group work, and decision-making.

## Experiential and meaningful learning

Each activity must be meaningful to young people: it must connect with their interests, their reality, their emotions. It's not just about "doing fun things," but about creating transformative moments where they can explore their talents, strengthen their self-esteem, and share their experiences without fear of judgment. FUNCAMP allows for the integration of personal stories, creative challenges, and collaborative projects.



## Flexibility as a rule

Methodological flexibility is essential. Young people's health conditions can vary from day to day, so it's essential that they can decide how and when to participate. For example:

- Offer the same activities in synchronous and asynchronous versions.
- Design difficulty or energy levels.
- Allow responses to be expressed in multiple ways (text, image, audio, video, emojis).

## Accessibility and pedagogical adaptations

An inclusive methodology requires preparing materials adapted for young people with sensory, motor, or cognitive disabilities. This involves:

- Design of short, clear tasks with visual support.
- Review of the digital environment to ensure simple and accessible navigation.

FUNCAMP already integrates these possibilities, which significantly reduces the effort required to implement these methodologies.



## Emotional and support approach

The camp should also be a space for emotional support. The methodology should include:

- Activities to work on emotions (fear, sadness, joy, hope).
- Symbolic opening and closing rituals to strengthen the sense of belonging.

FUNCAMP allows you to include emotional materials and recorded sessions.

## Real youth participation

Young people must be present not only as users, but as co-creators. From content design to impact assessment, their voices must guide decisions. The most effective methodologies are built with them, not just for them. That's why FUNCAMP incorporates forums, surveys, and feedback channels at every stage of the process.

These methodological foundations ensure that the digital camp is not just a one-time experience, but an opportunity for lasting growth, connection, and youth empowerment.



### 3.1.5. How to prepare a digital camp?

Preparing a digital camp from scratch requires careful planning and a deep understanding of the needs of the participating youth. Unlike in-person settings, where the team can adapt in real time, in a virtual environment, technical, emotional, and accessibility challenges must be anticipated. This process must be collective, thoughtful, and guided by pedagogical and human criteria.

#### STEP 1

##### Participatory diagnosis

- Conduct interviews and surveys with young people, families, healthcare and education professionals.
- Identify interests, technological skills, available schedules, physical and emotional state.
- Recognize barriers (language, accessibility, connectivity) and opportunities (motivations, talents, support networks).

## STEP 2

### Define objectives and audience

- Determine whether it will be an open camp, a thematic camp, or a camp focused on a common type of experience (e.g., young people in active treatment, survivors, with sick family members, etc.).
- Set achievable goals: emotional well-being, skill acquisition, community building, artistic expression, etc.
- Classify participants by age, language, energy level, and digital experience.

## STEP 3

### Choosing a digital environment

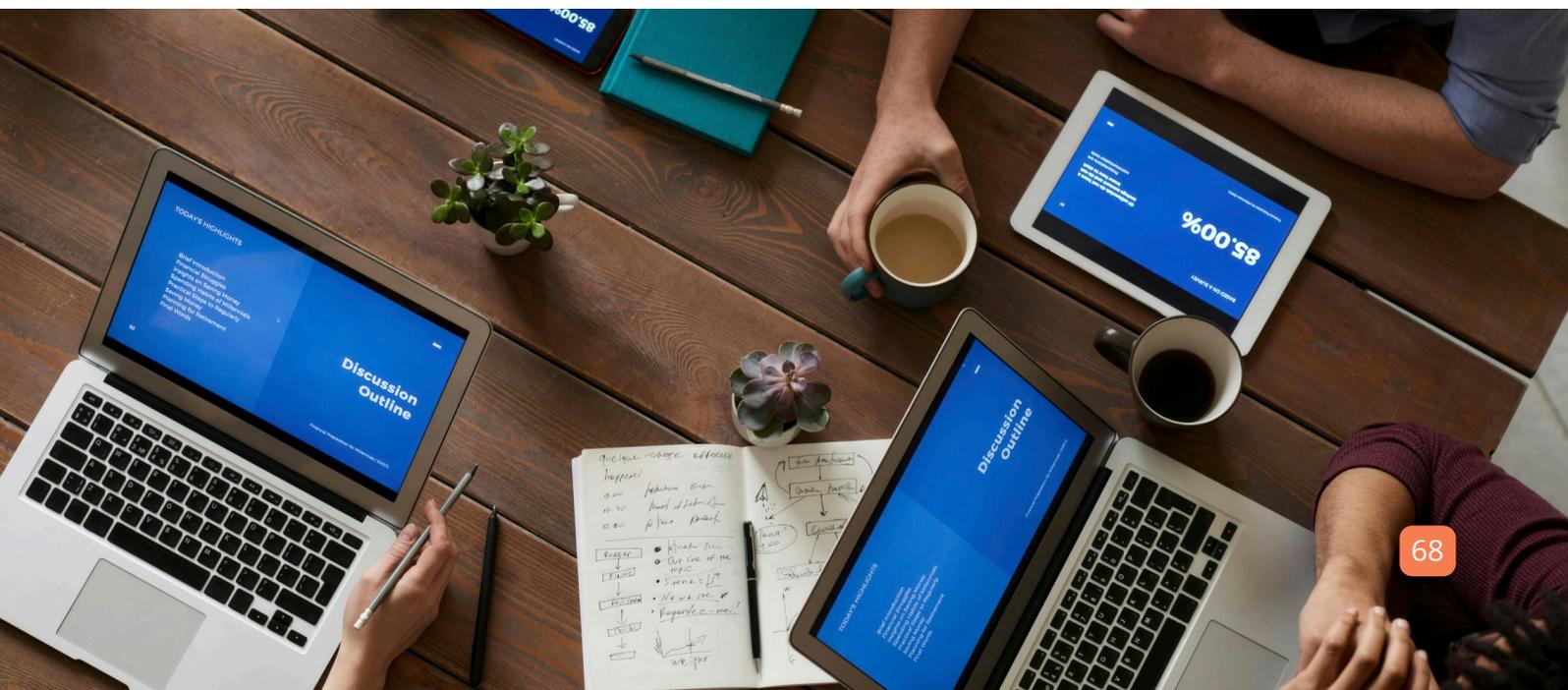
- Compare platforms based on ease of use, security, privacy, accessibility, video integration, and features.
- Evaluate whether you have your own technical team or need to hire external support.
- Assess whether the platform can host multiple formats (video, text, audio, forums) and whether it allows tracking.

**Important:** **FUNCAMP** offers a validated solution for these objectives.

## STEP 4

### Design the programming

- Create a balanced schedule of active, passive, and optional activities.
- Incorporate opening sessions, thematic workshops, play moments, and spaces for free expression.
- Plan ahead for rest, relaxation, and self-regulation times.
- Incorporate creative challenges, testimonials, and dynamics that connect young people with each other.



## 3.1.6. How to run a digital camp?

Once the preparation stage is complete, it's time for implementation. This is where the entire design is put to the test: the ability to adapt to the unexpected, connect emotionally with young people, and maintain a safe, engaging, and stimulating environment. This phase must be carried out with care, flexibility, and an open attitude toward continuous improvement.

### STEP 1

#### Technical tests and accessibility

- Conduct trial sessions with a small group of young people to identify navigation, comprehension, and participation issues.
- Validate that all materials are accessible (mobile compatibility, easy reading, active subtitles, etc.).
- Confirm that links, forums, and resources are working properly and that young people know how to use them.
- Establish technical assistance channels throughout the camp.



## STEP 2

### Prior communication

- Create a personalized welcome document or video that motivates young people and explains how it works.
- Send detailed agenda, participation guides, schedules, and necessary materials.
- Establish a contact channel to resolve any questions before the start.
- Include families or guardians in an information session to strengthen the supportive environment.

## STEP 3

### Implementation

- Start each day with an inspirational message, icebreaker, or short emotional connection activity.
- Follow the schedule flexibly: allow youth to come and go based on their availability or physical condition.
- Encourage participation without imposing: value those who only observe or comment once.
- Ensure the presence of attentive, active, and trained youth emotional health monitors.

The successful implementation of a digital camp depends on empathy, active listening, and the ability to adapt the pace of the project to the changing realities of young people with cancer.

That's why platforms like **FUNCAMP** make this stage much easier by already having many of these features built in.

## 3.2. Create a FUNCAMP camp

**FUNCAMP** is a platform specifically designed to facilitate the organization of digital camps for young people with cancer. Its creation responds to a specific need: to provide these young people with an accessible, safe, and engaging space to share, learn, create, and express themselves during or after cancer treatment. The **FUNCAMP** experience was developed in direct collaboration with young people, healthcare professionals, and trainers.

**FUNCAMP** allows any organization to implement a digital camp quickly, without the need for advanced technical knowledge. It offers ready-to-use templates, adaptable materials, moderated communication spaces, participation tracking, and multiple audiovisual tools. You can access FUNCAMP [here](#).

The **FUNCAMP** platform consists of a public and private section, for which registration is required to access. There are three types of registration: user, trainer-creator, and trainer-user. Once you log in with your username and password, you can view the Private Area, which contains the Digital Camps held so far and those scheduled to take place.

All other sections of the menu are public. One of them provides access to this guide. The experiences section includes a summary of the project's three transnational meetings, as well as examples of the pilot tests conducted during the project. It also presents news releases and multiplication events.

The Partners section briefly introduces all the project partners. It also includes a very useful and necessary section for users: the Advisory Services section, where users can access multiple help resources and user instructions. A contact form is also provided, allowing users to send questions or comments to the platform administrator.

Finally, the Calendar section displays the meetings and activities that have taken place throughout the project, including pilot tests and digital camps. This way, when creating a camp, you can check if the calendar allows it.

The following sections explain how to carry out all phases of a FUNCAMP camp, clearly differentiating between preparation before and during the camp.

***[Link to the explanatory video of the platform.](#)***



La guía para crear tus propios campamentos digitales.

La plataforma digital con todo lo que necesitas para implementarlos.



Múltiples recursos y herramientas para la inclusión de usuarios.

### 3.2.1. How to prepare a FUNCAMP camp?

Preparing a FUNCAMP camp is simple, but it requires a clear understanding of the structure you want to develop and how it will adapt to the characteristics of the young participants. FUNCAMP is designed so that organizations don't have to build anything from scratch, but can focus on the content, teaching methods, and emotional support.

#### STEP 1

#### Registration and access

- [Go to https://retinoblastoma.es](https://retinoblastoma.es) and register on the FUNCAMP platform as a trainer-creator.
- [Link to the explanatory video of the registration.](#)

LOGIN 

REGISTRO A LOS CAMPAMENTOS DIGITALES

SELECCIONA TU  
CATEGORÍA

USUARIO  
FORMADOR





# INSTRUCTIONS FOR REGISTERING AS A CREATOR TRAINER

1. Go to the page:  
[retinoblastoma.es](http://retinoblastoma.es)

2. Click: **ACCESS TO DIGITAL FIELDS** (top right)

3. Select category: **TRAINER**

4. Click on the **REGISTRATION FORM** (at the bottom of the page)

5. **YOUR DETAILS.** Fill out the form:

a. First name b. Last name  
c. Email d. Organization e. Select: **CREATE** a digital field.

6. **ACCOUNT DETAILS**

1. Define a username (the name you will use to log in) and a password that you will have to repeat.  
Accept consent for the processing of personal data

7. **TRAINER CREATOR.** Fill in the information in the digital field:

a. Title of the Digital Field.

b. Date of the Digital Field.

c. Logo or image to be displayed.

d. A summary of the Digital Field.

e. More information about the Digital Field (upload a PDF following the template provided in the Field Model Information).

f. (Optional) A zip file with other images or documents.

## STEP 2

### Configure sessions

- FUNCAMP organizes the camp by days or activities, and allows you to associate each one:
  - Videos or link to Youtube live\* (if the activity is synchronous).
  - Written instructions.
  - Downloadable files.
  - Participation forums where you can upload photos and videos.
  - Interactive activities (quizzes, surveys, challenges).

\*YouTube Live must have the option to view on external platforms enabled.

## STEP 3

### Upload content and adapt

- Use the templates available for each activity (digital camp template in Annex 3).
- Includes accessible multimedia content: subtitled videos, descriptive images, and easy-to-read files.
- You can record personalized welcome messages from the trainers or even from other young people who have already participated.
- If required, versions in different languages or formats (video, audio, easy-to-read) can be uploaded.

## 3.5.2. How to run a FUNCAMP camp?

Once preparation is complete, the implementation phase begins. FUNCAMP facilitates monitoring, moderation, participation, and evaluation, allowing organizers to focus on the well-being of young people.

### STEP 1

#### Launch

- Send each young person their user registration instructions.
- Send the video tutorial that explains how to navigate the platform and how to register by type.
- It can be started with a symbolic activity (collective challenge, motivational video, collaborative mural).
- Ensure forums are active from day one.

### STEP 2

#### Development

- Activate the corresponding modules each day: activities, videos, forums, challenges.
- Conduct live sessions (optional) or leave asynchronous content.
- Respond to messages from young people, encourage participation, and be available for questions or emotional support.
- Monitor daily participation to identify potential instances of disengagement or isolation.

## STEP 3

### Evaluation and closure

- Include short, automated surveys at the end of each day to collect feedback.
- Facilitate participation in a creative evaluation (video summary, drawing, recorded testimony).
- Collect suggestions to improve future editions.

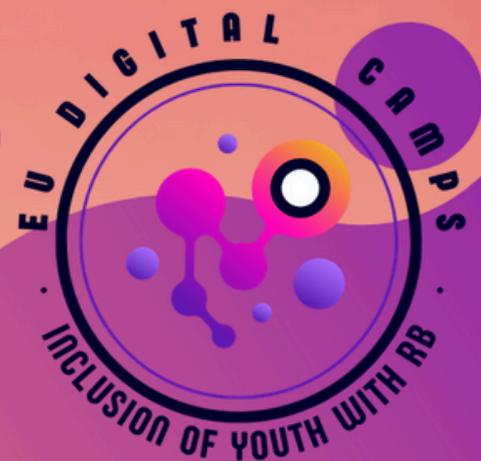
**FUNCAMP allows all of this to be done within the same platform, without relying on multiple external tools.**

### Why is FUNCAMP the best option?

- It is already adapted to the needs of young people with cancer.
- Allows you to set up a camp in days, not months.
- Reduces costs, technical risks and accessibility barriers.
- Create community instead of dispersion.
- It has been created and tested by young people, for young people.

# DIGITAL CAMP

**FROM JUNE 9TH TO 13TH, 5 DAYS OF  
ADVENTURE, LEARNING AND FUN**



***Creative and fun  
activities***

*For ages 4-12*



***Make new friends***

*Meet young people with your  
same interests and be part of  
a creative community*



***Develop your  
creativity***

*Create unique projects that  
you can show to your friends  
and family at the end of  
camp.*

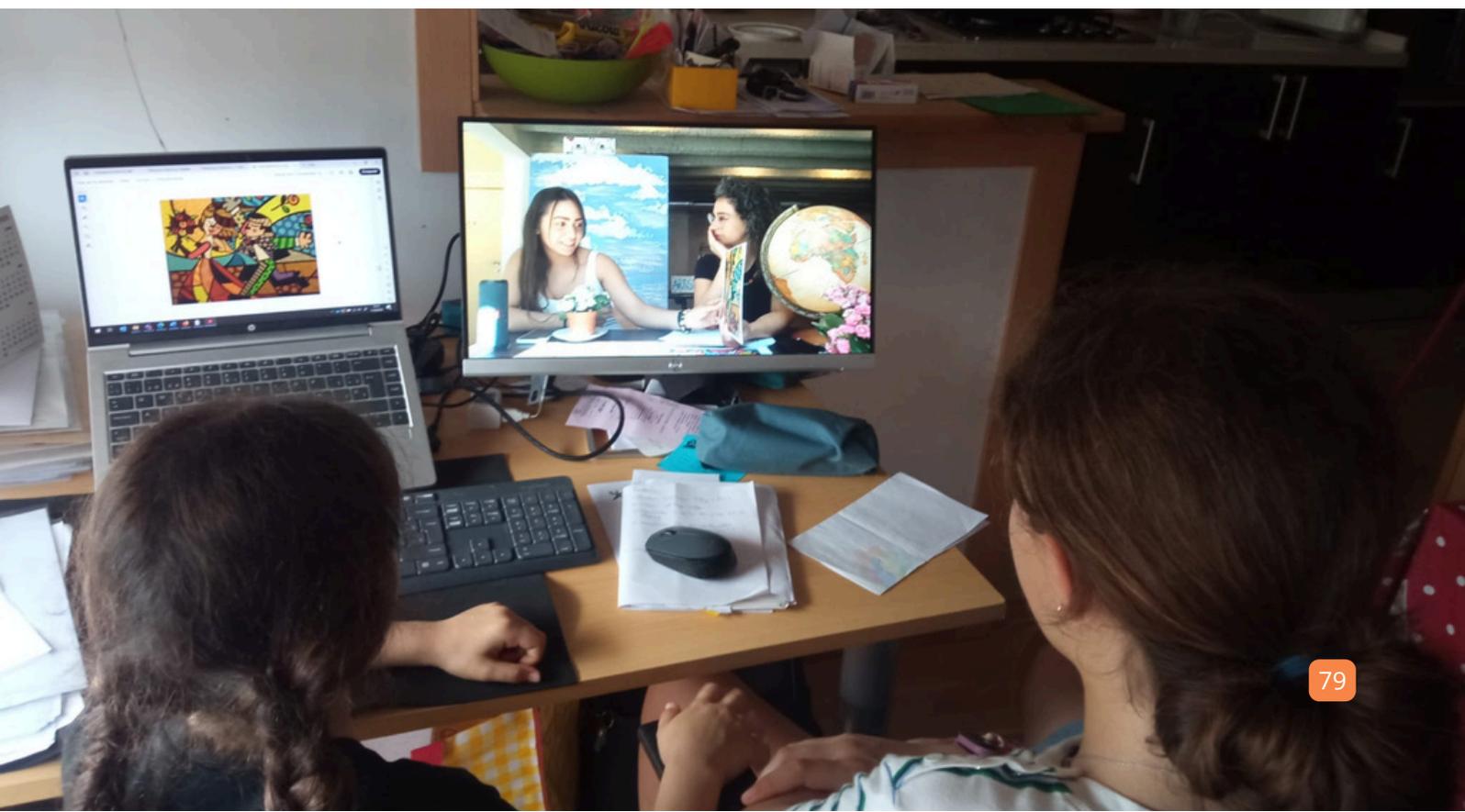
### 3.5.3. Who are the recipients of the FUNCAMP camps?

They are designed to serve a variety of participants with specific needs, ensuring an accessible and inclusive environment.



## Young people with cancer

- Young people undergoing active treatment (chemotherapy, radiotherapy, surgery) who are unable to attend in-person activities due to their health condition.
- Childhood cancer survivors seeking social and emotional support during their recovery process.
- Patients hospitalized or at home with reduced mobility due to their treatment.
- Young people who have lost all or part of their vision due to disease (such as retinoblastoma) and require adapted activities.



## Brothers and close friends

- Siblings of young people with cancer who can benefit from a space for interaction and emotional support.
- Close friends who wish to share experiences with participants, promoting integration and normalization of the disease.
- Participants seeking to better understand the situation of their friends or family and foster empathy.



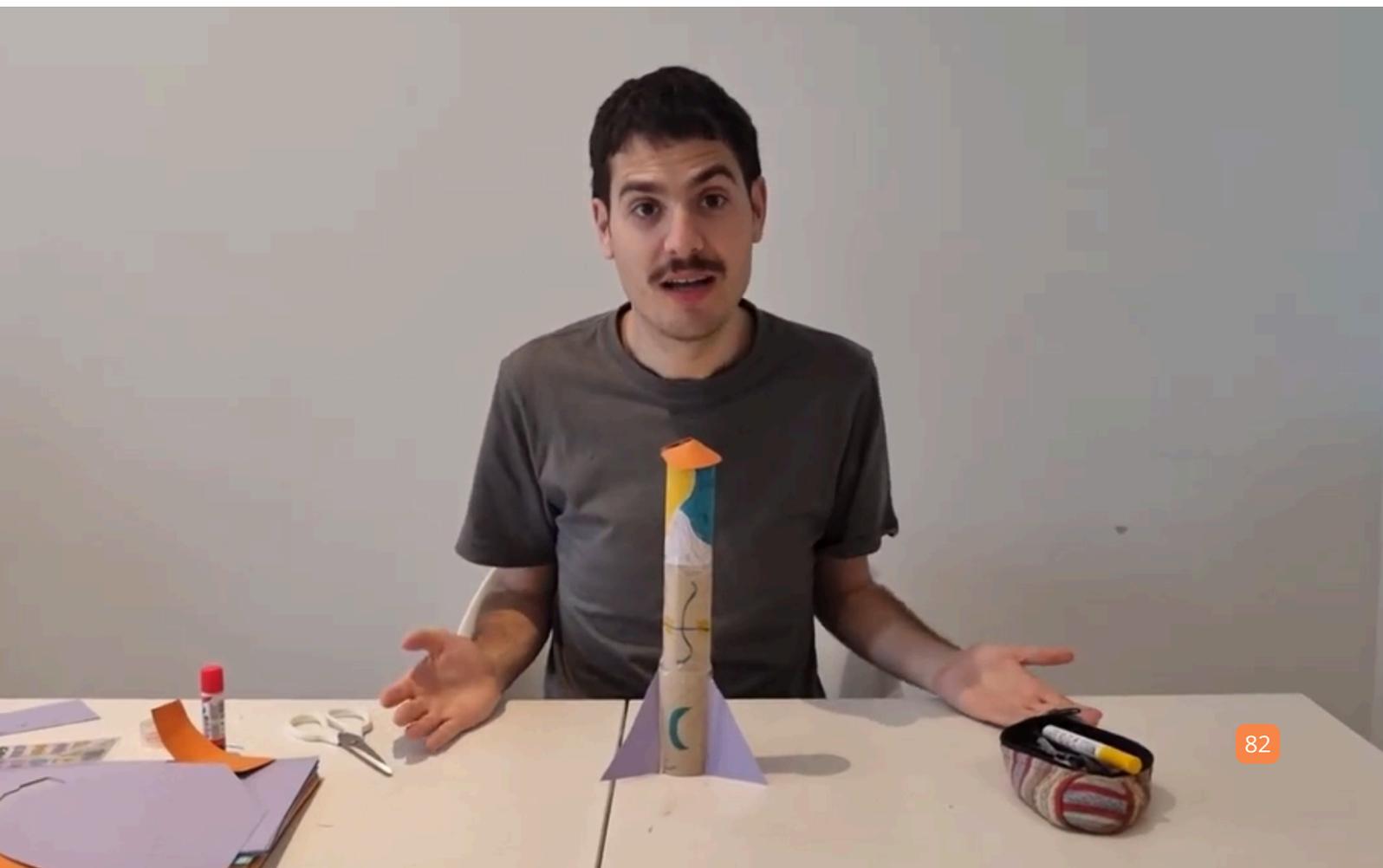
## Families and caregivers

- Families who wish to participate in specific sessions to better understand how to emotionally support their children.
- Caregivers who need tools to foster youth inclusion and well-being.



## Professionals in the educational, social and health fields

- Professionals who work with young people with cancer and wish to train in inclusion and support strategies.
- Trainers interested in adapting activities to accessible virtual environments.
- Psychologists and therapists seeking tools to provide emotional support to young people in treatment.





## 3.2.4. Selection of dates and funding for FUNCAMP

Dates:

Recommended duration: 1 to 2 weeks, Monday to Friday, with 1-2 hour sessions per day, or in an extended format (2 days per week for 1 month).

Ideal season: periods without school load (summer holidays, long weekends, Christmas).

Coordination with hospitals and families: to ensure the availability of young people according to their treatments and energy needs.

## PROGRAM IN 5 DAYS



### MONDAY, JUNE 9

16:00-16:45:  
**Painting, flowers and collaboration**  
AGE: 4-12

17:00-17:45:  
**Happy chaos: wrapping with threads and fabric**  
AGE: 4-12

### TUESDAY, JUNE 10

**LET'S PRACTICE ENGLISH!**

16:00-17:30:  
**Emotion Garlands**  
AGE: 8-12

### WEDNESDAY, JUNE 11

15:30-16:45:  
**Discovering and being inspired by Romero Britto**  
AGE: 4-12

17:00-17:45:  
**Home theater**  
AGE: 4-12

### THURSDAY, JUNE 12

**LET'S PRACTICE ENGLISH!**

16:00-17:30:  
**Sensory collage**  
AGE: 4-12

### FRIDAY, JUNE 13

4:00-4:45 PM:  
Abstract painting with clay. Ages 4-12.

17:00-17:45:  
**Building a rocket**  
AGE: 4-12

## 3.2.5. Financing options

Below are practical ways to finance FUNCAMP:

- European grants (such as Erasmus+)
- Private foundations
  - Find entities that fund health, childhood, cancer, or inclusive digitalization.
  - Write a clear dossier with a budget and testimonials from young people.
- Hospitals and local associations
  - Many pediatric oncology departments collaborate on digital entertainment projects.
  - Involving the hospital from the beginning facilitates financing and dissemination.
- Crowdfunding and solidarity campaigns
  - Create a visual campaign on platforms like Goteo, GoFundMe, or Migranodearena.
  - Involve young people themselves as “digital ambassadors” to give it greater credibility.



## 3.2.6. Emotional and psychosocial support

Support should not just be an option: it should be a structural part of the design of the camp for young people with cancer.

### 3.6.1. Presence of trained trainers

---

- Specific training in inclusion, youth emotional health, and psychological first aid.
- Supervising FUNCAMP's forums and social spaces with an empathetic and proactive approach.

### 3.6.2. Participation of families and caregivers

---

- Information sessions for families on how to support their children at camp.
- Shared activities between young people and their families (stories, cooking, intergenerational stories).

**FUNCAMP** includes spaces prepared for all of this, and allows you to activate closed, private, or moderated channels with professional support.

## 3.2.7. Pedagogical and emotional adaptations for young people with cancer

### Pedagogical adaptations

#### Flexibility in times and forms of participation

- All activities must have synchronous and asynchronous versions.
- Each task should be able to be completed at different times of the day.
- Do not penalize lack of active live participation.

**FUNCAMP:** each day of camp is presented as a separate page with videos, instructions, images, and a forum for each youth to access at their convenience.

## Diversity of expression formats

- Allowing young people to express themselves not only through writing, but also through:
  - Drawings, photos, audios, videos, emojis or gifs.
  - Participation through simple reactions or surveys.

**FUNCAMP:** each activity has a forum where young people can upload images, comment, react, or simply read.

## Emotional and psychosocial adaptations

### Emotional management tools

- Mindfulness activities, guided relaxation, conscious breathing.
- Online emotional diary.
- Dynamics to work on emotions such as fear, anger, or sadness.

**FUNCAMP:** allows you to upload daily meditation videos, relaxing music, or emotional self-expression exercises.

## Inclusion of the family environment

- Activities where siblings or family members can participate.
- Training sessions for parents/caregivers on how to provide emotional support.
- Awareness modules for teachers or volunteers.

**FUNCAMP:** can enable specific sections for families with adapted materials and videos.

## Cultural and linguistic adaptations

- Materials available in several languages.
- Use of clear, direct and youthful language.
- Inclusion of diverse cultural examples and references.

**FUNCAMP:** has been used in several Erasmus+ countries and allows for uploading multilingual content, including simultaneous videos.

## Active involvement of young people themselves in the adaptations

- No adaptation measure will be effective without listening to and directly involving the young participants. Therefore, it is essential:
  - Co-design activities with them.
  - Include your ideas, interests, and talents.
  - Evaluate and adapt on the fly based on your feedback.

**FUNCAMP:** offers suggestion forums, satisfaction surveys, and creative spaces where young people can propose their own activities.

Designing an inclusive camp for young people with cancer isn't just about "adapting," but rather about building from the ground up with an inclusive, flexible, and youthful perspective. **FUNCAMP** offers a powerful, proven, and accessible solution that already incorporates all of these measures, allowing any organization to focus on what matters most: creating a meaningful, safe, and transformative experience for the young participants.

## 3.2.8. Workshop proposals

### Discovering and being inspired by Romero Britto

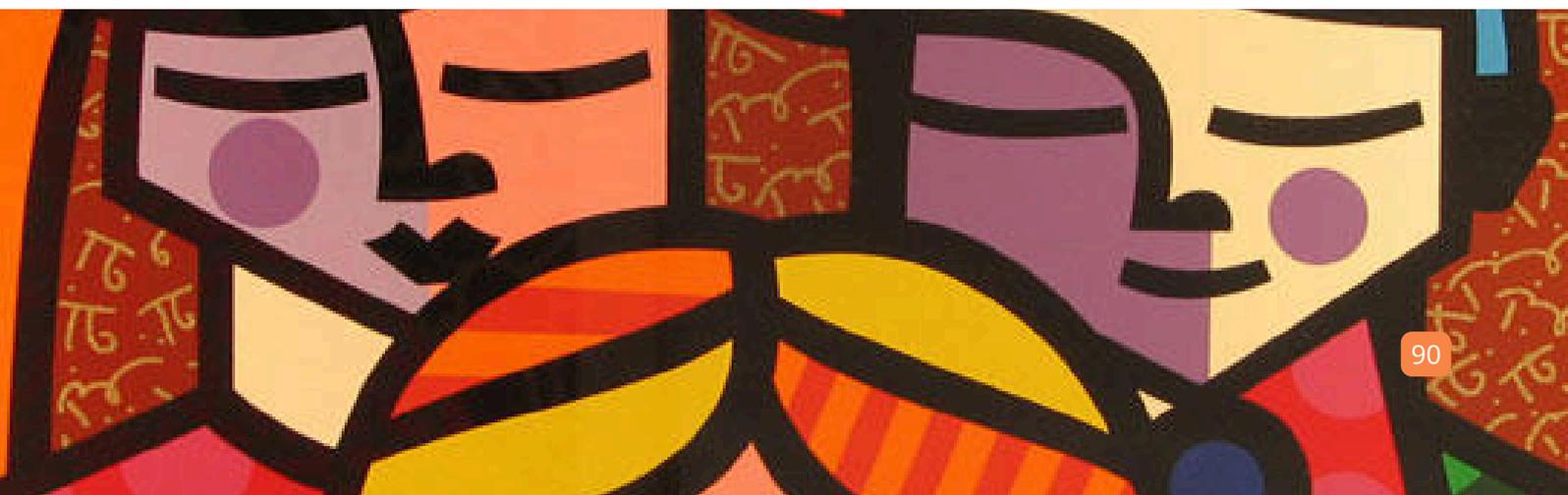
#### What are we going to do?

This activity is inspired by the artist Romero Britto.

This activity seeks to offer young people the opportunity to explore a country, in this case, Brazil, through engaging artistic expression, as well as lay the groundwork for learning how to analyze art and its media. The dialogue about Brazil and the artworks before drawing and painting is just as crucial as the drawing itself. Our goal is to engage young people in reflection on the aesthetics of specific artists' works, as well as how we can analyze them.

#### Materials you will need:

- Paper
- Printed sheets or a collection of slides with Britto's work
- Watercolors, markers, colored pencils
- Music boxes



## Collage sensorial

### What are we going to do?

This activity aims to offer a collage experience by stimulating all the senses (not just sight). Appreciating the final artwork will encourage reflection on texture, what it represents, and how young people react to it.

### Materials you will need:

- Strong sheets of paper or thick cardboard
- Scissors suitable for children
- Liquid glue
- Paints and markers
- Variety of collage materials, e.g.:

Old magazines and newspapers and/or different types of paper, such as:

- Crepe paper
- Aluminum foil
- Tissue paper
- Patterned paper
- Pompoms
- Sequins
- Corrugated cardboard
- Feathers
- Fabric scraps (felt, velvet, denim, etc.)
- Iridescent cellophane
- Cotton balls
- Stickers (especially textured ones)



## Abstract painting with plasticine

### What are we going to do?

This activity is inspired by the work of Australian artist and designer Liz Payne.

Inspired by their colorful and varied work, each participant will play with clay to create a painting inspired by abstract shapes.

This project aims to be a moment of relaxation and an invitation to connect with joy through touch. An opportunity to connect with the senses through explosions of color and textures.

### Materials you will need:

- Cardboard or thick paper
- Play-doh of various colors (as soft as possible)
  - Chopsticks, forks, sponge, etc. (any simple utensils you find at home to create texture)
- Scissors
  - Optional: Rice or sequins of different colors can be added to add texture.



## Home theater

### What are we going to do?

Creating a toy theater with cardboard and translucent paper is a fun and educational activity.

### Materials you will need:

- Cardboard box (can be a shoe box)
- Translucent paper (such as wax paper or tracing paper)
- Cardboard or colored paper
- Scissors
- Glue
- Colored pencils, markers, or paints
- Skewer sticks or straws
- Adhesive tape
- Stickers or decorations (optional)



## Steps to Follow:

### 1. Prepare the Theater:

- **Choosing the Cardboard Box:**
  - Use a cardboard box as the main structure for the theater. A shoebox works very well.
- **Cutting the Stage Opening:**
  - On one of the long sides of the box, cut out a large rectangle that will be the stage opening. Leave a border of about 2-3 cm all around.
- **Create the Translucent Screen:**
  - On the side opposite the opening, cut a rectangle the size of the translucent paper you have. Glue the translucent paper to the inside of the box so that it completely covers the hole. This will be the "curtain" where the shadows will be projected.

### 2. Decorate the Theater:

- **Paint and Decorate the Box:**
  - Decorate the outside of the box with paint, colored paper, or stickers. You can make it look like a real theater with curtains, lights, and decorations.
- **Add Scenic Details:**
  - Cut out details like stars, moons, or clouds from cardboard to glue inside the theater around the stage, creating a more dynamic atmosphere.

### 3. Create the Animal Characters:

- **Draw and Cut Out the Characters:**

- Draw several animals on the cardboard or colored paper. Make sure they're slightly smaller than the opening in the stage.
- Cut out the drawings.

- **Add Sticks:**

- Tape a skewer or straw to the bottom of each character. This will allow you to move them around behind the translucent screen.

### 4. Carry out the Work:

- **Setting up the Theater:**

- Place a light source (such as a flashlight or lamp) behind the box, focusing on the translucent paper.

- **Manipulating Characters:**

- Place the figures between the light and the translucent paper. Move them using the sticks so their shadows appear on the "curtain."

- **Telling the Story:**

- As you manipulate the characters, tell a story with them. You can write a script beforehand or improvise during the performance.



## **Additional Tips:**

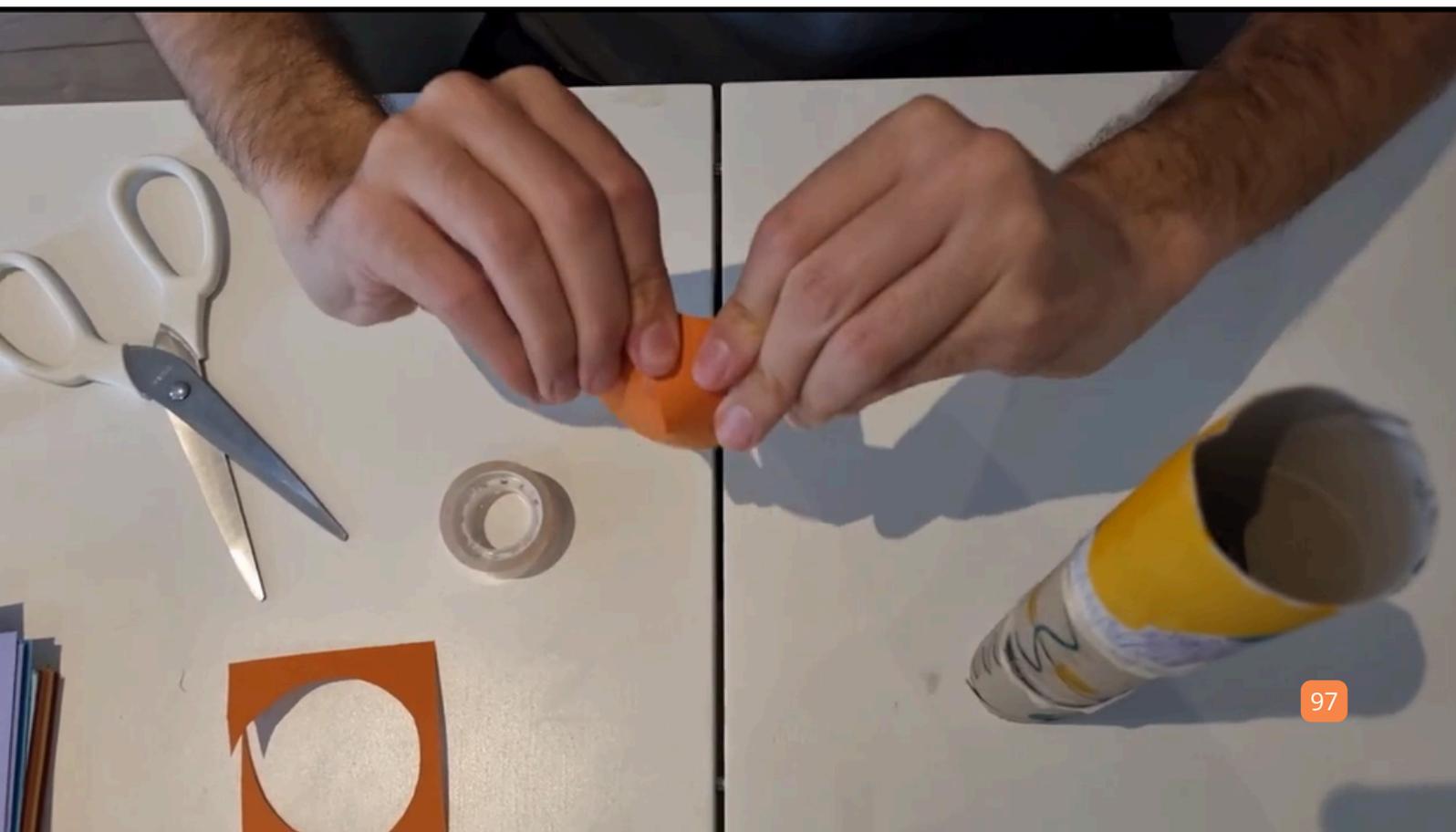
- **Create Interchangeable Backgrounds:** make different backgrounds out of translucent paper and change them depending on the scene in your story.
- **Add Sounds:** use sounds or music to make the work more interesting.
- **Invite Friends or Family:** present your work to a small audience to make the activity more exciting.

**Suggestion:** make a demonstration video or perform the steps live synchronously with the participants.

## Spacecraft

### Materials you will need:

- 2-3 cardboard rolls of toilet paper
- Colored cardboard
- Scissors
- Glue stick or liquid
- Paints and brushes (optional)
- Markers or colored pencils
- Adhesive tape
- Aluminum foil (optional)



## Steps to Follow:

### 1. Prepare the Cardboard Rolls:

- **Paint the Rolls:**

- If you want your rocket to have specific colors, paint the cardboard rolls and let them dry completely. You can use acrylic paints for best results.

- **Join the Rolls:**

- Use two cardboard rolls for the main body of the rocket. Glue them on top of each other to make a longer rocket. You can use tape to make sure they stay together while the glue dries.

### 2. Make the Rocket Tip:

- **Create a Cone:**

- Cut a circle out of cardstock (approximately twice the diameter of the cardboard roll). Cut a line from the edge to the center of the circle, then form a cone by overlapping the cut edges. Glue the cone.

- **Place the Cone on the Rocket:**

- Glue the cone to the top of the cardboard roll to form the tip of the rocket.

### 3. Make the Rocket Fins:

- **Trim the Fins:**

- Draw and cut out three or four long triangles from cardboard to make the rocket's fins.

- **Glue the Fins:**

- Glue the fins to the base of the cardboard roll, making sure to space them evenly around the rocket. You can use tape to reinforce them if necessary.

#### **4. Decorate the Rocket:**

- **Add Details:**

- Use markers, stickers, and other decorative materials to add details to your rocket, such as windows, doors, and serial numbers.

- **Add Aluminum Foil (Optional):**

- You can use aluminum foil to create a metallic look on some parts of the rocket, such as the nose or fins.

#### **5. Assemble the Complete Rocket:**

- **Assemble the Rocket:**

- Make sure all parts are well glued and secure. Let everything dry completely before playing with your toy rocket.

#### **6. Customize your Rocket (Optional):**

- **Create a Launcher (Optional):**

- You can make a launcher with a cardboard base where the rocket can "take off." Cut a circle out of a large cardboard base and place your rocket on it.

- **Add a Crew (Optional):**

- Draw and cut out small astronauts from cardboard and glue them onto the rocket windows.

## 3.2.9. Register and promote the FUNCAMP

To ensure the success of the virtual camp, it is essential to implement an accessible registration process and an effective promotional strategy. This will allow us to reach families and ensure the participation of young people with cancer, adapting to their needs and circumstances.





# INSTRUCTIONS FOR REGISTERING AS A USER

1. Go to the page:  
[retinoblastoma.es](http://retinoblastoma.es)

2. Click: **ACCESS TO DIGITAL FIELDS** (top right)

3. Select category: **USER**

4. **YOUR DETAILS.** Fill out the form:

a.First Name b.Last Name c.E-mail  
d.Organization

5. **ACCOUNT DETAILS**

Define a username (the name you will use to log in) and a password that you will have to repeat.  
Accept consent for the processing of personal data.

6. Go to **LOGIN** (top left):

Enter your username and password.

7. Go to the **Private Area** menu tab and select the digital field you want to access.

8. **You're in! You'll find the following:**

- A different page for each day and for each activity.
- A summary of each activity along with instructions and/or necessary materials, if applicable.
- A link to YouTube Live ready to follow the activity live.
- A + symbol, where you can add a topic and comment. Uploading images is also allowed.
- You can reply to existing comments.



# INSTRUCTIONS FOR REGISTERING AS A USER TRAINER

1. Go to the page:  
[retinoblastoma.es](https://retinoblastoma.es)

2. Click: **ACCESS TO DIGITAL FIELDS** (top right)

3. Select category: **TRAINER**

4. Click on the **REGISTRATION FORM** (at the bottom of the page).

5. **YOUR DETAILS**. Fill out the form:

a. First Name b. Last Name c. Email  
d. Organization e. Select: USE

## 6. ACCOUNT DETAILS

Define a username (the name you will use to log in) and a password that you will have to repeat.  
Accept consent for the processing of personal data.

7. Go to **LOGIN** (top left): enter the username and password.

8. Go to the **Private Area** menu tab and select the digital field you want to enter.

You're in! You'll find the following:

- A different page for each day and for each activity.
- A summary of each activity along with instructions and/or necessary materials, if applicable.
- A link to YouTube Live ready to follow the activity live.
- A + symbol, where you can add a topic and comment. Uploading images is also allowed.
- You can reply to existing comments.

# INSTRUCTIONS FOR ACCESSING THE DIGITAL CAMP

**7. Go to the Private Area menu tab and select the digital field you want to access.**

**8. You're in! You'll find the following:**

- a. A different page for each day and for each activity.
- b. A summary of each activity along with instructions and/or necessary materials, if applicable.
- c. A link to YouTube Live ready to follow the activity live.
- d. A + symbol, where you can add a topic and comment. Uploading images is also allowed.
- e. You can reply to existing comments.

# Promotion

## 1. Creation of dissemination material

Promotional  
videos

Explaining the importance of the camp and showing testimonials from families or counselors.

Digital posters  
and brochures

With clear and attractive information about the camp.

Frequently  
Asked Questions

In an accessible format to resolve questions about the program's operation and benefits.

## 2. Dissemination on social networks and digital media

Facebook, Instagram with eye-catching images and videos.

Social media post

Related to inclusion, digital education, and the fight against childhood cancer.

Use of hashtags

In family support groups, patient associations, and healthcare professional communities.

Campaigns

### 3. Collaboration with entities and professionals

#### Joint work

With hospitals, foundations, and associations that care for young people with cancer.

In schools, educational centers, and support programs for young people with serious illnesses.

#### Diffusion

## 3.2.10. Design the evaluation

Evaluating the virtual camp is essential to measure its impact, identify areas for improvement, and ensure participant satisfaction. An evaluation system should be designed to cover all aspects of the program, including accessibility, the quality of activities, the level of inclusion, and the perceptions of youth, families, and trainers.



## Objectives

**To assess the camp's effectiveness in the inclusion and well-being of participants.**

**Measure the level of satisfaction of young people, their families, and the trainers.**

**Analyze the accessibility and adaptation of activities to individual needs**

**Identify areas for improvement for future editions of the camp.**

**Collect testimonies and good practices to consolidate the program.**

## Evaluation methods

### Satisfaction questionnaires

**Anonymous surveys will be conducted among the various groups involved:**

- **Participants:** Questions tailored to age and level of understanding, with visual options and guided responses.
- **Families:** Opinion on the organization, accessibility and perceived benefits for their children.
- **Trainers and organizers:** Evaluation of the camp's implementation and its impact on young people.

### Qualitative observation and monitoring

**During the camp, trainers will monitor each child's level of participation and interaction. Aspects such as:**

- Level of involvement in activities.
- Difficulties detected in accessing or conducting sessions.
- Additional support needs identified.

## Evaluation meetings with trainers

**At the end of the camp, feedback sessions will be held with the team of trainers to analyze:**

- Strengths and positive points of the program.
- Difficulties encountered in camp management.
- Proposals for improvement and recommendations for future editions.

## Testimonies and final reflection

**Participants and families will be invited to share their experiences through:**

- Thank you videos or messages.
- Drawings or digital creations about your experience.
- Written reports or interviews.

## Analysis of results and implementation of improvements



✓ All responses and comments will be compiled and analyzed.



✓ A final report will be prepared with conclusions and recommendations.



✓ Improvements will be made based on the results obtained.



✓ Lessons learned will be shared with collaborating entities to strengthen future editions.

## Examples of questionnaires

### 1. Questionnaire for participants (young people).

Instructions: Mark the response that best reflects your experience at camp.

#### Overall Experience

Did you enjoy participating in the camp?

- Yes, a lot
- More or less
- Not much

How did you feel during the activities?

- Very good, I had fun and learned new things
- Normal, I liked some things and others I didn't
- A little boring or difficult

#### Activities and Content

Were the activities fun and easy to follow?

- Yes, they were fun and easy
- Some were, but others not so much
- No, I had a hard time understanding or participating

What was your favorite activity? (Write your answer)

Would you like the next camp to have more games, more talks, more creative workshops, or something else?

#### Inclusion and Participation

Did you feel like you were able to participate in everything you wanted?

- Yes, I felt included
- Sometimes it was difficult for me
- No, I couldn't participate much

How did you feel with the trainers and colleagues?

- Very good, I felt accompanied
- Average, sometimes I had a hard time communicating
- Not very good, I felt a little alone

 Suggestions and Improvements

Would you change anything about the camp? What would you improve?

## 2. Questionnaire for families

Instructions: Mark the answer that best reflects your opinion.

### Overall Camp Experience

How would you rate the overall camp experience?

- Good
- Average
- Unsatisfactory

Did your child enjoy camp and show interest in the activities?

- Yes, he/she was enthusiastic
- At times, depending on the activity
- No, he/she was not very interested

### Activities and Adaptation

Were the activities well adapted to the needs of the participants?

- Yes, inclusion and accessibility were noted
- Some activities could be improved
- No, there were difficulties in participating

What types of activities do you think were most beneficial for your child? (Example: games, creative workshops, discussion spaces, etc.)

Was the virtual format accessible and easy to use for your child?

- Yes, everything worked fine
- Some technical difficulties
- No, we had problems

 Support and Accompaniment

Was the trainers team accessible and supportive?

- Yes, they were attentive and committed
- Some questions remained unresolved
- No, we felt a lack of support

 Suggestions and Improvements

What aspects would you improve in future editions?

### 3. Questionnaire for trainers

Instructions: Answer based on your experience as a camp trainer.

 Organization and Logistics

Do you think the camp was well organized?

- Yes, everything flowed correctly
- There were some difficulties
- No, the organization needs to improve

Did you have enough tools and resources to carry out your work?

- Yes, everything needed
- Some resources were missing
- No, I had many difficulties

## Activities and Participation

Were the activities appropriate for the participants?

- Yes, they were well adapted
- Some needed adjustments
- No, there were adaptation problems

Did you notice any common difficulties in young people participating?

- Technical problems
- Lack of motivation
- Unmet adaptation needs
- Other: (specify)

How was the interaction between the young people in the group activities?

- Very positive, they felt comfortable
- Average, some participated less
- Difficult, there was little interaction

## Teamwork and Communication

Did you feel that the team of instructors worked in a coordinated manner?

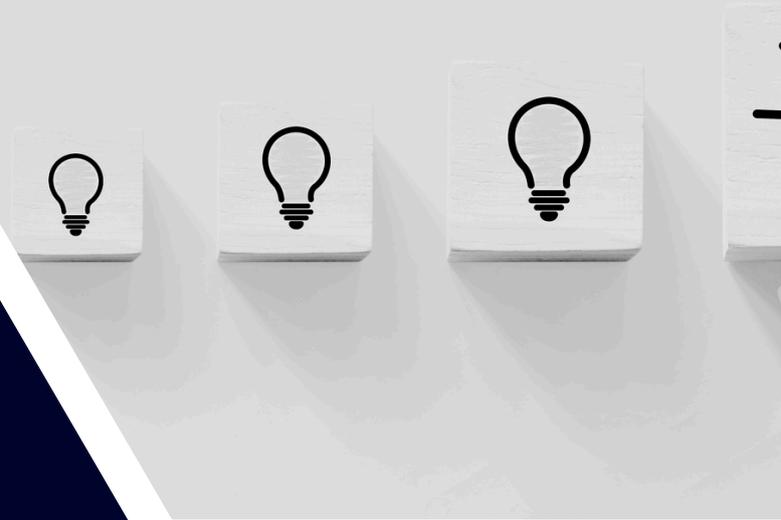
- Yes, there was good communication
- Sometimes there was disorganization
- No, it was difficult to coordinate

How do you rate communication with families?

- Very good, they were involved
- Average, some did not participate much
- Poor, there was not enough contact

## Suggestions and Improvements

What recommendations would you make to improve future editions of the camp?

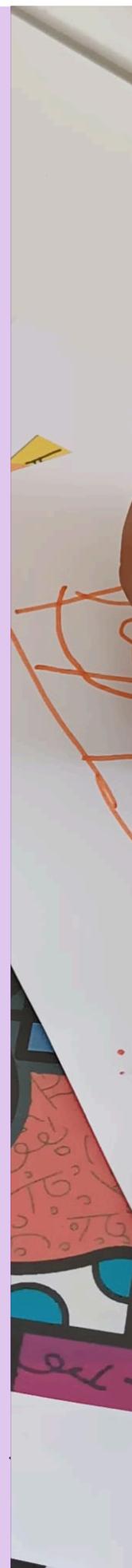


## **BLOCK 4. Conclusions**

**FUNCAMP** is not just a digital tool; it's a comprehensive solution designed specifically to meet the needs of young people with cancer who require safe, accessible, and emotionally supportive spaces. Compared to other more generic or poorly adapted options, FUNCAMP represents the best alternative for creating virtual camps because it integrates the fundamental elements of an inclusive educational environment: pedagogical structure, universal accessibility, active participation, and emotional support.

Its user-centered design allows for training itineraries, materials, and dynamics to be tailored to each young person's abilities, interests, and health status. The platform also enables fluid interaction between trainers, participants, and families, offering tracking tools and spaces for shared creation.

Conceived through direct experience with young people with cancer, **FUNCAMP** is based on a real understanding of their limitations, fears, and strengths. This makes it not only a functional platform, but also a transformative proposal that can be replicated and adapted to different social and educational intervention contexts.

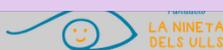


For all these reasons, **FUNCAMP** is consolidating as a robust alternative for organizations that wish to develop digital inclusion experiences for young people in vulnerable situations.

The development of this guide represents a decisive step toward consolidating inclusive intervention models in digital environments, specifically aimed at young people with cancer. Through rigorous planning and an innovative pedagogical approach, a proposal has been developed that allows any organization to design and implement its own adapted virtual camp within the **FUNCAMP** platform, accessible at: <http://retinoblastoma.es/home.page>

**FUNCAMP** offers a digital environment specifically designed to create inclusive, interactive, and emotionally safe virtual experiences for young people with serious illnesses. Its design is based on principles of accessibility, participation, and support, integrating intuitive technological tools and structured non-formal learning spaces.

This resource allows physical distance to be transformed into an opportunity for encounter, play, and expression. Through **FUNCAMP**, trainers can design personalized itineraries, manage groups, integrate tailored resources, and monitor participant well-being.



## Future lines of work

Looking ahead, this guide lays the groundwork for:

- Develop new editions of adapted camps at FUNCAMP.
- Expand the community of users, trainers, and organizations linked to retinoblastoma and childhood cancer.
- Strengthen the evaluation of the psychoeducational impact of the camps.
- Involve young people themselves as active agents in design and promotion.

**FUNCAMP aims to become a European benchmark for digital inclusion for young people with serious illnesses. Its development will depend on the collective commitment to making the digital world a truly human, accessible, and transformative space.**



# BIBLIOGRAPHY

Abramson D. H. (2014). Retinoblastoma: saving life with vision. *Annual review of medicine*, 65, 171–184. <https://doi.org/10.1146/annurev-med-061312-123455>

AFANION (2018). Children with Cancer. Retrieved from <http://www.afanion.org/portal/portada/index.aspx>

ASION. (2020, April 29). Educational Care for Minors with Cancer in the Time of COVID-19. Retrieved from <https://www.asion.org/la-atencion-educativa-de-los-menores-con-cancer-en-tiempos-del-covid-19/>

Barrera, M., Atenafu, E. G., & Schulte, F. (2022). A randomized control trial of a group intervention to improve social skills and quality of life in survivors of childhood brain tumors. *Psycho-Oncology*, 31(3), 447-455. <https://doi.org/10.1002/pon.5850>

Comeche Moreno, M. I. & Vallejo Pareja, M. A. (2016). Handbook of behavioral therapy in childhood (3rd ed.). 3. Dykinson. <https://elibro-net.eu1.proxy.openathens.net/es/lc/uoc/titulos/226225>

Children's Cancer Partners. (2020). Virtual summer camp held for child cancer patients. Recuperado de <https://childrenscancerpartners.org/virtual-summer-camp-held-for-child-cancer-patients/>

Daniel, M. (2005). The elaboration of grief for childhood oncological disease. *Catalan Pediatrics: Bulletin of the Catalan Society of Pediatrics*, 65(1), 20-25

Garcia, P. (2013). Messages from a fairy: an educational experience in accompanying a child with a long-term illness. Maria Rosa Molas School. Extracted from: [http://www.escolacristiana.org/premisarmengolmir/Treballs/2013/DIAGNOSTIC\\_DE\\_LA\\_MALALTIA\\_Pilar\\_Garcia.pdf](http://www.escolacristiana.org/premisarmengolmir/Treballs/2013/DIAGNOSTIC_DE_LA_MALALTIA_Pilar_Garcia.pdf)

Gregory, M. (2021). The influence of a peer support camp on mitigating emotional distress in siblings of children with cancer. *Journal of Child and Family Studies*, 30(5), 1234-1245. <https://doi.org/10.1007/s10826-021-01941-6>

Ha, L., Nevin, S. M., Wakefield, C. E., Jacovou, J., Mizrahi, D., & Signorelli, C. (2024). Exploring childhood cancer survivor, parent, healthcare and community professionals' experiences of, and priorities for, using digital health to engage in physical activity: A mixed methods study. *Journal of Cancer Survivorship*. <https://doi.org/10.1007/s11764-024-01560-z>

Hocking, M. C., McCurdy, M., Turner, E., & Kazak, A. E. (2021). Social support and family distress during pediatric cancer treatment: A systematic review. *Journal of Pediatric Psychology*, 46(3), 219-231. <https://doi.org/10.1093/jpepsy/jsaa113>

Jones, B., Currin-McCulloch, J., Pelletier, W., Sardi-Brown, V., Brown, P., & Wiener, L. (2021). Psychosocial standards of care for children with cancer and their families: A national survey of pediatric oncology social workers. *Social Work in Health Care*, 60(2), 125-143. <https://doi.org/10.1080/00981389.2020.1868172>

Kazak, A. E., Hocking, M. C., Macpherson, C. F., McCurry, T., & Dolan, S. (2021). Pediatric psychosocial oncology care: Standards, guidelines, and consensus reports. *Psycho-Oncology*, 30(9), 1467-1480. <https://doi.org/10.1002/pon.5720>

Kumar, V. S., Wentzell, K., Muldowney, K., & Pentz, R. D. (2021). Ethical considerations in pediatric oncology camps: A narrative review. *Journal of Pediatric Nursing*, 61, 1-7. <https://doi.org/10.1016/j.pedn.2021.03.018>



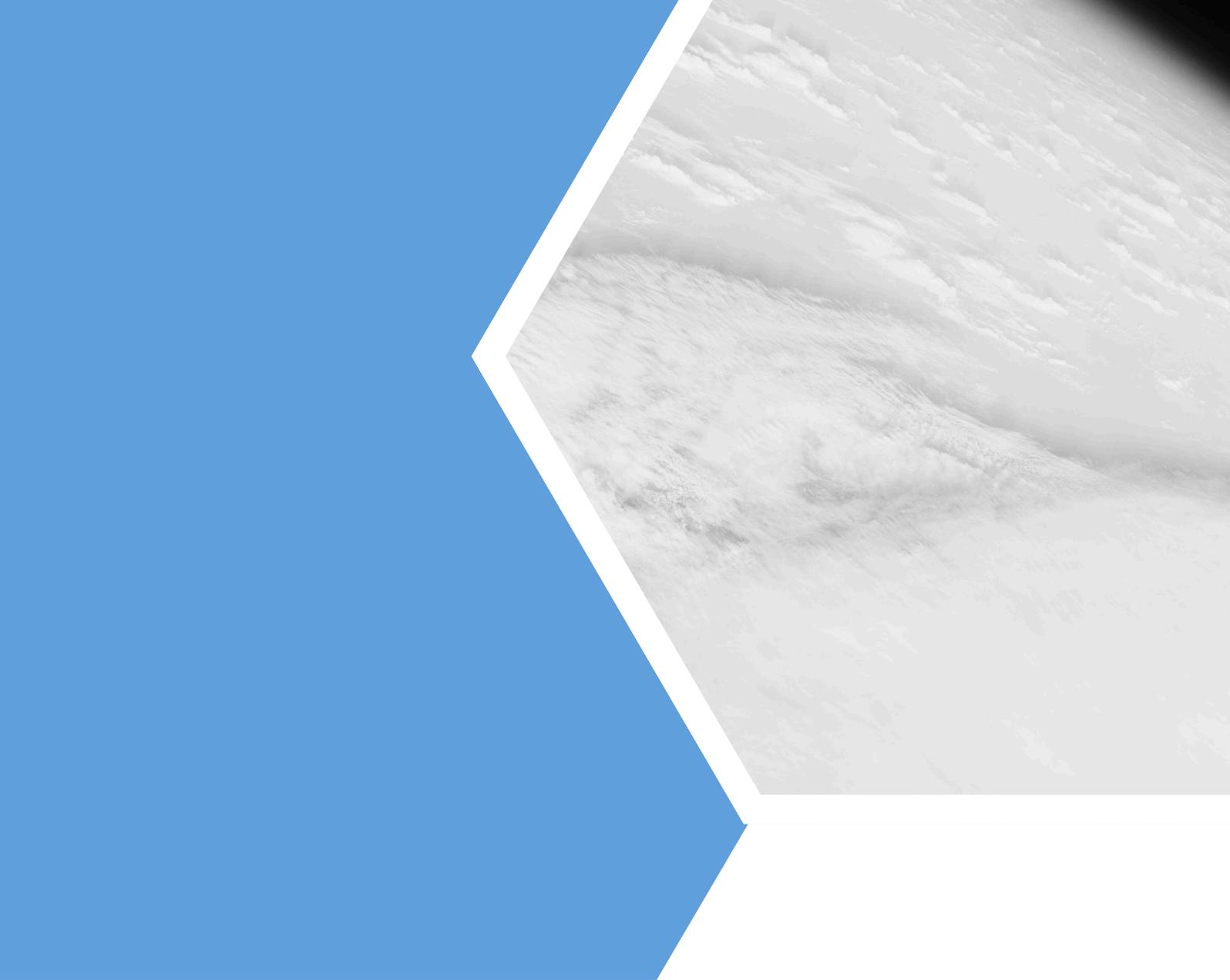
Mizrahi, D., Wakefield, C. E., Fardell, J. E., Quinn, V. F., Lim, Q., Clifford, B. K., ... & Cohn, R. J. (2022). A digital educational intervention with wearable activity trackers to promote physical activity among childhood cancer survivors: The iBounce pilot study. *Pediatric Blood & Cancer*, 69(9), e29789. <https://doi.org/10.1002/pbc.29789>

National Institutes of Health. (2021). Virtual and vital: Camp Fantastic reaches kids with cancer. Recuperado de <https://www.cc.nih.gov/about/news/newsletter/2021/fall/story-10>

Neville, A., & Charnock, S. (2021). Social support and childhood cancer survivors: A systematic review of the literature. *Psycho-Oncology*, 30(9), 1412-1426. <https://doi.org/10.1002/pon.6128>

Pickles Group. (2024). National Virtual Kids and Teens “CONNECT OVER CANCER”. Recuperado de <https://www.picklesgroup.org/program-calendar/connect-virtual-09-29-24>

Sanmartí, M, Costa, I, Carsi, N and Pla, G. (2021). Having a student with cancer in the classroom. AFANOC. Digital.



# ANNEXES

# Annex 1:

## Questionnaire for trainers (needs detection).

### 1. Inclusivity Awareness:

- How would you define inclusion in the context of activities?
- Why do you think inclusion is crucial to the success of the project's initiatives?

### 2. Specific Needs of Different Groups:

- Can you identify some of the specific needs of groups such as people with disabilities, diverse cultural and gender identities, etc.?
- How would you adapt an activity to meet the specific needs of a diverse group?

### 3. Inclusive Communication:

- What are some examples of respectful and sensitive language we can use in our communications?
- How would you adapt your communication to interact with people with hearing or visual impairments?

### 4. Conflict Resolution and Awareness Raising:

- How would you identify and manage conflicts related to diversity?
- How would you cultivate sensitivity and empathy among participants?



## **5. Active Participation of All Participants:**

What are some strategies to encourage active participation from all participants?

How would you approach the participation of shy people or those who may feel excluded?

## **6. Collaboration and Teamwork:**

How would you encourage collaboration and teamwork to create an inclusive environment?

Why is it important to collaborate with external experts and organizations specializing in inclusion?

# Annex 2:

## Checklist to assess whether activities are inclusive

### 1. Technological Accessibility:

- Are the technological platforms used accessible to people with visual or hearing disabilities?
- Are alternatives provided for those who may have technological limitations?

### 2. Adaptability of Activities:

- Are the activities adaptable to meet different skill levels and needs?
- Are there options and adjustments to ensure everyone can participate?

### 3. Inclusive Communication:

- Are the information and communications understandable to people with different levels of language skills?
- Is information provided in multiple formats (text, images, video, audio) to accommodate different learning styles and preferences?

### 4. Cultural and Linguistic Barriers:

- Are the activities culturally sensitive and respectful of diverse identities and experiences?
- Is translation or interpretation provided for people who may have language barriers?



### **5. Diversity in Representation:**

- Does representation in materials and activities reflect diversity in terms of gender, ethnicity, sexual orientation, and other identities?
- Are stereotypes avoided and a positive representation of diversity promoted?

### **6. Active Participation of All Target Groups:**

- Have the target groups been consulted about their needs and preferences?
- Have the perspectives of all stakeholders been considered during the planning of activities?

### **7. Inclusive and Safe Environment:**

- Is the environment in which the activities take place safe and welcoming for everyone?
- Have clear policies against discrimination and harassment been implemented?

### **8. Promotion of Active Participation:**

- Are the activities designed to encourage active participation from all participants?
- Is an inclusive environment fostered that encourages everyone to contribute and share their experiences?



# Annex 3:

## Digital camp model



### Digital Camp Model

**Title:**

**Date:**

**Schedules:**

**Target audience:**

**Summary:**

Don't forget to upload your logo to display in the corresponding section.

**Note: When uploading a zip file, it is recommended to attach illustrative photos of each activity, indicating the activity and any other relevant information.**

### Description of activities

#### **Activity 1 (repeat for each activity):**

Activity title:

Brief summary:

Necessary material:

Recommended age:

Date and time:

Duration:

Link to Youtube Live (if live) or video of the activity (if not live):

Link to evaluation questionnaire (optional):



Do you have any questions?

Contact us:

[info@retinoblastoma.es](mailto:info@retinoblastoma.es)

Or access the FUNCAMP platform support service  
*at this link*

## EUROPEAN DIGITAL CAMPS FOR INCLUSION OF YOUTH WITH CANCER



Fundació  
LA NINETA  
DELS ULLS

redTREE  
making projects



ZAVOD  
BOTER



Artists of the World for kids

intress

ane  
Agencia Nacional Española



Co-funded by  
the European Union