

In the matter of the Inquiry Respecting
The Treatment, Experiences and Outcomes
Of Innu in the Child Protection System

AFFIDAVIT OF MARK GRIFFIN

**SUBMITTED ON BEHALF OF THE GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR**

I, Mark Griffin of the Town of Paradise, in the Province of Newfoundland and Labrador, make oath and say as follows:

1. I have been employed with the Department of Social Supports and Well-Being (hereinafter referred to as the "Department" in this Affidavit) and/or its legacy departments (Child, Youth and Family Services; Children, Seniors and Social Development; Families and Affordability) regarding child protection functions since 2008, with one six-month exception. I was initially hired as a frontline child protection social worker practicing specifically in the Protective Intervention Program (PIP) from 2008 to 2013. During this timeframe, child protection work moved from the regional health authority (Eastern Health) to an in-line government department in 2012, and my position moved accordingly. Between 2013 and 2015 I was employed as an on call/after hours emergency social worker which required responding to crisis child welfare matters after regular business hours. Between 2015 and 2017, I was employed by provincial office as the Manager of Information Services, responsible for information sharing and disclosure of departmental records. For a brief period, I was also employed as both the Manager of Information Services and the Senior Policy Analyst, a liaison position between the Department and the Office of the Child and Youth Advocate, from 2016-2017. From 2017 to 2020, I was employed as a Quality Management Auditor, with responsibility for oversight on clinical case reviews, critical injuries and deaths, and on quality initiatives as it pertained to Child and Youth Services. In 2020, I returned to the Senior Policy Analyst position for approximately one year. Between 2021 and 2025, I took on the position of Director of Quality and Performance Improvement with responsibility for leading the development and evaluation of policies and programs to ensure quality of client services. Between January and July 2025, I left the Department on a secondment opportunity as a Cabinet Officer with Cabinet Secretariat and provided policy support to Cabinet and its committees. Since July 2025, I have been in my current position as Assistant Deputy Minister for Child and Youth Services.
2. Through these various roles I have knowledge of the Department's engagement with the Innu Round Table Secretariat. I have consulted with the Policy and Programs division staff and Child and Youth Services staff in preparing this affidavit.

3. Throughout my time in the above noted roles, I have had several interactions with the Prevention Agency team of the Innu Round Table Secretariat. For clarity, I will refer to this team as IRTS or Innu colleagues throughout this affidavit.

Regional Service Delivery and Information Sharing since 2019

4. There have been significant changes to the working relationship between regional Child and Youth Services (CYS) staff and our Innu colleagues since the implementation of the Children, Youth and Families Act (CYFA) on June 28, 2019, and the implementation of the Innu-CSSD Protocol (the "Protocol") in August 2021.
5. The addition of the Indigenous Representative, referred to as the Innu Representative in Innu Zones (hereafter referred to as the "Representative"), allowed the Representative to act as the voice of the child or youth's community in protection matters. This has meant the ability to receive notices and information on significant measures, discuss matters with SSWB, work to try to resolve cases outside court, and participate in court. This aligns with both the CYFA and the Act respecting Inuit, First Nations and Métis children, youth and families (Canada). The changes in policy and legislation that enshrined the rights of the Representative, and their functions, have necessitated changes in practice.
6. The implementation of the Innu-CSSD Protocol further formalized the interactions between IRTS and CSSD in their daily clinical/client work with Innu children, youth and their families on protective intervention program caseloads, kinship placements, in care, youth services, IRTS prevention and other caseloads.
7. The Protocol requires the Department to notify IRTS of a child protection report or youth services referral before the social worker responds to the call. There are also clear requirements with respect to notification for Innu children and youth when there are critical injuries or deaths, when children and youth are missing, or when they are experiencing heightened distress. The Protocol also offers a framework for providing updates on ongoing cases, about Innu access to Innu children and youth, and the ability of the Representatives to participate in court.
8. These measures have required changes in collaboration and coordination between IRTS, the Innu Prevention Agency, SSWB social workers, clinical program supervisors, and zone managers. CYS recognizes the importance of keeping Innu children and youth within their families, communities, culture and language, and the importance of keeping siblings together.
9. The Protocol also sets out weekly and monthly meetings between IRTS and SSWB, increasing the required level of contact, but also permitting contact as needed outside of the agreed upon schedule. Frequent meetings allow concerns to be addressed and resolved at the front lines. If concerns cannot be addressed, there are other avenues available to raise them, such as the Policy Working Group, which meets monthly, and requires the attendance of at least one SSWB Provincial Director.

10. Historical practice saw many children and youth placed in Out of Province Placements (OPPs), many of whom were Indigenous. Practice changes were made to keep more Indigenous children and youth in or near their home communities. In 2016-17, the average high was 50 children and youth out of province. Currently, the average is much lower at 12, noting these numbers are for all children and youth in OPPs, irrespective of Indigenous Status.
11. The implementation of the CYFA and the Innu-CSSD Protocol have led to significant changes in day-to-day practice for SSWB social workers and allowed for enhanced, well-defined, collaboration at standardized points within a child welfare case impacting an Innu child, youth or family. The Protocol is aligned with both the Innu Care Approach, the Innu Healing Strategy, and the CYFA. It is applicable to Innu children, youth, and families residing in the communities of Natuashish and Sheshatshiu, as well as those residing anywhere in the Province of Newfoundland and Labrador. Since there are consistent check-ins, there are opportunities to correct misunderstandings, to discuss interpretation of policy, to allow for proactive sharing, and for accountability when the Protocol is not followed.
12. While there are areas of opportunity to learn from and make improvements to the working relationship, there have been tangible, positive outcomes from the collaborative work of IRTS, the Innu Prevention Agency and SSWB. These include examples such as finding solutions to keeping a youth with an Innu caregiver, addressing referral information together, and facilitating visits of children in care in their home communities.
13. In addition to the above, senior CYS Labrador management meet weekly with the Innu Round Table Director of Prevention Services. The Sheshatshiu Zone Manager works twice weekly in the IRT office to support communication between Innu services and SSWB. Conversations between SSWB and our Innu colleagues continue to improve CYS service delivery to Innu children, youth and families.

Data Provision

14. In my various roles in the Quality and Performance Improvement division, I was able to facilitate the production of data on Innu children, youth and families to the IRTS, as outlined by the Innu-CSSD Protocol.
15. In addition to the information-sharing that was outlined above in meetings, emails, and notifications, data allows for more thorough analysis. The Protocol has provisions on the proactive sharing of data through monthly, quarterly, and annual reports.
16. Monthly reports are provided by SSWB Zone Managers to IRTS Managers for each Innu Zone and outlines the following: the list of Innu children and youth in care or custody, including demographic information, legal status, parents, location of placement, how long the child or youth has been in care, and the worker assigned; the list of all Innu children and youth removed and those returned home in the

preceding month; the list of child protection referrals in the preceding month, including the date of the referral, whether it was same day or seven day, and the screening decision; and an update on foster home investigations that impact Innu children and youth. The quarterly report provides the same information outlined for the monthly reports but is in relation to any Innu children and youth who reside outside the Innu Zones.

17. The Quality and Performance Improvement division was tasked with providing the annual reports to IRTS, as well as any ad hoc data requests that fell outside of the monthly and quarterly data sharing provisions. The annual report contained the number of Innu children and youth in care of custody for that year, and the total number who experienced care and custody during the previous fiscal year and contains the same demographic information as outlined in the monthly and quarterly reports. The annual report also includes information on in care and kinship placements, including their duration and with whom the children and youth are placed.
18. The report also provides statistics on the number of children and youth in care or custody as of June 30th of each year and the total number who experienced care or custody in the previous fiscal year. It also includes the number of Innu children and youth placed in their home community, in the other Innu community, outside either Innu community in Labrador, on the island of Newfoundland, and out of Province.
19. In addition to statistics on in care and kinship, SSWB also provides a breakdown on the number of referrals impacting Innu families, a breakdown by reason for the referrals, as well as the screening rate of referrals in or out. These can be compared to non-Indigenous rates to note any discrepancies in service provision.
20. Discrepancies in service provision for Innu children, youth, and families has been highlighted by individual data requests such as screening decision rates, and in SSWB's Report on Child Welfare Services to Indigenous Children, Youth and Families, where there are also breakdowns of service provision rates to Indigenous and non-Indigenous children, youth and families.
21. SSWB understands that having accessible data in a timely manner allows for better decision-making, case-planning, and understanding the unique needs of Innu children and youth, particularly those who are placed outside of Sheshatshiu and Natuashish. The formalized sharing of child welfare data has allowed for increased transparency and allows IRTS to have a system level scope of where Innu children and youth are involved with child welfare services in the province, what types of services they are receiving, and allows for advocacy for any identified gaps in services. For data requests outside of the Protocol, SSWB is always open to assisting in answering questions that can be answered from the case management system, Integrated Services Management (ISM).
22. There is a willingness to change the case management system to incorporate additional data distinctions. For example, in 2022, SSWB updated its case

management system, in consultation with IRTS, to include distinctions between Sheshatshiu Innu First Nation (SIFN), and Mushuau Innu First Nation (MIFN), to further disaggregate between the Innu Indigenous identity field in the system. While recent, these types of minor changes allow for better data at a more granular level. SSWB remains open to any data suggestions from our Innu colleagues that will improve access to information about Innu children, youth and families.

23. SSWB operates from a stance of transparency and accountability with respect to data provision, and uses data to make evidence-informed decisions. There continues to be an overrepresentation of Indigenous children and youth, and Innu children and youth, in our child welfare system. While data itself does not change those outcomes, it is a part of the story that will recognize shifts in practice and policy, and whether or not they are having their intended outcome. SSWB has seen value in, and remains committed to, distinction-based data and Innu-specific data provision to our Innu colleagues.

Move Away from Supportive Services

24. One of the issues that has been mentioned in various forums in relation to the Innu Inquiry was the decision to move away from supportive services under section 16 of the previous Child, Youth and Family Services Act (CYFS Act 2000), upon the implementation of the Children, Youth Care and Protection Act (CYCP Act) in 2011.
25. The CYFS Act 2000 contained a provision to provide services to families without a child being in need of protective intervention services. The information I offer regarding this decision was not one I was a part of as I was not in a role at the time to have an impact on decision-making. The information that is offered is combined from historical documents I have reviewed, as well as discussions I had with the Policy and Programs Branch regarding the decision.
26. At the time the decision was made to remove this provision from the legislation, several reviews had been completed such as the Minister's Advisory Committee (2005), the Turner Review and Investigation (2006), and the Clinical Services Review (2008), which highlighted the lack of development and funding for Family Services (how the section 16 provisions were referred to at the time) as well as the serious concern that child protection was not meeting the core mandate of protecting children. Additional reports, such as the Auditor General Report (2016) and numerous Office of the Child and Youth Advocate (OCYA) reports mentioned the need for the Department to improve compliance with policies and standards and strengthen service delivery to protect children.
27. In June 2011, the CYCP Act was proclaimed and the Family Services provision was removed to address these concerns and to return to a focus on the core mandate of protecting children and youth. Child protection would continue to provide tertiary prevention services where maltreatment has already or is likely to occur to address child maltreatment and prevent recurrence.

28. The Department continues to develop tertiary prevention services based on evidence-informed and best practices to support children, youth and families involved with child protection. SSWB continues to provide prevention services such as babysitting, childcare, transportation, respite, behavioural aide, parenting capacity assessments, day camp, physician expenses, infant safety, and transitional support. Another preventative measure before becoming involved with child protection is the expectant parent policy, which allows a parent expecting a child, who may be at risk, to voluntarily engage with the Department before the child is born to mitigate any concerns.
29. When Family Services was removed from the legislation, the intention was not to remove responsibility for prevention work from the Government of Newfoundland and Labrador as a whole. At the time Family Services was applicable to child welfare practice, there was no framework for the services. The program consisted of referrals to existing community services, or funding to obtain services or fill systemic gaps. Departmental social workers played more of a client advocacy and service coordination role rather than offering direct services. The services that were offered are those that continue to be offered by other government departments, boards and agencies currently, such as the provision of mental health and addictions services, housing services, and outreach programs. Ongoing concerns remain that returning prevention services to the CYS branch would further increase the workload of an already strained workforce that is difficult to recruit and retain.
30. There are program areas that CYS is currently responsible for such as adoptions, and foster home approvals, that are already difficult to deliver with the number of cases assigned and require the social worker to time manage on top of child protection referrals where this an alleged immediate safety threat to a child or youth. While the Department is taking steps to mitigate the issues with service delivery for our current services, additional services being added to Child and Youth Services' mandate would add increased pressure to an already overtaxed system. The services such as Family Resource Centers, Mental Health and Addictions counseling, addressing housing needs, and parent education groups that are known to be effective preventative measures are already offered through other government departments.
31. Effective prevention and early intervention services require a collaborative cross-departmental and cross-sectoral approach. Services such as those offered by the Innu Prevention Agency, or community led services help to remove the stigma of being connected to a child protection agency when there is no maltreatment, stigma that continues to persist today. Even when SSWB has been engaged, finding services to prevent or reduce further child maltreatment is difficult as service provision does not look the same across the province. Particularly in Innu zones, there are not as many services available, and not as many services that are culturally appropriate, as would be required for a robust prevention strategy. In some instances, travel outside of community is required to obtain services. Community agencies remain critical to providing prevention services and research would demonstrate services should be accessible in community to best support families.

32. SSWB also implemented the Financial Services for Families: Moderate and Intensive In-Home Services policy on June 12, 2025, to outline the process for assessing and approving moderate and intensive in-home services available to families involved in the Protective Intervention Program and Kinship Services. This allows for services in the home while the children and youth are still present to help mitigate safety concerns and maintain the children in the home. It may also be used to successfully transition the child or youth back to their familial home. The goal is to improve overall family functioning. SSWB is committed to keeping children at home with their families, when it is safe to do so, as research indicates children who remain with their family when risks are minimized or mitigated have better outcomes than children who enter care.
33. SSWB recognizes the importance of availability of services, and the importance of prevention and early intervention to mitigate risks and safety threats as soon as possible. SSWB also recognizes the concern with changes to its core mandate of child protection services and the stress it may have on an already overworked system that struggles with maintaining its workforce, if additional services such as prevention and early intervention were added to the workload of front-line social workers.

Social Worker Recruitment and Retention

34. The Department has continued to have issues with recruitment and retention of social workers for Child and Youth Services. The department has reduced its vacancy rate to 20%, down from a recent high of 30%, with more than 300 of 380 social worker positions now filled for the first time in a number of years. While this is the rate for the entire province and it is likely due to increased signing and retention bonuses, CYS still has a distribution problem with ensuring adequate staffing across the province in particular zones, particularly in the Central West and Labrador regions.
35. Natuashish and Sheshatshiu (Zones N and L, respectively), are not immune to these system wide staffing pressures. Comparing the last six years of vacancy data has actually seen the vacancy rate increase for these zones, collectively.
36. In 2020, the vacancy rate for Innu zones was 18%, or 23 out of 28 permanent and temporary social worker positions filled. In 2026, the vacancy rate for Natuashish and Sheshatshiu has doubled, at 36%, or 18 out of 28 permanent and temporary social worker positions filled.
37. There are significant bonuses available for social workers living and practicing in the Innu communities. For Natuashish, the bonuses and allowances are as follows: Sign on bonus: \$50,000 paid over a two-year period; travel allowance: \$5,000 per year; clothing allowance: \$500 per year; and a housing allowance: \$12,000 per year. For Sheshatshiu, the bonuses and allowances are as follows: Sign on bonus: \$30,000 paid over a two-year period; housing allowance: \$12,000 per year; travel bonus: \$3,000 per year; and clothing allowance: \$250 per year.
38. One of the ongoing issues with permanently recruiting staff in either community is the lack of housing. While accommodations are available for staff while they are working

in the community, these are generally shared accommodations and would not allow staff to live in community with their families. Particularly for Natuashish, the signing bonus has never been paid out because staff are unable to permanently live in community. For Sheshatshiu, while nearby communities offer housing options that a family could live in and travel to community, there has been limited uptake on positions that allow a social worker to practice in Sheshatshiu full-time.

39. The Department has had to move to a rotational model to fill these positions, with social workers completing two weeks working 11.25 hours a day in community and two weeks off outside of community. This has allowed increased staffing compared to historical rates of staffing, which sometimes saw only one social worker in community at a time. In order to incentivize permanent, in community, child welfare social workers, the incentives outlined above are not offered to rotational workers. While SSWB has been successful in recruiting a permanent clinical program supervisor in Sheshatshiu, it has not been successful in recruiting social workers to live in or nearby Sheshatshiu, and to practice full-time in community. As such, these sign on bonuses have rarely been operationalized. Staff are willing to work in both communities on a rotational basis.
40. It is clear children and youth have better outcomes when they have consistent availability of services and social workers are able to build better relationships with families and community stakeholders such as the Innu Prevention Agency. SSWB has had some success with hiring social workers for the Innu communities from outside the province, particularly from other Canadian provinces, who are willing to provide social work services on a rotational basis. SSWB continues to explore ways to reduce this vacancy rate in the Innu communities and explore changes to recruitment and retention bonuses to attract permanent staff, even if the rotational model continues to be utilized, with the preference being to continue to incentivize in community social work, whenever possible.

SWORN TO or affirmed at St. John's,
in the Province of Newfoundland and Labrador,
this 2nd day of April, 2026,
before me:



A. Bairstow, M



MARK GRIFFIN

April 29, 2026

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Page 1 1 April 29, 2026 - Questions for GNL Affiant 2 3 MICHAEL COLLINS: 4 Good morning, everyone. It's April 29th and 5 we're here for the cross-examination of Mark 6 Griffin on an affidavit he has submitted. 7 8 <u>MR. MARK GRIFFIN, AFFIRMED.</u> 9 <u>CROSS-EXAMINED BY MS. JUDITH RAE</u> 10 MICHAEL COLLINS: 11 Thank you. I'm Michael Collins. I'm here on 12 behalf of the Inquiry. I have no questions for 13 you. I think the first questions will come from 14 counsel for the Innu Representative 15 Organizations. 16 MARK GRIFFIN: 17 Thank you. 18 JUDITH RAE: 19 Okay. Good morning. Good to see you again, 20 Mark. And thanks for joining us today. My name 21 is Judith Rae. I know we've met before, but just 22 to reintroduce myself to you and for the 23 recording, I work at a law firm called OKT. We 24 jointly represent what the Inquiry calls the Innu	Page 3 1 MARK GRIFFIN: 2 Let's see. Sorry, I turned off video there. Can 3 you hear me any better now or no? 4 JUDITH RAE: 5 Yeah, I can. 6 MARK GRIFFIN: 7 Okay. 8 JUDITH RAE: 9 Yeah. That's a lot better. Okay. And is my 10 volume working okay for you? 11 MARK GRIFFIN: 12 Perfect on my end, yeah. 13 JUDITH RAE: 14 Okay. Great. Sorry for the technicalities, but 15 it's good to get it all sorted. Okay. Great. 16 17 So in this section of your affidavit, you're just 18 talking about the reporting -- the data reporting 19 that happened under the protocol. And I just 20 wanted to run through. So you described there's 21 monthly, there's quarterly, and there's annual 22 reports. And you describe how the monthly 23 reports are provided by the two zone managers. 24
Page 2 1 Representative Organizations, which are Innu 2 Nation and the two First Nations, Sheshatshiu 3 First Nation and Mushuau Innu First Nation. And 4 jointly with them, we represent also the Innu 5 Roundtable Secretariat. And so that's what we 6 bring forward in the Inquiry. 7 8 I'll just be asking you a few questions today 9 about your affidavit, which is the affidavit 10 dated April 2nd, 2026. And like I said, it won't 11 -- it won't be too long. So we'll just go 12 through a few. 13 14 Okay. So the first one relates to the part that 15 starts -- that's called "data provision." So 16 starting at around paragraph 14-15 of the 17 affidavit. Do you have your own copy there? 18 MARK GRIFFIN: 19 I do, yeah. 20 JUDITH RAE: 21 Okay. Great. Your voice is coming across just 22 slightly quiet for me. I can't turn it up any 23 further. So I don't know if you have any ability 24 to turn it up on your end.	Page 4 1 And I'm just noting, you know, over the years 2 since there's been a protocol, there's been, you 3 know, some turnover and, you know, occasionally 4 vacancies or so on in those zone manager 5 positions. 6 7 Do you -- do you have information about -- do you 8 know about how consistently the reports have been 9 provided monthly since the protocol was signed? 10 MARK GRIFFIN: 11 I don't because that didn't go through quality. 12 So like there were -- I know there were a couple 13 of occasions where Kimberley Mitchell, for 14 example, when I was with quality, when I was the 15 director of quality, where she had reached out to 16 indicate like she had trouble pulling together 17 some information. So I know the team helped her 18 collate some of that data and send it on to her. 19 20 But outside of that, we wouldn't know that they 21 were missing it, unless either IRT reached out to 22 us directly in quality or Kim did. And usually 23 they're -- they went through Kimberley. 24

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1 And to your point on, like, Natuashish, yes, that 2 has changed over time. So I had -- to my recall, 3 Judith, I don't recall anyone from Natuashish 4 reaching out asking for anything, any assistance 5 with the monthly reports. 6 7 They did sometimes reach out to the (inaudible) 8 directly. So it's possible that happened without 9 my knowledge, but I don't think so because 10 usually they would have to let me know that data 11 is being released prior to that going. 12 JUDITH RAE: 13 Thanks. Okay. Thank you very much. And same 14 question, essentially, for the quarterly reports. 15 Can you let us know who compiles that. You had 16 mentioned in your report it adds the children and 17 youth who are outside the Innu zones. And can 18 you let us know who provides that? And do you 19 know how often it's actually been provided? 20 MARK GRIFFIN: 21 The quarterly reports were also done by the zone 22 managers. I don't have the policy or the 23 protocol up in front of me, but that was my 24 recall. The annual reports were the ones that	1 Okay. My next couple questions are -- okay. 2 I'll just get right into them. So just in -- 3 just kind of briefly, summarizing your career 4 background, so you are frontline social worker 5 for a number of years. And then if I understand 6 correctly, moved into some more senior roles 7 starting in about 2015, in information services. 8 9 And then going on from there, you've been in 10 various senior roles, you know, in information 11 services, senior policy analyst, quality 12 management auditor, director of the quality 13 performance improvement unit, and then took 14 another role. And then now you're in the role as 15 ADM. 16 MARK GRIFFIN: 17 Correct. Yeah. 18 JUDITH RAE: 19 Okay. Thank you. Okay. So I want to ask a 20 couple questions about the part of your affidavit 21 that starts on page 3, where it says "move away 22 from supportive services." 23 MARK GRIFFIN: 24 Yeah. I'm there now.
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1 quality was essentially engaged in. 2 JUDITH RAE: 3 Yeah. Okay. And that's fine. So that brings me 4 to the last piece. So the annual report, so 5 that's the one, the office that you've been 6 involved in, in quality assurance, as you say, or 7 however you guys call it, we'll just call it 8 quality, as you did, that that was involved in. 9 10 And do you know, has that been provided every 11 year? 12 MARK GRIFFIN: 13 I know it had every year I was there. So I 14 wasn't there last year in '25. But I was there 15 up till '20 -- the end of '24. And it was 16 provided for the years that I was present in that 17 position, which would have been '21 to '24, after 18 the protocol was implemented. Those years would 19 have been provided, usually in October of the 20 year. 21 JUDITH RAE: 22 Yeah. Okay. Thank you. Okay. Okay. That's, 23 that's all I wanted to ask about those. 24	1 JUDITH RAE: 2 Pardon? 3 MARK GRIFFIN: 4 I'm at that page now. Yeah. 5 JUDITH RAE: 6 Okay. Great. And just where you're speaking 7 about the decision to change the provincial 8 legislation, you know, back in 2010-2011, the Act 9 that came into force in 2011. And, you know, to 10 get rid of what had been section 16 in the older 11 legislation, and what had been known as the 12 family services program kind of related to that. 13 14 And just to be, you know, extra clear, I take it 15 you weren't part of those decisions at the time 16 that they were made? 17 MARK GRIFFIN: 18 No, absolutely not. I would have been a school 19 social worker at the time as a frontline child 20 protection worker. So no one asked me my opinion 21 at that time, whether or not I thought that was a 22 good idea or not. 23 JUDITH RAE: 24 Totally fair. Okay. And I take it also, you're

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1 not putting yourself forward as an expert or 2 something in the topic. You're just speaking 3 from your experience in your job. 4 MARK GRIFFIN: 5 Correct. 6 JUDITH RAE: 7 Okay. So when you're talking about kind of on 8 the -- it's particularly paragraph 29, for 9 example, you say kind of what the intention was 10 of the changes. 11 12 Can you just elaborate a bit on what that's based 13 on when you say what the intention was, to your 14 knowledge? 15 MARK GRIFFIN: 16 Yes. So I think as I mentioned in the affidavit 17 that -- you can still hear me okay, right? 18 JUDITH RAE: 19 Yes. 20 MARK GRIFFIN: 21 Yeah, I think what I mentioned in the affidavit 22 was that part of that decision was based on my 23 reviewing documents from the time about why that 24 came together. And just from my knowledge of	1 families who had supportive services, they were 2 often great advocates for their children. Had a 3 lot of meetings with families where there was no 4 risk identified. And then, because they were 5 such advocates, and because they reach out so 6 often, families that were actually were at risk, 7 often weren't reaching out to you, you had to go 8 out to them as referrals were coming in. So it 9 made it difficult from a practice perspective 10 about being able to time manage what client you 11 would see first. 12 13 And typically, the risk would be the ones you 14 should see first, because they're the ones that 15 are alleging there's risk in the family. But it 16 did make it difficult from a time management 17 perspective for frontline social workers. 18 19 But that is my understanding about why I moved 20 away from and moved back to core protection 21 mandate was because of the issues we were having 22 with meeting that mandate, as it was for child 23 protection with supportive services attached to 24 it.
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1 being in senior positions later when that topic 2 was discussed. But my understanding at that 3 time, and currently, I guess, based on what I've 4 read, and what I've been told in consultation 5 with the policy programs branch, and the CYS 6 branch, is that that was intended to close the 7 gap because we weren't getting core child 8 protection assessment tools completed. Like, 9 there was a significant gap in the number of risk 10 assessments completed, the number of safety 11 assessments completed, just in making sure that 12 children that were -- where there was an 13 allegation of risk were being seen and being -- 14 the concerns were being addressed in a timely 15 manner. Like, that was an ongoing concern for 16 child protection services at the time. 17 18 I did practice under that model. So I do recall 19 from working, as I mentioned, I was a Bishop 20 Field social worker at the time. I had both 21 supportive services files and protection files. 22 And I will say, like, even from a practice 23 perspective as a frontline social worker, it was 24 difficult sometimes to navigate that because	1 I don't know if I fully answered your question, 2 Judith. So if you need me to add anything else, 3 please let me know. 4 JUDITH RAE: 5 Yeah. And from what -- so if I hear what you're 6 saying about your experience on the frontline, 7 and then kind of joining that with what you heard 8 in your later job about having the time -- the 9 time to do both. 10 MARK GRIFFIN: 11 Yes, yes. That was a real -- that was a real 12 issue for frontline social workers at the time. 13 And yeah, that is my concern, basically, going 14 forward, if we were to get added back, because 15 even though we have done better at doing our risk 16 assessments, doing our core protection mandate at 17 getting those tools done, the concern would be -- 18 right now, for example, we struggle with getting 19 adoptions completed, getting kinship homes 20 assessed, getting foster homes approved. Because 21 of the issue we have recruitment and retention 22 with staffing across the province, some areas are 23 better than others. 24

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1 But if we were to add that mandate back, I don't 2 think that would increase our ability to recruit 3 and retain. I think it would make a strain on an 4 already difficult workforce, which I think I 5 mentioned in the affidavit. 6 JUDITH RAE: 7 Okay. Thanks. And just to just go back to kind 8 of what your comments on it are based on, it 9 sounds like it's a combination of your kind of 10 experience on the frontline, and then what you 11 read and heard in your later jobs. 12 MARK GRIFFIN: 13 That's correct. Yeah. 14 JUDITH RAE: 15 Okay. Okay. Part of what you talk about in that 16 same section is some activities that the province 17 still does that, say, paragraph 28, where you 18 describe some activities the province still does, 19 or makes available that you describe as tertiary 20 prevention. So you mentioned in that paragraph, 21 some things such as babysitting, childcare, you 22 know, transportation, respite, and so on in that 23 paragraph. And just have a couple questions 24 about that.	1 that's -- at the time when I practiced was with 2 the department. We've since moved over to 3 education. So like we would refer out to that, 4 that to say the families are in need of 5 childcare, and that we are supporting them 6 because of a protection need. That would go then 7 to the Department of Education and Early 8 Childhood Development. 9 10 But the other things mentioned there are things 11 that we would generally approve at the 12 department. But obviously, there's a lot of 13 other prevention -- early intervention services 14 that we don't provide as a department, that we 15 would refer out to, say, Mental Health and 16 Addictions or any other programs. Or like 17 housing issues, people are saying they're 18 struggling with housing, we refer that to LHC or 19 Community Housing. 20 21 So some of those programs would be offered by 22 other departments. And as a case manager, we'd 23 be responsible as a social worker to refer them 24 out to the appropriate service.
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1 So are these things where the province employs 2 staff and runs a program like a day camp or 3 babysitting? Or where, you know, a family that's 4 eligible can have certain costs reimbursed if 5 they participate in an activity that exists, and 6 there's a cost to it? 7 MARK GRIFFIN: 8 Yeah, usually -- 9 JUDITH RAE: 10 Is that clear? 11 MARK GRIFFIN: 12 It is, yeah. Usually a letter, Judith, that we 13 give them funding to do that. So like for 14 babysitting, for example, if a family needs 15 babysitting, and it's assessed that it needs to 16 be approved, the family would typically find the 17 babysitter, get the costs associated with that, 18 and we would either reimburse them or pay the 19 babysitter directly, and/or the parent, depending 20 on the -- or foster parent or kinship provider, 21 whoever it may be, reimburse them to reimburse 22 the babysitting. 23 24 Childcare is a bit of a different one, because	1 So some of them we do provide, like I said, like 2 babysitting or expense reimbursement, but direct 3 provision of services, like for the bigger 4 prevention or intervention services are generally 5 from other departments across government. 6 JUDITH RAE: 7 Yes, okay. You're speaking a little fast, right, 8 which is okay, that's just your way. But I think 9 I got it. And if I can just clarify, are there 10 any in which the province provides it -- provides 11 the service as a direct service, so to speak, 12 versus, say, reimbursing an eligible expense? 13 MARK GRIFFIN: 14 As a tertiary prevention? 15 JUDITH RAE: 16 Yeah. 17 MARK GRIFFIN: 18 That would generally be outside of what that 19 would be. Like safety planning, for example, 20 like that would be, if you go out to the home, 21 there's an allegation, there's concerns that if 22 you leave that home, that the parents don't have 23 a plan to address that allegation. And you 24 verified it with interviewing the children, all

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1 those pieces of your assessment that you would 2 do, I'm trying to talk slower, that the -- they 3 would provide that tangible service that you 4 would agree with the family, you would come up 5 with the safety plan and put that in place. 6 7 Same with, like, family-centred action planning, 8 you're supposed to meet with the family and have 9 those conversations about how any family, even 10 when there's risk involved, or when there's been 11 maltreatment identified, they still have 12 instances where they've been protective as well. 13 So you should work with the family to determine 14 what way they think the concerns could be 15 mitigated and implement family-centred action 16 plans or safety plans through that route. 17 18 Some of that involves referring out to services, 19 some of that involves taking in other family 20 members to help support the plan. But those 21 would be the examples of direct service. 22 23 Outside of that, the majority of our services 24 that we require families to engage in are outside	1 general. If the -- if the family is struggling 2 with mental health issues or intimate partner 3 violence, like we have programs that we'd refer 4 out to, to there. 5 6 We have some internal counsellors, but it's -- 7 it's a -- there's not a lot of them. So like if 8 there's some -- one in Marystown, the rest are 9 essentially Metro heavy. So we have some of 10 those that we have in our own department, but for 11 the vast majority of the province, we do have to 12 refer out to other programs and services, usually 13 through Health and Community Services or the 14 health authority. 15 JUDITH RAE: 16 Okay. And when you say "in care" and "other 17 families," the other families, is that families 18 who are on the protection intervention program 19 caseload? 20 MARK GRIFFIN: 21 Yes, exactly. 22 JUDITH RAE: 23 Okay. 24
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1 of the department. 2 JUDITH RAE: 3 Okay. Okay. So other than the safety planning 4 and the family-centred action planning, it 5 depends on the service existing somewhere else. 6 MARK GRIFFIN: 7 Correct. 8 JUDITH RAE: 9 Got it. Okay. And can you run me through who 10 those services are available to? Is it -- I 11 mean, I would guess that they're available to 12 children who are in care? 13 MARK GRIFFIN: 14 No. Like what I'm -- what I'm referring to is -- 15 well, is the - 16 JUDITH RAE: 17 Yeah. 18 MARK GRIFFIN: 19 - like families where children are still 20 remaining at home. If we are trying to keep the 21 children at home, we'd refer out to services like 22 Department of Health for mental health and 23 addictions, for example, is a common one that we 24 would refer out to, or just counselling in	1 MARK GRIFFIN: 2 And we would do the same for children in care, to 3 be fair. Like, there's no other -- I think 4 sometimes there's a misconception that once a 5 child comes into care -- it's certainly a 6 misconception from the health authority that once 7 a child comes into care, there's a grand suite of 8 services that are available to them. 9 10 That's not necessarily the case. They might have 11 residential services as in a place to live and a 12 residential service provider meeting daily care 13 needs. But we don't have any other services that 14 come online once a child comes into care. It's 15 just that we're the de facto parent once we get 16 continuous custody. So there's a different push, 17 but it's the same services for both families in 18 care and families at home in the protective 19 intervention program. 20 JUDITH RAE: 21 Okay. Okay. I hear that. And then, so the -- 22 and the families that are on the protection 23 intervention program or that are in care, just to 24 say, state the obvious. So those are families

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1 that have been assessed by child protection and 2 the -- I'll try to phrase this right. The -- you 3 know, the assessment has been that that child is 4 in need of protective intervention within the 5 meaning of the legislation? 6 MARK GRIFFIN: 7 For families in care? For children in care? 8 JUDITH RAE: 9 And the PIP or the protection intervention 10 program, how do -- how do families get on that 11 list? 12 MARK GRIFFIN: 13 Oh, yes. Sorry. Yeah. So it would be that 14 there would have to be an allegation from the 15 community that there is a risk or a particular 16 type of maltreatment on the legislation to your 17 point. And you can become involved with PIP 18 without being in need of protective intervention 19 because you're determining the need for 20 protective intervention, but the allegation would 21 have to meet the criteria and the legislation in 22 order to be screened in or screened out. 23 24 So with screened in you're assessing, do they	1 MARK GRIFFIN: 2 Correct. 3 JUDITH RAE: 4 Yeah. Okay. And just to be clear about it, 5 those services that you described in your 6 affidavit or that are -- you know, that the 7 province provides through child protection or, 8 you know, can support or approve through child 9 protection, they're not available to a wider set 10 of families in the -- in the wider community, 11 families who aren't involved with child 12 protection services. 13 MARK GRIFFIN: 14 Our internal ones. So the ones on, like, 15 physician expenses, infant safety, or 16 transitional support wouldn't be unless you're 17 involved with us. But like the general services 18 that we refer out to, say if they needed mental 19 health and addictions counselling, they would be 20 available to the general public. It's just a 21 different route for referral. They can 22 self-refer or get a physician to refer them. We 23 refer them once we become involved and we see 24 that as the next course of action to mitigate the
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1 need protective intervention? If they don't, at 2 the end of that 30-day investigation, you close 3 the file. If they do then yes, to your point, 4 you would increase the -- you would, rather, stay 5 involved in the long-term protective intervention 6 file. 7 8 Outside of that, if the family can't mitigate the 9 issues in the home, and you've tried, you've made 10 an effort, you've tried safety planning, you've 11 tried FCAPs, or family-centred action plans, like 12 I mentioned earlier, and the risks still can't be 13 mitigated, then the next step would be for the 14 child to have an out-of-home placement. 15 16 It doesn't necessarily mean in care. It could 17 mean kinship. It could mean a temporary 18 arrangement with an auntie or uncle, grandparent. 19 But those, yeah, that's the general route that 20 people become involved through the system and 21 move through those program areas. 22 JUDITH RAE: 23 Okay. Thanks. And so they're involved with 24 child protection services in some way?	1 protection concerns. 2 3 So it's a yes and no. So there are some where, 4 yes, they would only become involved with us, 5 like FCAP or safety plan, would only be offered 6 to families where there's risk identified, and 7 other services such as ones that we refer out to 8 through Early Childhood Education or Health and 9 Community Services, would (phonetic) be 10 available, generally speaking, to other families 11 if they were referred through another method, may 12 not need to be through SSWB. 13 JUDITH RAE: 14 Right. Okay. So let me try to clarify or make 15 sure I understand what you are saying. There re 16 services, say, through health, you know, like 17 through Mental Health and Addictions, through the 18 health authority that would be available to 19 anyone. And, you know, you could refer anyone to 20 them or they -- you know what I mean? The access 21 isn't determined by your department's rules. 22 MARK GRIFFIN: 23 Correct. Yes. 24

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1 JUDITH RAE: 2 Okay. And then there are services that are more 3 specific to your department. And those would 4 depend on the family being screened in, as you 5 say. 6 MARK GRIFFIN: 7 Exactly, right, yes. Like, our family services 8 counsellors, for example, the general public 9 can't refer to those. You would have to be 10 involved with child protection to go through 11 those. Same with our behaviour management 12 specialists. But there are equivalent programs 13 across government that we still rely on. Even 14 with our counsellors and with our BMSs, we don't 15 have enough to fulfill that mandate for the full 16 province, so we would refer out to those. And 17 the general public could also refer out to BMS 18 services or CMS services, whatever they're called 19 in the health authority, and counselling. So 20 yes, it would be both. 21 JUDITH RAE: 22 And the ones listed in paragraph 28, like 23 babysitting, child care, respite, behavioural 24 aid, are those ones that apply or may apply if a	1 some definition of it that you're aware of 2 elsewhere? 3 MARK GRIFFIN: 4 We don't have it in legislation. I don't -- it's 5 not in the policy manual. The way we would 6 generally qualify it or define it is prevention 7 after maltreatment or risk has already been 8 identified. 9 10 So we can stay involved with families where 11 direct maltreatment is not identified, but 12 they're at high risk. We can stay involved with 13 them and refer out to services. And same with 14 families where there is maltreatment identified. 15 So we work with them to mitigate the immediate 16 risk. 17 18 But essentially, what a tertiary prevention means 19 to me and how it's been operationalized, at 20 least, again, not formally within the 21 departmental -- it's not defined departmentally 22 is to stop maltreatment from occurring again, 23 once it has occurred. 24
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1 family is screened in? 2 MARK GRIFFIN: 3 Yes. Yeah. 4 JUDITH RAE: 5 Okay. 6 MARK GRIFFIN: 7 Now they can also apply for child care or 8 behavioural aids outside. So, like, if someone 9 is in need because of a expense issue, if they 10 can't afford the expense of child care and they 11 need it they can still go through the Department 12 of Education on their own and refer to that. 13 Same with behavioural aids through the health 14 authority, if the -- if their child needs that 15 you don't need to be involved with child 16 protection to seek out a behavioural aid. But 17 for us to refer out, yes, you would have to have 18 some kind of risk identified. 19 JUDITH RAE: 20 Okay. The term you use in this affidavit for 21 those things, tertiary prevention, does the 22 Province have an official definition of that? Is 23 that something that you see used in policies or 24 the legislation to your knowledge, or is there	1 Because that other -- without getting some kind 2 of allegation from the community about what kind 3 of maltreatment is occurring in the community, 4 it's difficult for us to engage with families 5 prior to that -- difficult to identify. I think, 6 generally speaking, families who are at risk of 7 becoming a family where maltreatment is present, 8 outside of ones where maltreatment has already 9 occurred, if that makes sense. 10 JUDITH RAE: 11 Yes, I think it does. Because from what I 12 understand you're saying, and correct me here, by 13 the -- for what these -- for these services to 14 apply through SSWB, you know, what we now call -- 15 I'll just call it -- or I'll call it child 16 protection, you know, what it has been called 17 over the different years, by definition, some 18 kind of maltreatment or referral would have to 19 have occurred. The family's been screened in and 20 child protection is involved. So you're not -- 21 it's not in a position to prevent maltreatment in 22 the first place or prevent child protection 23 involvement in the first place. 24

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1 MARK GRIFFIN: 2 You have it. Yeah. 3 JUDITH RAE: 4 Okay. I want to open up another document and 5 I'll put it on the screen. So it's an affidavit 6 from Germaine Benuen from the year 2020. And 7 it's already an exhibit in the Inquiry. So I'll 8 put it up here. Let me just adjust my screen for 9 a minute here. And then -- 10 MARK GRIFFIN: 11 Just for your knowledge, Judith, I do have a 12 copy. So if you would want to refer to the 13 paragraph, I don't mind looking at mine either. 14 JUDITH RAE: 15 Okay. Sure. That's -- that sounds good. You 16 know what? I've got it up, so I'll just do this 17 anyway, but. 18 MARK GRIFFIN: 19 Okay. 20 JUDITH RAE: 21 So we're not going to, like, go through the whole 22 thing, but I just want to -- I'm going to refer 23 you to just a couple of pieces. So -- okay. So 24 just by way of introduction, so -- you know, I'll	1 the obstacles, as Germaine Benuen describes it, 2 that the Innu faced at that time is that the 3 federal government said they had to be delegated 4 as an agency from the province in order to 5 receive the federal funding. And Germaine 6 describes asking the province to do that. And 7 paragraph 52 describes their response, which I'll 8 just read aloud for the sake of the transcript 9 too, it's a bit easier. 10 11 "In the spring of 2019, we approached the 12 Province of Newfoundland and Labrador about 13 becoming an agency specifically for prevention 14 services. Their response was that they welcomed 15 our prevention work, but had no formal role in 16 authorizing or approving of that kind of work as 17 an agency or otherwise. It is outside of their 18 legislation." 19 20 And I'm just going to turn to one more paragraph, 21 and then I have a question, but. So I'm looking 22 now, they -- she talks a little bit more about 23 this as well at paragraph 61. And where she says 24 that, "IRT Secretariat has consistently explained
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1 turn over to the part that I'm going to look at 2 here, which is starting at -- oh, sorry, it gets 3 into the exhibits real fast. Starting at 4 paragraph 52. And so what this section is about 5 is the Innu efforts to access prevention funding. 6 So first it kind of goes through some of the 7 earlier history of that, and then some of the 8 later history of that in 2019, 2020. And I'm 9 just turning here down to paragraph 52. 10 11 So -- and I'm just going to go back to my notes 12 for a second. So what -- Germaine Benuen had 13 said that in those years, 2019, 2020, the Innu 14 faced obstacles in accessing federal prevention 15 funding. 16 17 I mean, first question, were you involved in that 18 process in terms of interacting with the Innu on 19 their effort to access federal prevention 20 funding? 21 MARK GRIFFIN: 22 I was not, no. 23 JUDITH RAE: 24 Okay. I didn't think so. That's fine. One of	1 to Canada it <i>cannot</i> be a provincially delegated 2 prevention services agency, because the Province 3 does not provide or regulate provision of 4 prevention services. The Province confirmed to 5 ISC directly its inability to designate, approve, 6 delegate, et cetera, any agency for prevention 7 purposes, and did so on more than one occasion. 8 The Province has informed us and Canada that its 9 position is that because it has no legislative 10 mandate or authority to provide or regulate 11 prevention services, it also cannot delegate, 12 designate or approve, et cetera, an agency for 13 prevention services." 14 15 Okay. That's the evidence I wanted to just bring 16 up. And my questions for you are -- they're 17 quite simple, actually. Do you -- do you have 18 any knowledge yourself suggesting that provincial 19 officials acted differently than how Germaine 20 Benuen described it? 21 MARK GRIFFIN: 22 I don't, but I don't have information to say they 23 did either. I just wasn't involved at the time. 24 I think Joanne Cotter would have led that at the

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1 time, but I don't know. I wasn't privy to 2 conversations. 3 JUDITH RAE: 4 Fair enough. And given that you're describing 5 some of what you call tertiary prevention 6 services right now, can you help me understand, 7 you know, do you think the Province -- how do you 8 merge those two things? The Province, you 9 know -- let me phrase this differently. I had it 10 phrased one way in my notes and I'm trying to 11 change it, but I think it's not going to work. 12 So I'm going to rephrase that again. 13 14 Do you think it's incorrect that the Province 15 does not do prevention services? You're saying 16 they do a certain type of prevention service. Or 17 is it just a question of language? Do you have a 18 way to explain these differences? They were -- 19 they were saying for the evidences that they said 20 that they don't do prevention. 21 MARK GRIFFIN: 22 Again, I think it depends on, like, the 23 definition of prevention. So, like, in child 24 welfare, typically, I think there's a idea of	1 certainly -- the same with parents getting 2 involved in mental health and addictions 3 counselling before their mental health or 4 addictions leads to them maltreating their child. 5 That service exists, but it's not within this 6 department or relegated under prevention services 7 as child welfare. 8 9 But that is what I would consider to be secondary 10 prevention before abuse has been assessed and 11 verified. Once it is, they're the same services. 12 We refer back to the same services. They're just 13 not called prevention or early intervention 14 services. But we do use them again, even when 15 the maltreatment is identified. 16 17 So we would still refer out to counselling or to 18 Strengthening Families, those kinds of services. 19 It's just that the maltreatment has already been 20 identified and we're working to stop that from 21 happening again. 22 JUDITH RAE: 23 Okay. Thanks. And if I may, you're -- no, I'm 24 going to leave it there. That's fine. Hard to
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1 primary prevention, secondary prevention and 2 tertiary prevention. And primary would be about 3 those public health things, like putting babies 4 on their backs to sleep for keeping children from 5 dying of SIDS, for example. And like, secondary 6 prevention might be families where they get 7 engaged in programming when they're -- they have 8 issues with child's behaviours, for example, or 9 there's intimate partner violence. Like, Voices 10 of Incredible Children Everywhere is one example 11 I think of. Or Strengthening Families, like that 12 would be considered secondary prevention. 13 14 So I don't think the province as a whole has, 15 gotten rid of what I would think of as primary or 16 secondary prevention, because those services 17 exist but they're not directly tied to child 18 welfare or to this department, if I'm explaining 19 that correctly. 20 JUDITH RAE: 21 Yeah. 22 MARK GRIFFIN: 23 It becomes tertiary once we get it because the 24 maltreatment has already occurred. But there are	1 rephrase these things. 2 3 Okay. I'll move on to just one last topic, which 4 is very brief, page 32 -- sorry, paragraph 32. 5 You mention a policy called the Financial 6 Services for Families, Moderate and Intensive 7 In-Home Services Policy, from just last year, 8 fairly new. 9 10 Is that something that you or your colleagues at 11 the Province could provide. 12 MARK GRIFFIN: 13 The policy? For sure. 14 JUDITH RAE: 15 Yes. 16 MARK GRIFFIN: 17 Yes. If you want me to send that on to this 18 group afterward, not a problem. I'll get that 19 and send it off. 20 JUDITH RAE: 21 Okay. Thank you. Those are all my questions. 22 MARK GRIFFIN: 23 Thank you, Judith. 24

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1 JUDITH RAE:
2 Thanks, Mark.
3 MICHAEL COLLINS:
4 Any questions from Canada?
5 VICTOR RYAN:
6 Hi, good morning. No questions. Thank you very
7 much.
8 MARK GRIFFIN:
9 Thank you.
10 MICHAEL COLLINS:
11 And the Province?
12 CATHERINE BOYDE, K.C.:
13 No, we don't have any questions. Thank you very
14 much.
15 MICHAEL COLLINS:
16 And nor do I. Thank you, Mark.
17 Thank you, everyone. Enjoy your day.
18 MARK GRIFFIN:
19 Thank you, Michael.
20 VICTOR RYAN:
21 Have a good day.
22 JUDITH RAE:
23 Thanks very much, everyone.
24 (Conclusion of questions for GNL Affiant.)

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4
5 C E R T I F I C A T E
6
7
8 I, Beverly Guest, of Elite Transcription, of
9 St. John's, in the Province of Newfoundland
10 and Labrador, hereby certify that the
11 foregoing pages, numbered 1 to 37, dated
12 April 29, 2026, are a true and correct
13 transcript of the proceedings which has been
14 transcribed by me to the best of my
15 knowledge, skill and ability.

16
17
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19 Certified By:
20
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22 _____
23 Beverly Guest
24

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