

and enhancing delivery at traditional points of tension between adult and child services.

The clinic has allowed us to learn from each other. At times, we recognise how the culture of the services impacts on our thinking and decisions. To work alongside colleagues who bring a different lens to understand families has been rewarding and has most importantly enriched the service we offer.

References

- American Academy of Child and Adolescent Psychiatry, http://www.aacap.org/cs/root/facts_for_families/children_of_parents_with_mental_illness
- Brown, G.W. & Harris, T. (1978) *Social Origins of Depression. A Study of Psychiatric Disorder in Women*. London: Tavistock Publications.
- Cabinet Office: Social Exclusion Task Force (2008) *Think Family: Improving the Life Chances of Families at Risk*. http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/think_families/think_family_life_chances_report.pdf
- Department of Health (2009) *New Horizons Consultation Document*. <http://www.dh.gov.uk/en/Healthcare/Mentalhealth/NewHorizons/index.htm#jumpTo4>
- Falkov, A. (1998) *Crossing Bridges: Training Resources for Working with Mentally Ill parents and Their Children: An Evidenced-Based Reader*. Brighton: Pavilion Publishing.
- Flaskas, C. (2007) Holding hope and hopelessness: Therapeutic engagements with the balance of hope. *Journal of Family Therapy*, 29: 186-202.
- Hall, A. (2004) Parental psychiatric disorder and the developing child. In M. Gopfert, J. Webster & M. Seeman (Eds) *Parental Psychiatric Disorder: Distressed Parents and their Families*. Cambridge University Press.
- Hiles, M., Essex, S., Fox, A. & Luger, C. (2008) The words and pictures storyboard: Making sense for children and families. *Context*, 97, 10-16.
- Rober, P. (2002) Hesitations and their non-verbal expression in the family therapy session. *Journal of Family Therapy*, 24, 187-204.
- Slade, M., McCrone, P. & Thornicroft, G. (1995) Uptake of welfare benefits by psychiatric patients. *Psychiatric Bulletin*, 19, 411-413.
- van Lawick, J. & Born, H. (2008) Building bridges: Home visits to multi-stressed families where professional help reached a deadlock. *Journal of Family Therapy*, 30 (4): 504-516.
- White, M. & Epston, D. (1990) *Narrative Means to Therapeutic Ends*. New York: W.W. Norton and Co.
- White, M. (2007) *Maps of Narrative Practice*. New York: W.W. Norton and Co.

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To come to reasonable terms with one's own history: Children, parents and mental health

David Denborough

My extended family, like most, knows the heartbreak and acts of bravery that accompany significant mental health struggles. There is no simple way to describe how such experiences affect family relationships, nor how they affect the ways in which children and adults understand life. No single story can possibly encapsulate the complexity of experience that is bound up in the phrase 'parental mental health'.

Over the last three and half years, it has been significant to me to be involved in Dulwich Centre's children, parents and mental health project (Dulwich Centre, 2008; Russell, 2006). It has also been significant to see how other practitioners, particularly Ruth Pluznick and Natasha Kis-Sines (2008, 2009) from Canada, and Razik Shachar from Israel are now extending this project far beyond what we had initially imagined.¹

We began this collective narrative project with the aim of gathering non-pathologising stories from young people and adults whose parents or carers have had serious mental health difficulties. In this paper, I share some of these stories. I also describe the particular 'memory projects' that inform this work and how they seek to enable participants to come to reasonable terms with their own histories.

Dulwich Centre initially circulated an invitation that conveyed an interest in the diversity of stories that relate to the experience of children whose parents or carers have or had serious mental health difficulties. The project sought stories that not only richly acknowledge the difficulties faced, but also the skills and knowledge of children in these situations and the many different facets of the relationships between parents and child.

To assist participants to trace rich, diverse storylines, we generated a series of questions, which are included throughout

this paper in highlighted boxes². The responses to these questions, and the stories that were shared, were then woven into a double-storied collective narrative document (Dulwich Centre, 2008; Denborough, 2008). This tapestry of stories and experiences seeks to richly acknowledge the difficulties of mental health issues for all concerned, and also illuminate less often told stories of sustenance. This document is now being used to spark and scaffold further double-storied conversations with those living in the shadow of parental mental health concerns³.

One of the key hopes of this project has been to enable those who have grown up amidst confusion and complexity to 'come to reasonable terms with their own histories' (White, 2006a). The questions we ask seek to enable participants to re-engage with their own histories in particular ways. One way of conceptualising this process is to consider these questions as relating to particular 'memory projects'.

Memory projects and critical heritage practice

"For some of us, it takes a deliberate effort to seek out childhood memories we wish to remember. And this deliberate engagement can change, in subtle but important ways, our relationship with the past..." (Newman, 2006, p. 66).

While Dulwich Centre's responses to parental mental health issues are based on narrative therapy understandings (White 1995; 2007), more recently I have borrowed the concept of 'memory projects' from outside the mental health field to enhance understandings of our work. This concept of 'memory projects' originates from the field of 'critical heritage practice' (Rassool, 2007, p.37).

In contexts of significant historical violations in different parts of the world, various historians, writers, sociologists, social activists and curators have established what have come to be known as Museums of Conscience⁴. In these Museums of Conscience, critical heritage practice is used to work with troubled memory, to “facilitate the recovery of the forgotten, the displaced, the marginalised and the unspoken, and to find ways of inserting this subordinated past into the politics of the present and its futures” (Soudien, 2008, p.24).

Critical heritage practice in these sites of conscience is characterised by a keen examination of the effects of power on memory, a commitment to the many silenced voices of history, and a determination for storytelling and performance of memory to take the form of social mobilisation (Sanger, 2007, p. 7). For example, the District Six Museum⁵ in Cape Town, South Africa, acts as a site of memorial to a particular diverse cultural neighbourhood that was demolished and cleared during apartheid. At the same time, it acts as a site of social action to seek redress and to re-establish community in the site that was cleared. The ‘memory projects’ at this site take diverse forms – murals, marches, ceremonies, books, frescos, exhibits, songs and so on. Ex-residents and visitors are invited to actively engage with re-creating history and memory through contributing reflections and participating in social actions. These ‘memory projects’ combine remembrance, politics, poetry, campaigns, history and artistry.

While these ‘sites of conscience’ may at first seem somewhat removed from the realm of parental mental health, I find the field of critical heritage practice extremely relevant to our work. We are also involved in ‘memory projects’ that seek to link personal experience, resonance and imagery to address broader social issues. We too are involved in honouring ‘contra-memory’ (Soudien, 2008, p.25). In fact, upon examination, a number of different ‘memory projects’ are embedded in the questions that we ask participants about their experiences of parental mental health. In combination, these memory projects invite participants to come to different terms with their histories.

In this paper, I am just going to consider two of these memory projects:

- i. A memory project exploring the multiple meanings of experiences of hardship.
- ii. A memory project seeking to move beyond single-storied accounts of relationships.

A memory project: Exploring multiple meanings of experiences of hardship

One ‘memory project’ that is implicit in our enquiries relates to excavating multiple meanings from experiences of hardship. There are two distinct aspects to this. Firstly, a series of questions seeks to elicit the responses and skills that participants engaged with as young people when growing up with a parent/carer with significant mental health concerns:

• During some of the more difficult or complex times, were there certain things or people who sustained you? Were there places you escaped to? People or pets or toys you turned to? Were there certain things that you did? Were there certain ways of seeing, noticing, thinking, being, doing that brought you comfort or safety?

• Were there any particular skills you developed to care for other members of your family? Or skills in trying to lessen or minimise the harm from difficult times? If so, how do you think you learnt these skills? Where did this knowledge come from?

• What do you think was most important to you during the times of growing up with a family member with a mental health issue? Is this still important to you? Why?

• Was there any person (adult/child, family member, friend, teacher and so on) who made a particularly positive contribution to your life as a child? If so how did they do this? How did you respond?

Secondly, a further series of questions seeks to elicit ‘special understandings, learnings or appreciations’ that are significant to participants now and which are linked to histories of growing up in a context of parental mental health struggles:

• Do you think you have gained special understandings, learnings or appreciations about life through your experiences of having a family member with serious mental health issues? Could you describe some of these learnings or understandings?

• Are there ways in which these learnings or understandings influence your life now? For instance, are there particular work practices that are important to you that are linked to these lived experiences? Or particular ways of being in relationship with others that you value which are linked to your past experiences?

• Does your lived experience spur you on in particular ways now or sustain you in particular ways?

Both these sets of enquiries seek to restore ‘half memories’ to ‘full-memories’ (White,

2006b, p. 79). In other words they seek to link memories of hardship with memories of how these hardships were responded to, and the values and meanings participants have carried on from these experiences.

Here are some of the responses we have received that relate to this memory project:

Skills and responses

Until I considered this question, I hadn't ‘consciously’ been aware that I drew on certain sustaining activities (outside of a few such as reading). In considering these questions I have generated the following list:

Reading, nature, listening to music, singing, art and creating, roller-skating, bmx bike riding, swimming, dancing, other exercise, laughing with friends, the kindness of others, looking at the moon and the stars, standing in the rain, sharing love with animals, the kindness shown when parents weren't abusive, playing and imagining, noticing beauty, being hungry for knowledge and answers and finding things out, the capturing of insight, experiencing moments of transcendence, seeing and experiencing things in a way I'd never seen or felt before, finding sanctuary in being alone and withdrawing into the self, finding peace and quiet away from distractions, observing, just being without judgement, sleeping, exploring and having adventures, trying different roles - experimenting with identity, having meaningful conversations with others, being inspired by others, being independent, accepting support, looking after one's self, having a quiet joke with one's self, forgiving, being loved, doing things that make one feel proud of one's self.

I don't think that this list covers everything and I think that everyone must have perhaps thousands of ways small and obscure, as well as extravagant, for coping during difficulty. Considering this question enabled me to bring into my conscious awareness the idea that I had ways of coping and to make me aware of what they were, but also to allow me to start to draw on them consciously as opposed to instinctually which is what I had been doing. By doing so it also made me aware that I have the capacity within myself to find other ways of coping, perhaps more meaningful and effective ways.

Appreciations/ special knowledges

- As I was growing up, I was always striving to understand the complexity of the experience

that we were going through as a family – how to make sense of love in the context of the abuse / how to make sense of the abuse in the context of love. These understandings changed for me over time, and I believe that this process is not over. With any new information comes a new negotiation about the meaning of what happened, the meaning of relationships, and new questions. The importance of honouring and understanding complexity is something that I hold dear in my personal and professional life.

- With my friends and family as well, my own experiences in life have taught me to (for the most part) be curious, not judgmental, about lives and the sorts of problems we encounter and the ways we choose to respond. Because I haven't had a 'cookie cut' life, I really don't have the expectation that anyone else will.
- There are a number of special appreciations about life that I carry with me because of my earlier years:
 - Things are not what they seem to be.
 - Children have indefinite abilities and skills to get through difficult times.
 - Stigma and secrecy in the community can destroy someone's life. Community can also save one.
 - Those who are struggling with mental health difficulties are often voiceless, both in their families and in communities
 - they are judged and punished, rather than helped.
 - Care and love can co-exist with pain and abuse.

This 'memory project' does not seek to dislodge or replace memories of hardship. Instead, it seeks to accompany these recollections with memories of responses, skills, values and special knowledge. This also relates to generating a sense of 'historical continuity of self' (Chandler & Lalonde, 1998). When people have endured significant difficulty or confusion as young children, and when care-givers have at times been profoundly unpredictable, linking the history of treasured values or personal philosophies to earlier childhood experiences can prove to be significant. This memory project seeks to illuminate 'memory traces' (Rassool, 2007, p.35) of values and appreciations of life. When these are identified, they provide a renewed sense of 'historical continuity of self'. I believe they also provide renewed options for coming to reasonable terms with one's own history.

One of the other questions we asked participants offers a different reflexive position in relation to historical continuity of self: "If you could send a message back to yourself as a child or as a young person, what would it be? Why would this be your message?"

A second memory project: Moving beyond single-storied accounts of relationship

A second memory project, which is also implicit in the questions we ask participants, involves honouring diverse memories of relationship. Here are the questions that relate to this:

• In relation to your family member who lived with mental health difficulties, were there things they contributed to your life and the lives of others? If so, could you share a story or two about this?

• Were there particular hopes they held for their children or tried to teach? If so, have these hopes or values been carried on in your life in some way? Are any of these important to you?

• Are there memories of times with your family member that convey what was important to him/her? If so, are there ways in which you have held onto these memories or shared them with others?

• Were there ways in which she/he tried to demonstrate care or love despite struggles with mental health difficulties? If so, did these acts of care or love make a difference in your life? Could you share a story about this?

• If you do remember your family member making efforts to care or love despite the mental health difficulties they were going through, what is it like for you to think about this? Does remembering these acts of care or love affect your memories of your family member and of your childhood?

A story by David Newman (2006) illustrates honouring diverse memories of relationship.

A few months ago, I wrote a song about my relationships with my mother, my father and my sister. While they are no longer alive, my memories and stories of them are very important to me.

When writing this song, I wanted to use images of my family to form the lyrics. All the stories or events that involved my mother and our relationship, however, were washed with complexity. As it turned out, the process of writing the song was like a shorter version of the story of my relationship with my mother, a woman who died by taking her own life twenty-four years ago, when I was eleven.

For a few weeks, I was quite confused about the words to choose for the song. Then, one day, I remembered an event with my mother that stopped my mind from circling. I remembered how she organised a party for what I think was my eighth birthday. This birthday involved a surprise. A magician was invited to do magic tricks for me and my friends. The picture of this birthday party is still strong in my mind.

I have thought a lot about this process and about the complexities of our memories. Why was it so difficult to recall events of fondness and familiarity that involved my mother? And where does the deliberate recall of such an event take me in my relationship with her twenty-four years after she died?

This second question has become very important to me. Deliberately recalling fond memories, such as the birthday party is being very generative for my relationship with my mother. Since my mother's death, re-negotiating our relationship has been precious to me, but it has remained complex. The sad times and the events of terror and confusion have had quite some success at tugging at my thoughts. And the recurrence of these images has had the effect of placing a drape over any experiences of fondness or familiarity in our relationship. It's made these other sorts of memories almost inaccessible. Without the opportunity to retell fond and familiar experiences we shared together, without other audiences to spark these sorts of memories, these experiences have stayed distant. In this way, it makes sense to me that it has been difficult to recall moments of warmth or times of fondness and familiarity. Writing the song about my sister, father and mother was a catalyst. I became determined to find an event with my mother to include in the song that was not shrouded in complexity, and I think this determination helped me locate the memory of my birthday party.

The image of this birthday surprise offered to me a fuller sense of my mother's efforts despite the odds. I thought of all that my mother would have had to do to organise this event. I imagined her day-to-day experience of struggle – having to live with diagnoses like personality disorder and alcoholic, two difficult divorces, and being a single parent of four children. I imagine what might have been required of her to find the energy to pull off such a birthday surprise.

As I thought of just what this would have required of my mother, another image came floating into my mind. I remembered coming across a little book a number of years after she

died that she had written in as the 'manager' of the first team sport I played. I was eight and my mum was required to transport me first thing on a Saturday morning throughout winter to soccer games across various suburbs in northern Sydney. I remember reading the first entry in the 'manager's book' which was something like: 'Our little guys tried so hard in the rain'. It made me think of my mother standing in the rain watching us and I was drawn to the affection in her words.

Deliberately recalling these stories somehow made others that were similar light up in my mind. Stories of affection, fondness, familiarity and warmth in our relationship, and different stories about my mother, have since become more accessible. Interestingly, those memories that I already had now seem less hazy, more vivid, and more real.

And when these different stories are more accessible, and are more filled in, this helps me bring my mother along with me in my day-to-day life. It also helps me continue to tell to others, including my children, stories about my mother. Significantly these are stories that can't just be squeezed into a single theme of 'damage' – either her 'damaged' identity or the 'damage' done to her children.

This sort of 'memory project', which involves moving beyond a single-storied account of relationship around a theme of damage to a multi-textured account of relationship, is only one possible re-orientation to the past. For some participants, memory projects which seek to elicit double-storied accounts of relationship may seem unrealistic. If they are not also accompanied by a rich acknowledgement of the effects of hardship they may seem romantic or even hazardous. The aim of such a project is not to move from one single-storied account (damage) to another single-story (positive). This would not provide the option for people to come to reasonable terms with their past. Instead, the aim of this project is to move memory beyond a single-storyline, where there is room for sadness, terror, confusion, fondness and familiarity. It is this honouring of diverse memory that David Newman has so evocatively described.

More than one story

The questions we offer to participants are book-ended by enquiries about the effects of growing up in a context of parental mental health struggles:

- At the moment, how do you feel your experiences of living with a caregiver with mental illness have impacted on your life? In what ways?
- Are there difficulties you still face from having had these experiences? What are the greatest challenges you currently wish to overcome? How do you think you might overcome these or find ways to overcome these?

Our explorations are seeking to acknowledge multiple storylines of experience – including storylines that relate to the effects of hardship.

Collective remembrance

While these forms of 'memory project' often take place within individual therapeutic conversations, they can also occur as part of 'collective remembrance' processes. The children, parents and mental health project that I am describing in this paper is a context of 'collective remembrance' (Winter & Sivan, 2000). This initiative invites participants to contribute to something more expansive, something beyond their own individual experience. As they are engaging with these questions, they know that others are also doing so and that everyone's responses will offer something unique to a broader tapestry. Participants know from the outset that their responses will be shared in an attempt to make contributions to the lives of others. This is a collective ethic (Denborough, 2008).

Placing memory in context: Addressing broader social issues

Just as the 'memory projects' within *Museums of Conscience* deliberately try to address certain broader social issues, so too do the memory projects described in this paper. The broader social issue that we are engaging with here relates to the social/cultural practice of pathologising lives. In fact, we (Shona Russell, Cheryl White and I) instigated the children, parents and mental health project as a direct response to pathologising descriptions of families in which parents/carers have mental health struggles.

All too often, children and adults come to understand experiences of parental mental health through the lens of pathology and this, in turn, influences the ways in which families experience their relationships. As Michael White (1995) described:

"The successes of these discourses [of pathology] is beyond question, and I believe that this achievement represents one of the truly great marginalisations of contemporary culture" (p.113).

Michael also eloquently described why he believed these discourses may be so pervasive:

"These discourses have the potential to bring us a degree of comfort in a world in which it is becoming increasingly difficult to find this. These discourses make it possible to define those problems for which people seek help as aberrations. As such, they assist us to avoid the acknowledgment of the fact that these problems are very significantly of our culture, that these problems are products of our modes of life and of thought. The discourses of pathology make it possible for us to ignore the extent to which problems for which people seek therapy are the outcome of certain practices of relationship and practices of the self, many of which are actually informed by modern notions of 'individualism'. And the discourses of pathology make it possible for us to ignore the extent to which the problems for which people seek help are so often mired in the structures of inequality of our culture, including those pertaining to gender, race, ethnicity, class, economics, age, and so on" (White, 1995, p.115).

Narrative therapy and its influential practice of externalisation ('the person is not the problem, the problem is the problem') began as a political endeavour to question the pathologisation of people's lives. Now, as we travel with others through journeys of memory, it seems vital that we keep these considerations of the politics of experience in view.

Growing up with a parent or carer with significant mental health issues is difficult enough without parents, children and/or relationships being defined by pathological understandings. We hope this project and those that accompany it (Pluznick & Kissines, 2008, 2009) can provide a 'space of memory'⁶ and action that are outside the discourse of pathology. On this theme, it seems appropriate to end this paper with the words of one of the participants of this project:

"Writing my story and knowing it would be shared and interwoven with the stories of others 'de-victimised' me, if I can say it that way. Both of my family members still suffer from some effects of their mental

illnesses, but I am now much more calm about manifestations of psychotic states. What's more I can see that my lesser anxiety influences their state somewhat, and they don't have as many acute episodes as before. Putting the problem back where it belongs, in the social and cultural context, is significant to me. Critical theory and its implications point at the fact that 'mental illness' diagnosis is more often labelled onto people from disadvantaged populations, and it is stigmatising even further. In many countries, people from poorer families get harsher treatments with more drastic side-effects, and more often suffer from human rights violations in the institutions. From the inside of this experience, knowing that you can fight the system that used harsh treatments on your mother is different than fighting (physically) your mother who is sometimes crazier after the treatment than she was before ... in these ways, and more, the de-pathologising in this project has proved to be really healing.

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Notes

1. Daria Kutuzova has translated some of the materials from this project into Russian and is facilitating correspondence around these themes in Russia and Ukraine.
2. Once I had generated the initial questions, feedback from David Newman, Shona Russell and Cheryl White was influential in this process.

3. Email daviddenborough@dulwichcentre.com.au for a copy of the collective narrative document and the questions that informed it.
4. See: www.sitesofconscience.org.
5. See: www.districtsix.co.za.
6. This concept of 'space of memory' was introduced by Sawar Ali from the Liberation War Museum in Bangladesh. Quoted in Bennet (2007, p. 25).

References

- Bennet, B. (2007) Conference conversations. In *Reflections on the Conference: Hands on District Six – Landscapes of Post-Colonial Memorialisation*. Cape Town: District Six Museum.
- Chandler, M.J. & Lalonde, C.E. (1998) Cultural continuity as a hedge against suicide in Canada's first nations. *Transcultural Psychiatry* 35(2): 191-219.
- Denborough, D. (2008) *Collective Narrative Practice: Responding to Individuals, Groups and Communities who have Experienced Trauma*. Adelaide: Dulwich Centre Publications.
- Dulwich Centre (2008) Children, parents, and mental health. *The International Journal of Narrative Therapy and Community Work*, 4:, 3-14.
- Newman, D. (2006) The significance of memory. In Russell, S. (2006) Gathering stories about growing up with a parent with mental health difficulties. *International Journal of Narrative Therapy and Community Work*, 3: 59-67.
- Pluznick, R. & Kis-Sines, N. (2008) Growing up with parents with mental health difficulties. *The International Journal of Narrative Therapy and Community Work*, 4: 15-26.
- Pluznick, R. & Kis-Sines, N. (2010) New narratives for parents with mental health difficulties. *Context*, 108, 43-46.
- Rassool, C. (2007) Key debated in memorialisation, human right and heritage practice. In *Reflections on the Conference: Hands on District Six – Landscapes of Post-Colonial Memorialisation*. Cape Town: District Six Museum
- Russell, S. (2006) Gathering stories about growing up with a parent with mental health difficulties. *International Journal of Narrative Therapy and Community Work*, 3: 59-67.
- Sanger, M. (2007) Orientation to District Six and communities: Engagements with Langa, Manenberg and Protea Village' In *Reflections on the Conference: Hands on District Six – Landscapes of Post-colonial Memorialisation*. Cape Town: District Six Museum.
- Soudien, C. (2008) Memory in the remaking of Cape Town. In B. Bennett, J. Chrischené, & C.

- Soudien (Eds) *City. Site. Museum: Reviewing Memory Practice at the District Six Museum*. Cape Town: District Six Museum.
- White, M. (1995) Psychotic experience and discourse (Stewart, K. interviewer). In M. White, *Re-Authoring Lives: Interviews & Essays* (chapter 5), 112-154. Adelaide: Dulwich Centre Publications.
- White, M. (2006a) *Personal communication*.
- White, M. (2006b) Working with people who are suffering the consequences of multiple trauma: A narrative perspective. Chapter 2 in D. Denborough (Ed) *Trauma: Narrative Responses to Traumatic Experience*. Adelaide: Dulwich Centre Publications.
- White, M. (2007) *Maps of Narrative Practice*. New York: W.W. Norton.
- Winter, J. & Sivan, E. (2000) *War and Remembrance in the Twentieth Century*. Cambridge: Cambridge University Press.



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AFT news

I am writing this on the way to Buenos Aires and the IFTA (International Family Therapy) conference and I hope to report back next time on the conference and what is happening globally in the field of family therapy. Closer to home, we have the Eileen Jamieson workshop in Cardiff on the 30th April with Laura Fruggeri and the AFT National Conference and AGM on the 17th September in Birmingham. Bookings are now being taken for this one-

day conference, which AFT has managed to reduce in price to £70 for AFT members and £55 for students (a booking form can be found the back page). We have tried to keep this year's conference as reasonable as possible as we realise that members may wish to go to the EFTA conference to be held in Paris in October as well. However, we have not cut down on quality and the conference venue is very pleasant, the programme is looking very

exciting with numerous speakers presenting on various aspects of Working in Diverse Communities.

With regard to recent political activity, Tessa Jones will report below on a meeting held with Welsh Assembly members and the Health Inspectorate in Wales on the 11th March where useful discussions took place to highlight the lack of family therapy services for children and young people with mental health needs