

## POSTER SESSION III

SOCIAL SUPPORT SYSTEMS IN THE TREATMENT PROGRAMME OF HAEMOPHILIA IN NEW SOUTH WALES, AUSTRALIA. A. Bellamy. University of Sydney, Department of Preventive and Social Medicine and Haemophilia Treatment Centre, Royal Prince Alfred Hospital, Sydney, Australia.

A system of social supports for the person with haemophilia and his family is vital if he is to realize his personal capacities as a fully functioning member of his family group and in the community. Negative attitudes within the family, in health care personnel, in educational and occupational systems constitute barriers to the acceptance of the haemophiliac person as capable of becoming self-sufficient and economically self-supporting. The importance of education and development of positive attitudes in parents, health professionals, teachers and employers is paramount. Therapeutic groups for parents, particularly mothers, for the adolescent boys, informative interviews with educational personnel directed towards attitude change are a vital part in the overall frame of treatment and rehabilitation. Techniques in family and community education have been an integral part of the social work programme of the Haemophilia Treatment Centre, Royal Prince Alfred Hospital, Sydney, Australia.

MICHIGAN'S SUMMER CAMP FOR HEMOPHILIACS. M. Boutaugh, J.A. Fenner, P. Kelly and J.M. Lusher, Hemophilia of Michigan, Ann Arbor, Michigan, U.S.A.

In 1969 Hemophilia of Michigan, a state chapter of the National Hemophilia Foundation, began a summer camp for young hemophiliacs. Availability of effective medical therapy and the increased awareness that hemophiliac children need physical activity and social interaction just like other children enabled Hemophilia of Michigan to launch this special camp. From 23 campers the first year, the camp has grown steadily in popularity and attendance. The 1976 Hemophilia Camp was four weeks long and a total of 170 children from sixteen States attended. In addition to professional staff (camp director, physician, registered nurse, social worker), 21 young men with hemophilia served as staffers. Planning for summer camp begins months ahead with recruitment of volunteer physicians and nurses and the gathering of medical information concerning each child who will attend. Although a smoothly run medical operation makes camp possible, it is the activities which are important to the campers. The camp provides an environment in which the hemophiliac's medical problems become low-key -- the campers are not considered hemophiliacs, but youngsters who share basic needs with all children. Available activities include swimming, boating, arts and crafts and nature study. When bleeding episodes occur, early treatment is the rule so that the camper can return to fun activities with minimum delay. Since the camp has been in operation for eight years a wealth of information and experience are available to further assist in planning each session.