

JERSEY / JUDGMENT

I v J (Matrimonial) [2018]

JRC 144A (13 August 2018)

[2018] JRC 144A

Source: bailii.org · Research copy typeset by Esheria. Not court-issued or certified.

[Home] [Databases] [World Law] [Multidatabase Search] [Help] [Feedback] [DONATE]
Jersey Unreported Judgments You are here: BAILII >> Databases >> Jersey Unreported Judgments
>> I v J (Matrimonial) [2018] JRC 144A (13 August 2018) URL: https://www.bailii.org/je/cases/UR/2018/2018_144A.html Cite as:

[2018] JRC 144A [New search] [Help] Matrimonial - recommendation for interim shared residence for the child. [2018]JRC144A Royal Court (Family) 13 August 2018 Before : Judy Marie O'Sullivan, Registrar, Family Division. Between I Petitioner And J Respondent Advocate B. J. Corbett for the Petitioner. Advocate C. R. Dutôt

Reasons

the registrar: 1. This is an application by the respondent father for sole interim residence. He is making this application as a direct response to the psychological report dated the 6 th June, 2018, and addendum report of the 10 th July, 2018, filed by Dr Carritt-Baker which recommends in the interim the child is to live with her father. The mother does not agree with the report and the recommendations of Dr Carritt-Baker. The Jersey Family Court Advisory Service officer, Mr Langford, by contrast is recommending an interim shared residence order as set out in his report of the 16 th July, 2018, to be reviewed in three months' time. An interim order needs to be made as soon as is possible due to the effect of the current living arrangements on the child.

Background

2. The parents are married, and the mother started divorce proceedings in March 2018 on the grounds of the father's unreasonable behaviour, but the father filed an answer in June 2018, having read Dr Carritt-Baker's report, but he has not cross-petitioned. An amended petition has now been filed by the mother. In February 2018, the mother had started proceedings to take the child with her to the UK where she has friends and relatives, including her mother, and she sought a residence order. In March 2018 an order was made for Dr Carritt-Baker to carry out a psychological assessment on the family and for there to be a welfare report. The father opposed the application and both parents filed affidavits. On the 21 st June, 2018 the mother was given leave to withdraw her application for removal from Jersey. 3. Both parents and the child continue to live in the former matrimonial home and share care of the child,

and whilst they agree the current arrangements are not working due to the ongoing conflict between the parents, they cannot agree what should happen. The father cares for the child on Sundays, Monday and Tuesday and alternate Saturdays. The mother has the child the rest of the time. The child loves both her parents but is all too aware of the conflict and is a very unhappy girl. 4. There was an incident on the 20 th June, 2018 whereby the father held the child by the ankle as he made efforts to dress her. The father reported that the child was kicking and screaming, and he grabbed her by the ankle as he was frustrated by her refusal to dress for school. The child said her father hurt her, and shouted at her and pinned her to the ground. 5. The child had an ABE interview and had a medical examination at the hospital, which did not reveal any injuries or bruising. Information was given to the hospital by the mother in relation to the allegation of the father's assault on the child, which was not disclosed by the child in her interviews with police and Children's Services and the child was kept in overnight at the hospital. The police have spoken to the father and are taking no further action other than to give words of advice. After the incident, the father moved out of the home, and had no contact with the child but moved back in once the police enquiries were completed. The father's behaviour at that time was inappropriate and frightening for the child. The bundle 6. In addition to orders made and to the affidavits about removal from Jersey, the mother has filed a share care proposal, the father a position statement about interim residence and both have filed statements in response to Mr Langford's report recommending interim shared care. Also included in the bundle are Police and Children's Service disclosure, some correspondence and references provided by the mother. The latter have not been taken into account. A Dr Garcia, consultant psychiatrist, has provided a report in letter format about the mother's mental health, having seen her 3 times in June and July 2018, and read Dr Carritt-Baker's report. It states the mother is emotionally stable and is: "not currently suffering from any form of mental illness and does not exhibit any features suggestive of any underlying unresolved pathological or non-pathological grief reaction" 7. This report was not ordered by the Court nor were there joint instructions to provide this, but whilst I have looked at it because this is a child case, Dr Garcia has not come to court to give evidence. Also included in the bundle was the transcript of a phone call on the 27 th July, 2018, between the father and Dr Carritt-Baker. 8. Neither party gave evidence but I note the father states the mother belittles him in front of the child, is not positive about him to the child and does not give her age appropriate information. He considers that the child's behaviour is getting worse since the report by Dr Carritt-Baker, and the mother has given the child information about this. He has made some financial proposals in the meantime as to living arrangements. 9. The mother states there have been other occasions where the father has asked her to intervene when the child has become distressed, not just the incident on the 20 th June, 2018. She does not accept she has discussed Court issues and in particular, Dr Carritt Baker's report, with the child but the child is aware that there is a report from him as he spoke with her. The mother takes issue with the fact that Dr Carritt-Baker does not acknowledge the father's controlling behaviour nor why they are living under one roof still as she " has no other option financially" and considers she is bullied and threatened by the father. Dr Carritt-Baker's evidence 10. The

joint letter of instruction was as a result of the mother's application to leave Jersey with the child. The letter set out both the position of the mother and the father; the mother's position included that she felt the father had been highly controlling towards her. She refuted the allegations regarding her mental health. The father for his part was concerned "for the mother's presentation over the last 9 months or so and the impact of that presentation on the child." 11. Dr Carritt-Baker has been a chartered clinical psychologist since 2002. He has worked with adults and children and during the last 10 years has been involved with lots of assessments in high conflict cases. His duty is to the child. His summary was set out in pages 2 and 3 of his report. He considered that the mother had psychological problems but the father did not, she was low in mood which would impact on the child, she had no insight into a variety of issues, such as how the decline process in her mother would impact on her removal plans and the effect on the child, and she has distortion in her thinking when an issue is highly emotionally challenging, whereas the father displays a more straightforward set of thoughts. Dr Carritt-Baker feels she displays such evident antipathy to the father that it was uncomfortable and would be evident to the child, that she is involving the child in the difficulties between her parents, that the mother has had an unresolved bereavement reaction to the death of her father, and at the time sought help. He considers that, as a result, whilst a separation of parents is emotionally harmful to the child, the specific harms that are being done by the mother are likely to impact on the child's emotional development and relationships. To protect the child from greater emotional harm, he recommends that the mother moves from the house and for the child not to have staying contact with the mother and consideration to be given as to whether contact with the mother should be monitored. 12. Dr Carritt-Baker was questioned on the report by Advocate Dutôt and then Advocate Corbett. 13. He said she was low and flat in mood and he wanted to know if it was just how she was on the day he met her. He looked at her medical records, and bore in mind the views of the father and what Mr Langford was saying. It was evident she was experiencing difficulties and the signposts of her anxiety showed a physical indication of her problems. As to the distortion of her views, it seemed to him that she found the criminal issues relating to her father emotionally challenging. He considered she was minimising what her father had done, and was rather detached from reality. She held on to things about her father that were not true. At the time of her father's death she had sought help from her GP. Dr Carritt-Baker said that in high conflict cases, there is generally some reasonable degree of distortion. People are not just lying but they actually believe what they are saying so there is no way to resolve issues. 14. Dr Carritt-Baker was referred to the e-mail from Emma Shaw dated the 8th June, 2018, sent on his behalf, where he referred to a "long-term change in her (the mother's) psychological functioning since the death of her father." He considers that the mother needs to engage in psychological therapy relating to complex bereavement issues and which also focuses on mood and anxiety issues. She has, he maintained, self-evident difficulties. 15. Dr Carritt-Baker said he had spent a similar length of time with the father as with the mother, although this is not strictly correct as he had supper with him and the child and the father then drove him to the hotel and airport. The father was more sad and reflective, wanting to know what to do. He wanted things to work

out for the child. The father was somewhat stressed but did not present as having significant problems. The father was worried about the mother and said she had changed after her father's death. 16. Dr Carritt-Baker was asked about the "poisonous" atmosphere at the home referred to in his addendum report. He said he felt uncomfortable in the house as there was tension and the child was experiencing the tension. Children could pick up things without parents saying anything. The mother's way of interacting with the father showed her antipathy towards him. Any interaction by her with the father was short, cold and vaguely critical. Dr Carritt-Baker was referred to one e-mail from the mother to the father dated the 27 th May, 2015, which was critical of the father. He considered that the mother was driving the problem and the father is responding to and being affected by this as is the child. 17. Dr Carritt-Baker considers that the situation is emotionally harmful to the child. When 2 parents are living in the home, the separation process is hard on a child even if both parents are trying hard. However, there are specific harms being done by the mother which are likely to impact on the child's emotional development and relationships. The mother had progressed from having some insight in her difficulties to then believing the problems were caused by the father and some of this belief is spilling over to the child. The child does not want to take sides and wants her parents to stop arguing and she did say at the time of the original report she was not sure who she preferred spending time with. Dr Carritt-Baker was concerned that the mother had involved her in the difficulties between the parents and this was "beginning to shape her (the child's) own responses." 18. With regard to the father grabbing the child's ankle, he felt it did not tell us much about the ability to look after the child in a stressful situation. Things happen in a stress situation. What you need is someone being reflective about the situation. He has not spoken with the mother since the incident, but things reported to him have been unhelpful to the child, such as the mother saying to the child you must tell someone about this, and the suggestion that at the hospital the account of what happened was changed. There was a problem with how the father behaved but also the mother's reaction to it. He was referred to the Child and Family Assessment which reported that the mother had taken protective action following the incident but apparently the child was also asked if she wished to ring the mother's advocate - the social worker wrote "I would not have considered this a priority following such an upsetting incident." Dr Carritt-Baker considered this a very odd response by the mother and not one a parent would make. 19. Dr Carritt-Baker was referred to a note by the child which apparently was written at the time of the incident. He said in a different context, would it be normal for a child to make a bullet point list like this. Whilst the child is aware of the court process, it is most likely she was asked to make a list. The social worker later in the Assessment wrote that she was surprised to hear that the child had been kept in overnight as there were no injuries or bruising noted. 20. The mother had reported things the father had done which were not disclosed by the child. Dr Carritt-Baker conceded he could not know if it was an embellishment by the mother but he posed the question as to why the child stayed in overnight. His conclusion was along the lines of the original report. 21. The child in the ABE interview had said that her mother says the father sometimes acts like a spoilt child, and now the child thought so too. Dr Carritt-Baker thought the child was adopting her

mother's views. The mother did not actually need to tell the child what to say as the child was picking this up from the drip, drip of what the mother was saying to her. 22. As for the suggestion in Mrs Ferguson's report that the child sees her father as a "quitter" in that he walks away from an argument, he said this could be seen as good in that he does not want any arguments, but the comment by the mother is "unhelpful." He was asked about the mother's view that the father was being controlling and manipulative and that this will be passed on to the child. Dr Carritt-Baker said that this view will be passed on to the child. He did point out that the idea of the father being controlling is the opposite of him being a "quitter". 23. With regard to the repercussions for the child, he said she appears to be anxious and although somewhat resilient, is still stressed. Where there is high conflict between parents, children wonder what to do and who they should ally themselves with. They want to comfort the parent who is upset, and want to get the best for themselves from the situation. These are the sort of things that can push children to becoming alienated, which can lead to contact refusal. It was not helpful for her to be put in this situation. He was asked what he thought about Mr Langford's comment of the child shift toward her mother. He said if one parent is commenting on the other and is less happy, it pulls the child towards that parent. The better functioning parent, the child thinks, will still be there for me, but the child thinks he or she needs to reinforce the relationship with the unhappy parent. 24. Dr Carritt-Baker said the father is the responder to the problems, not the cause: he is far more reflective. He is able to provide better parenting. Where there is to be a reversal of residence, it will be difficult for the parent losing residence and unpredictable as to how they respond and how they address the child. The mother presents the father in ways that are unhelpful and we need that to stop let alone change residence. For him, the central issue is not the practical arrangements but the impact of the mother's behaviour on the child. His view was that it is more likely there will be a continuation of problems with shared care. There needs to be a period of stabilisation and monitoring. In high conflict cases one parent experiences difficulties and will not stop their behaviour. If the child lives solely with her father, there needs to be limited contact with her mother, rather than no contact. One needs to see what this is like and talk with the mother to see how she is adjusting to the situation. The stabilisation would be over a few weeks, but contact would be dependent on there not being problems. For the first few times, there would need to be someone there to see what the child is saying. He suggested JFCAS could monitor or supervise. The mother could Skype, with the father being present, and whilst taking precautions, to not make it "odd" for the child. Dr Carritt-Baker was unable to determine in advance the length and frequency of this monitoring and stabilisation as one would need to see how it goes for the child. The father is more likely to provide the more helpful ordinary parenting. 25. Dr Carritt-Baker was asked if the father had written anything negative about the mother. He said the father raised concerns about her mental health. He was asked about the father in the relocation affidavit referring to her father and mother in negative terms and he said it was factual. 26. The mother's symptoms of psycho-emotional problems are such that she has progressed from insight about herself to blaming the father. Dr Carritt-Baker was asked about the father saying that the mother has symptoms of depression and in

2017 was prescribed anti-depressants, with things changing in October 2017 when she decided the marriage was over. However he reported that the father had said that when she was prescribed anti-depressants, there was a total shift in her personality and everything was ok until the father received a letter saying she wanted to relocate and had stopped taking antidepressants. Dr Carritt-Baker accepted that part of the father's narrative was to say the mother had mental health problems. When he met the mother it was noticeable that she suffered from anxiety and depression, and was low in mood. He did not carry out psychological tests, as they are only valid if used on people willing to do them. He looked at her medical records, talked to her and read the documentation. He accepted that he discussed with the father what he had discussed with the mother and it was quite likely he said he would telephone her after seeing her but did not do so, so therefore did not then get her "take" on things. He did not explain why he did not contact her save to say that by the end of the process she was very unhappy. 27. Dr Carritt-Baker wrote that the mother had not got a reasonable insight into a variety of issues, including the extent of decline in her own mother, but he was referred to 5.80 of his report where he said the mother had said that her mother had become forgetful and is not as confident in travel and would need a companion, and also the mother has got her mother into settled accommodation. 28. Dr Carritt-Baker said she is aware there was a decline in her mother but had not got to grips with what this means and the difference it makes to her moving back to England. When asked what support she had in the UK she said her mother but was this reasonable bearing in mind the condition of her mother? 29. He was asked whether, if this were a Public Law children Case, he would recommend taking the child away from her mother given it seemed the threshold had not been crossed. Dr Carritt-Baker said there is emotional abuse by the mother and it is likely to result in detriment to the child. One of the areas he has been dealing with are high conflict cases. He was asked if from reading the affidavits and JFCAS papers he considered that this was a high conflict case. He said when he looked at the papers it could have been straightforward and at that time had no idea who is the parent with underlying problems. He was asked what is so wrong that the mother cannot have the care of the child. He said that she is behaving in ways detrimental to the child, holding beliefs about the father that are not true and exposing the child to her false reality. He saw how the mother behaved with the father and this was seen by the child. He was asked what the child was saying bearing in mind in his report the child said sometimes her father is negative and mother is positive. He felt this sounded as if this was not the child's language. With regard to the child thinking that her mother says her father is being really rude, it is possible the child overheard this because the child accepts she sometimes listens at the door to what her parents are saying. 30. Dr Carritt-Baker said that the lack of insight is relevant in understanding her mental state. He was struck that she did not raise the issue about her father as he needed to know about her family. He did not know what she knew about the details, but she thought her father had been duped rather than been involved in criminal activity, which seemed incongruous as the information seemed to suggest he was involved. It was put to Dr Carritt-Baker that the father of the child said that the mother's father was not a criminal but ended up in a situation that snowballed, and Dr Carritt-Baker said he was not sure what the father

meant about the mother's father. 31. Advocate Corbett put to Dr Carritt-Baker that he was making a very serious recommendation about the child living with her father and the restriction on contact. Dr Carritt-Baker said: "it is irrelevant what is wrong with her (the mother)," as his concern was for the child. The mother had a complex bereavement reaction. He was asked about giving the mother words of advice and attending parenting courses, but he said there was an artificial disconnect and her behaviour is one component. He was asked if in 2012 she saw her GP about stress with her father dying, and received treatment, how come it has become a complex unresolved bereavement case. He was asked if he was saying that because of the current difficulties at the present time, she has not come to terms with the death, and Dr Carritt-Baker said that this was one of the more likely explanatory models. He said that when a person has a tricky and ambivalent relationship, as the mother did with her father, this fits with how things have progressed over time. 32. Advocate Corbett queried why there was emphasis in the report on the mother and her father, but less than half a page about the father and his father, the father having an experience which was "quite horrific" when he was younger. He said there was no clear connection to what happened to the father and it is not relevant to what he is doing. It was put to him that the father also said negative things about the mother, such as she was materialistic, Dr Carritt-Baker said he did not know. 33. Dr Carritt-Baker was asked about the father's controlling behaviour as it was an issue in the letter of instruction and also mentioned in the Pre-CRH report. He was asked if he addressed this with the mother and he said "I'd have to check." Advocate Corbett said it was not mentioned in his summary. He asked whether one would think the mother's account accurate. He said he had explored her narrative about controlling behaviour, but it was not: "conclusive enough to be in the summary". He was asked therefore if what the mother said about the father was a distortion, and he said this was the more likely explanation. Dr Carritt-Baker said in simple terms, control is a feature of domestic abuse, and it is more likely the father does not have the characteristics of domestic abuse. 34. With regard to the addendum report, he wrote that in high conflict disputes, he considered parents act in ways that do not necessarily reflect their general parenting skills. The incident where the father hurt the child he felt was an unreliable indicator. Things cannot be left as they are. He was asked if such an incident could happen if the father was alone with the child and he said it was not something he was concerned about. As to what contact mother would have if the child was living with her father, he said the supervised contact could be 2 to 3 times a week, to be supervised for a minimum of several weeks. It would depend on how the mother and the child react. He was not specifying where the contact should be but that it should be supervised. 35. Dr Carritt-Baker, when asked what the effect of his proposals on the child would be, said this would be secondary compared to releasing her from harmful emotional pressures. For the majority of children, they would be relieved that they were no longer under that pressure but there are a small number of "mixed reactions." There is a failure to recognise that equal parenting is compounding the problem. Decisions need to be made about how the child continues her relationship with her mother, and one cannot assume that contact is in her best interests. This could mean that the child is separated from her mother for weeks or months. He was

asked how long the mother would take to "recover" and he admitted he did know but it could take weeks or years. He said there is very little information and it is not well researched. As to what would be said to the child, he said that she needs to be told that her mummy and daddy have not been getting on, and she needs to be safe. Her mummy is finding things difficult and mummy is unhappy with daddy so she will be seeing mummy "a bit less." He added that nothing is set in stone. He accepted there were no easy answers, but once the child is given a cursory explanation, she can make sense of it. When asked whether the mother could give an undertaking not to denigrate the father, having heard what has been said in court today, he said that if the child says something about her father, what might the mother say to her. There needs to be a period of removing risk and seeing what happens, and how the child responds. He considered that undertakings may be part of this. His final recommendation was to have a period of no contact to see how the child responds, and then a short period of supervised contact. Mr Langford's evidence 36. Mr Langford is a JFCAS officer and has been a qualified social worker since 1987. He has been a JFCAS officer for 4 years, he initially practised as a social worker and then worked for the Probation Service dealing with children and families, the work involving child protection and MASH type issues. He accepted that whilst he was not a child psychologist, he had 30 years of experience in the area of emotional harm. He has provided a report in respect of the interim residence hearing dated the 16 th July, 2018, having interviewed both parents twice face to face or by telephone call, read e-mails from them and observed the child with her father and then her mother as well as a direct session with the child. He has also spoken with Dr Carritt-Baker. He was asked why he was recommending interim shared care which disregarded the conclusions of Dr Carritt-Baker, but he said he had considered everything including the wishes of the child. He was asked about stating that the child was aligning more with her mother following the assault on her by her father, and that she wanted to spend 5 days with mother and 2 with her father. She was cross with her father and said that he loved her, but if he loved her he would not hurt her. With regard to the handwritten note where the child wrote about the incident with her father, he knew she had written a note and asked her to send it to him, feeling it would be therapeutic. He had not seen the note until the court hearing. 37. He was asked about the child echoing her mother's view and did agree as reported at paragraph 18 as to the child saying her father being a "quitter." He was worried about this. He accepts that the child was repeating what her mother says. The child is suffering anxiety now because of the arguments between her parents. Mr Langford was firm that he did not agree with Dr Carritt-Baker and his concern is that the child will struggle emotionally if she does not see either parent for a time. He said that this would be "incredibly difficult for her to deal with." 38. Mr Langford said that he was recommending the interim shared care for 3 months with the order then being reviewed. It was put to him that the risk to the child would not be entirely reduced with his recommendation, but he said there were other risks that would be removed in that the child would no longer be on eggshells in a house where her parents were arguing on a daily basis. If both parents are home she wants a kiss from both of them. Both parents are meeting her basic needs but neither parent is putting the child first. They both need to think about how they deal with

the child. Shared care is better for her as there are risks to the child in not seeing her mother. Removal of one parent is drastic and she would be devastated not to have contact with her mother. Mr Langford was told by Advocate Dutôt that if shared care were ordered the father would have no issue with this but wanted clarity about handovers and drop offs. 39. Mr Langford was asked about living arrangements if shared care were ordered. He said it depended on what money is available. The child sees the home and garden which she loves as her base. It gives her security in the interim. The Law 40. Neither party addressed me on the legal principles. Both parents have parental responsibility for the children. A court has the power to make an Article 10 order under The Children (Jersey) Law 2002 , and it may do so at any time during the course of the proceedings. Article 12(3) of the Law provides that a Court has the power to make interim orders. On the making of an interim order, the welfare principle applies, so the welfare of the child must be a Court's paramount consideration. The Court must consider the welfare checklist as set out in Article 2(3) of the Law. 41. In the case of G v A

[2005] JRC 029 , the then Deputy Bailiff, Sir Michael Birt at paragraph 83 (c) said: "... The Court should take a robust line on interim access. Unless there are very strong grounds for fearing that access would be bad for a child, interim access should be awarded. After all, by definition, the children will have been in the regular presence of the non-resident parent whilst the parties were living together, which will, if the matter comes before the Court sufficiently quickly, have been only a short while ago. If there is no report available from the Children's Service, the Court should simply take a view and usually order access rather than put the matter off until a report is available. " 42. In the Matter of G

[2012] JRC 013 , the then Deputy Bailiff, Bailhache, W J states at paragraph 62 "... There may be circumstances where the conduct of one or both parents towards the child is such that the Court is so concerned for the child's physical, psychological or emotional welfare that either contact will not be permitted at all, or if it is permitted, it will be subject to stringent conditions." Decision. 43. Dr Carritt-Baker's view is that it comes down to the short term "discomfort" of the child against the long term harm and the opportunity to avoid the malign influence of the mother, and nothing else will do but to have the child living with her father and to even have a period of no contact with her mother. Mr Langford is supportive of interim shared care. Dr Carritt-Baker is involved with a number of high conflict cases, and I question whether the mother's behaviour is so bad, that the child, who clearly loves both her parents notwithstanding the recent incident with her father, should be stopped from having any contact with her mother and then at some point may have supervised contact for as yet an indeterminate time? I have also noted that Dr Caritt-Baker did not examine with any vigour the issue of the father's controlling behaviour and how if this were correct, it may have impacted on the situation. 44. Dr Carritt-Baker, as acknowledged by Mr Langford, considers that the child is in all likelihood being influenced by her mother against the father and the mother needs to stop doing this. Mr Langford has pointed out that there are other "harms" the child is suffering at present by the child continuing to live in a home where there is conflict between her parents. The

mother has given the court an undertaking about not denigrating the father, and whilst Dr Carritt-Baker said just giving an undertaking was not enough, he did consider an undertaking could be part of the way forward. This order is for an interim period only and the mother has heard what has been said and it has no doubt been explained to her the consequences of breaking an undertaking. Furthermore, the mother has, since the report of Dr Carritt-Baker, sought help from a psychiatrist, Dr Garcia-Alcaraz, who has seen the report of Dr Carritt-Baker. The mother has seen Dr Garcia-Alcaraz three times and whilst he did not attend Court to give evidence about his patient, the mother has taken on board that she needs mental health assistance. The psychiatrist states she does not suffer from any form of mental illness or indeed show features or underlying unresolved pathological or non-pathological grief reaction, although this was not put to Dr Carritt-Baker. 45. I am not clear that Dr Carritt-Baker has considered the outcome for the child in much detail, having initially said there should be supervised contact 2 or 3 times a week, whilst at the end of his evidence he said the child should have a period of no contact at all with her mother. In terms of the wishes and feeling of the child and any harm which she is at risk of suffering, Dr Carritt-Baker acknowledged that for the child a period of not seeing her mother would be "difficult", the child loves both parents, notwithstanding her father hurting her, and wants them both to comfort her. Mr Langford says it will be "incredibly difficult" for the child to deal with this and she will be "devastated". 46. I have noted the father he says is the parent to help the child, although at the time of the incident it appears the father turned to the mother for help with the child's behaviour and the mother says he has done this in the past. 47. I am therefore going to follow the recommendation of Mr Langford as to interim shared residence as being the best order for the child. Whilst Mr Langford recommended the proposal put forward by the father in Appendix C of his position statement as being the way forward, I am ordering Appendix A because this is the split of days that the parties actually agreed on in the event of shared care being ordered (with Saturday alternate each week). 48. I am not in a position to make any financial orders at this time and follow the advice of Mr Langford that the child should remain in the family home until further order with the caring parent staying in the home with the child. 49. As suggested by the father in Appendix A I think it is sensible and therefore order the following: (i) There are to be no changes to this routine, unless jointly agreed at least 24 hours in advance with the other party or in case of emergency; (ii) Each parent will on the day they do not have responsibility for the child, until alternative accommodation is achieved, leave the family home; (iii) There is to be no direct communication at this time between the parties by email, telephone, text or other means, other than to (i) discuss practical or welfare issues concerning the child or (ii) alert the other if they need to collect something from the family home, which they will arrange to do when the child is not present; (iv) There are to be no arguments or discussions about finances in front of the child, including at handovers; (v) Each party shall talk positively about the other parent in front of the child and not undermine their individual parenting approaches. 50. There will be a further Case Review Hearing on the 21 st August, 2018. Authorities *The Children (Jersey) Law 2002. G v A*

[2005] JRC 029 In the Matter of G

[2012] JRC 013 Page Last Updated: 22 Aug 2018 BAILII: Copyright Policy | Disclaimers | Privacy Policy | Feedback | Donate to BAILII URL: https://www.bailii.org/je/cases/UR/2018/2018_144A.html

Source & reproduction note

Judgment wording, source notices and original paragraph numbers are retained. Esheria supplies the layout and this PDF's page numbers; these are not the source pagination. This is a research copy, not an official or certified court document. Check quotations, citations and publication restrictions against the original source before relying on it.

ORIGINAL SOURCE <https://www.bailii.org/je/cases/UR/2018/>

CASE PAGE <https://chat.esheria.ai/case-law/jersey/i-v-j-matrimonial-2018-jrc-144a-13-august-2018>

Prepared on 28 October 2026 · Esheria