



2025/26 SESSION of the

BERMUDA SENATE

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26 MARCH 2026

Sitting number 21 of the 2025/2026 Session
(pages 893–962)

Sen. The Hon. Joan E. Dillas-Wright, MBE, JP
President

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26 MARCH 2026
10:03 AM**

Sitting Number 21 of the 2025/26 Session

[Sen. the Hon. Joan E. Dillas-Wright, President, presiding]

The President: Good morning, Senators.
The Senate is in session.
Shall we pray?

PRAYERS

[Prayers read by Sen. the Hon. Joan E. Dillas-Wright, President]

The President: Please be seated.

CONFIRMATION OF MINUTES

[Minutes of 18 March 2026]

The President: Vice President John Wight, you have the floor.

Sen. John Wight: Good morning, Madam President.

The President: Good morning.

Sen. John Wight: I move that the Minutes of the meeting of Wednesday, 18 March 2026, be taken as read.

The President: Is there any objection to that motion?
No objection.

Sen. John Wight: Madam President, I move that the Minutes of Wednesday, 18 March 2026, be confirmed.

The President: Is there any objection to that motion?
No objection. The Minutes are confirmed.
Thank you, Vice President John Wight.

[Minutes of 18 March 2026 confirmed.]

Sen. John Wight: Madam President, I move that consideration of the Minutes of the meeting of Monday 23 March and Wednesday, 25 March 2026 be deferred.

The President: Is there any objection to that motion?
No objection. The Minutes will be deferred.
Thank you, Vice President John Wight.

[Minutes of 23 and 25 March 2026 deferred.]

MESSAGES

The President: Mrs. Beale.

The Deputy Clerk: There are no messages, Madam President.

The President: Thank you.

REPORTS OF COMMITTEES

The President: There are none.

ANNOUNCEMENTS

The President: There are none.

NOTICES OF MOTIONS

The President: There are none.

PETITIONS

The President: There are none.

STATEMENTS

The President: We have no Statements this morning.

INTRODUCTION OF BILLS

The President: There are none.

FIRST READING OF PUBLIC BILLS

The President: There are none.

FIRST READING OF PRIVATE BILLS

The President: There are none.

QUESTION PERIOD

The President: There are no questions this morning.

ORDERS OF THE DAY

The President: I turn it over to Minister Crystal Caesar.

Sen. the Hon. Crystal Caesar: Yes, thank you. Good morning, Madam President, and good morning to the listening audience.

Madam President, I move that the Senate do now resolve itself into Committee of the whole [Senate] for further consideration of the Appropriation Act 2026 together with the Estimates of Revenue and Expenditure for the year 2026/27.

The President: Thank you.

I now call on Vice President John Wight to Chair the Committee and he will be assisted later.

[Crosstalk and laughter]

Senate in Committee at 10:07 am

[Sen. John Wight, Chairman]

COMMITTEE OF SUPPLY

APPROPRIATION ACT 2026

ESTIMATES OF REVENUE AND EXPENDITURE FOR THE YEAR 2026/27

The Chairman: We thought we would keep the Senators guessing as to who was going to Chair this morning.

Good morning, Senators. Good morning to the listening audience.

We have four hours allocated to the Ministry of Youth, Social Development and Seniors, led by Lindsay Simmons. It is now 10:08 am. I am going to suggest that we continue until 12:08 pm . . . sorry, 12:38 pm, which is two and a half hours into a four-hour session.

So, the heads for Youth, Social Development and Seniors are Head 86, on page B-290, Head 23, on [page] B-296, and Head 55 on [page] B-303.

So, with that introduction, Junior Minister Simmons, how do you wish to proceed?

MINISTRY OF YOUTH, SOCIAL DEVELOPMENT AND SENIORS

Sen. Lindsay Simmons: Thank you, Mr. Chairman.

Mr. Chairman, I move that the Committee do now take under consideration Head 86, Ministry of Youth, Social Development and Seniors Headquarters; Head 23, Child and Family Services; and Head 55, Financial Assistance.

The Chairman: Thank you, Junior Minister. Please proceed.

Sen. Lindsay Simmons: Thank you. Before I begin, I just want to declare my interest. As I go into my briefs,

I am the current president of the Foster Parents Association, charity number 620.

Mr. Chairman, I am pleased to present the 2026/27 budget estimates for the Ministry of Youth, Social Development and Seniors, which comprises the Ministry of Youth, Social Development and Seniors Headquarters, inclusive of Ageing and Disability Services, the K. Margaret Carter Centre, the Office of Youth Affairs; the Department of Child and Family Services, and the Department of Financial Assistance.

Mr. Chairman, the 2026/27 budget allocations for the Ministry of Youth, Social Development and Seniors demonstrates there is a continued financial commitment to support Bermuda's population during their lifetime, which includes our most vulnerable population groups, that is our children, persons with disabilities, and our seniors. The Government is committed to ensuring the services and programmes offered by the Ministry will directly influence and enhance persons overall well-being and quality of life.

Mr. Chairman, the Ministry focused on numerous initiatives during the last budget year, which are ongoing and will continue in the upcoming 2026/27 budget year. I will briefly highlight these as follows:

Mr. Chairman, the Homelessness Advisory Panel comprising of public, private and non-profit representatives, have completed a report, and a four -year National Homelessness Action Plan. In this fiscal year, the Plan's priority is to further strengthen to end rough sleeping. Mr. Chairman, \$70,000 has been budgeted for the fiscal year 2026/27 to address the Housing First for rough sleepers' programme. Looking ahead, Mr. Chairman, the budget lays the foundation for continuing to strengthen supportive housing options. In 2026/27, a grant of \$150,000 has been budgeted to support a housing facility which provides supportive housing and services enabling inmates to sustainably return to society after incarceration.

Mr. Chairman, in March 2025, the Ministry partnered with the charitable organisation HOME to support the Rental Support Services (Emergency Subsidy) Programme, to ensure people's safety while enabling access to adequate accommodation and services for an agreed period. As of February 2026, the fund has disbursed a total of \$93,790. Mr. Chairman, \$150,000 has been budgeted in 2026/27 to support the Hardship Fund.

Mr. Chairman, the Gender Affairs Council was established in 2023 to ensure that the Government could address legislation and policy; research and evaluation; and community engagement and education.

Mr. Chairman, on Monday, 17 November 2025, the Council held their first town hall [meeting] at the Bermuda Economic Development Corporation. This forum allowed the Council to highlight public concerns about gender-based violence, sexual harassment, reproductive rights and workplace inequality.

Mr. Chairman, ensuring the best interests, protection and safeguarding of our children is imperative.

In support of this, during the past year, the Ministry of Youth, Social Development and Seniors continued to strengthen the litigation guardian framework by setting up building blocks for a long-term, sustainable litigation guardian service.

Mr. Chairman, in November 2025, the Ministry organised its fourth awareness campaign to recognise the United Nations International Day for the Elimination of Violence Against Women and Girls and the launch of the 16 Days of Activism Against Gender-Based Violence. The theme was, “Unite to End Digital Violence against All Women and Girls.” This provided an opportunity for the Ministry to provide public awareness of digital violence.

Mr. Chairman, on 8 February 2026, the Ministry launched the guidebook entitled, “Envision Your Retirement: 2026 Planning Guide to Retirement.” The aim of this guide is to provide pensioners and residents approaching retirement access to vital information that would assist in planning in advance for a secure and fulfilling retirement.

Mr. Chairman, I will now move on to the summary of the fiscal year 2026/27 current account budget estimate for the Ministry of Youth, Social Development and Seniors, shown on page B-289 of the Approved Estimates of Revenue and Expenditure for the year 2026/27. The Ministry’s total [budget] estimate for the fiscal year 2026/27 is \$97,274,000.

Mr. Chairman, this represents an increase of \$6,000,000, or 7 per cent, compared to the original estimate of \$91,274,000 for fiscal year 2025/26.

Mr. Chairman, the breakdown of the Ministry’s current account budget estimate for 2026/27 by head as shown on page B-289 is as follows:

Head	Department	2026/27 Estimate (\$ Million)	% Increase (Decrease)
86	Ministry Headquarters	16.052	14
23	Child and Family Services	22.821	8
55	Financial Assistance	58.401	4
Overall	Ministry Total	97.274	7

Mr. Chairman, this summary shows that the 2026/27 current expenditure allocations for all heads within the Ministry have increased. I will explain the details of these increases further in this budget [presentation].

HEAD 86—MINISTRY HEADQUARTERS

Sen. Lindsay Simmons: Mr. Chairman, the current account expenditure for Head 86—Ministry Headquarters can be found on pages B-289 through B-292 of the Estimates Book.

The Ministry Headquarters is responsible for the budget of 10 business units:

- 96000—Administration,
- 96040—Ageing and Disability Services,

- 96050—K. Margaret Carter Centre,
- 96060—Policy Development,
- 96070—Grants to the Third Sector,
- 96080—Youth Office,
- 96090—Youth Grants and Investments,
- 96100—Youth Community Centres,
- 96110—Before, After, and Out of School Programmes, and
- 96120—Youth Policy.

Mr. Chairman, the mission of the Ministry of Youth, Social Development and Seniors Headquarters found on page B-290 is the *Protection of all individuals during their lifetime and facilitation of their well-being*. The five objectives of the Ministry Headquarters are:

1. Collaborate with Ministry departments to ensure overall policy objectives are met.
2. Create partnerships that allow for better coordinated services that are [synergistic] with the Government’s social initiatives.
3. Help facilitate or improve social supports for Bermuda’s at-risk populations.
4. Ensure all stakeholders have safeguarding and child protection policy statements.
5. Advance Government’s social policy initiatives with an emphasis on social cohesion.

Mr. Chairman, the General Summary of the Ministry’s budget on page B-290 shows that the total budget allocation for the Ministry Headquarters for fiscal year 2026/27 is \$16,052,000, distributed amongst the 10 business units, representing a net increase of \$1,941,000.

I will now share details of each of these business units, commencing with business unit 96000, Administration.

96000, Administration

Sen. Lindsay Simmons: Mr. Chairman, the 2026/27 budget for the Administration business unit 96000 of \$1,493,000 compares to the \$1,625,000 originally budgeted for financial year 2025/26. This reflects a decrease of \$132,000, or an 8 per cent decrease, as shown on page B-290, which is primarily due to less funding needed for professional services.

96040, Ageing and Disability Services

Sen. Lindsay Simmons: Mr. Chairman, I will now present the budget for business unit 96040, Ageing and Disability Services, shown on page B-290.

Mr. Chairman, the mission of Ageing and Disability Services (ADS) is *To support and protect seniors and persons with disabilities at risk of abuse or self-neglect via compliance, programme delivery, education and stakeholder collaboration*.

ADS has a budget allocation of \$2,370,000 for fiscal year 2026/27, representing \$468,000 more than the prior year. Included in this amount is the mid-year

supplementary funding of \$181,000. Funding provides for a total of 11 full-time employees.

Mr. Chairman, the primary focus of Ageing and Disability Services is adult protection, delivered principally through its case management programme. In addition, to this core function the Office plays a critical role in the development and delivery of public education and awareness initiatives. The Disability Advisory Council (DAC) and the Ageing and Disability Services remains committed to supporting disability initiatives. In this capacity, ADS works collaboratively with DAC members and community organisations.

Policy and Programme Development

Sen. Lindsay Simmons: Mr. Chairman, in 2025/26, Policy and Programme Development within Ageing and Disability Services continues to support the planning, development, and coordination of policies and programmes for seniors and persons with physical and intellectual disabilities.

Mr. Chairman, in the year ahead, ADS will focus on expanding outreach and engagement to increase registration and participation in the Disability Register; generating more comprehensive analytical reports to enhance informed policy-making; continuing to develop local technical capacity to fully manage and enhance the application, reducing reliance on external contractors over time; and leveraging the Disability Register data to identify service gaps and guide targeted interventions under the National Plan for Adults with Intellectual Disabilities and their Families.

Mr. Chairman, a review of disability rights legislation and governance frameworks across several jurisdictions, which highlight each jurisdiction has established stand-alone legislative frameworks and designated disability units, in accordance with Article 33 of the United Nations Convention on the Rights of Persons with Disabilities, to strengthen and protect the rights of persons with disabilities.

Mr. Chairman, stakeholder engagement was initiated to gather insight into the current state of disability inclusion in Bermuda. Based on this engagement, a policy proposal [was developed and] presented to Ministry leadership, outlining two options to address the identified gaps, one, to amend existing legislation or two, to develop stand-alone disability legislation.

A decision was taken to proceed with amendments to existing legislation, alongside the establishment of a disability unit.

Mr. Chairman, ADS is responsible for administering duty relief exemption requests for materials that support ageing at home, [as well as for] medical and adaptive equipment related to disability conditions. In 2025/26, ADS received and approved 16 duty relief exemptions, an increase from eight approvals in 2024/25

Mr. Chairman, a significant achievement for the Ministry of Youth, Social Development and Seniors during the past year was the development of the

National Seniors Strategy 2024–2030. During 2025/26, the Ministry will continue to advance the National Seniors Strategy.

Mr. Chairman, over the last fiscal year several national policies and programme initiatives have commenced. These include:

1. The establishment of a long-term care working group.
2. Amendments to the Senior Abuse Register Act 2008.
3. Publication of an Integrated Care Pathway for dementia (ICP).
4. Collaboration with the development of the Office of the Public Guardian.
5. The development of the Senior Day Care facility.

Mr. Chairman, during the last fiscal year, the Gilbert Institute was identified as the proposed location for the Senior Day Care facility which aims to improve sensory-friendly indoor and outdoor spaces to create a therapeutic environment that supports independence, dignity, and well-being.

Mr. Chairman, Public Works is currently progressing the preparation of building control documents and once planning approval is secured, the building control permit is expected to follow shortly thereafter. Mr. Chairman, \$1,800,000 has been budgeted in capital funding for 2026/27, as shown on page C-8.

Education and Awareness

Sen. Lindsay Simmons: Over 2024/25, ADS held 19 education and awareness events. During this fiscal year ADS aims to exceed this number. In 2025, events included the ADS third annual Seniors Tea, which hosted over 100 seniors and focused on the importance of planning ahead.

Case Management

Sen. Lindsay Simmons: Mr. Chairman, Case Management represents the primary programme under ADS, business unit 96040. Case management clients include seniors and persons over 18 years [of age] with long-standing disability conditions who are divided into general case management and adult protection services.

Mr. Chairman, in 2025, Ageing and Disability Services implemented a Structured Decision-Making (SDM) Framework for intake and safety assessments. Implementation activities included the development of tools, integration and certification within the case management software, testing, and staff training at a [total] cost of \$335,000.

Mr. Chairman, in January 2026, ADS hosted an advanced certification training in forensic interviewing of older adults provided by Modell Consulting Group. This intensive 4-day training cost \$28,000 and included 24 representatives from Bermuda Police

Service, the Department of Public Prosecutions and Ageing and Disability Services.

Mr. Chairman, in 2024, as part of the supplemental funding, a hardship fund of \$120,000 was allocated for case management. Funds are used for critical services or interventions required to ensure the safety or well-being of clients. In the third quarter of 2025/26, an additional \$100,000 was awarded to this fund for two primary purposes:

1. The implementation of a hearing aid programme to ensure those who are uninsured or under-insured have access to hearing tests and devices.

2. Supplemental funding for a foster child with profound disabilities that has aged out of the care of the Department of Child and Family Services.

96050, K. Margaret Carter Centre

Sen. Lindsay Simmons: Mr. Chairman, the K. Margaret Carter Centre (KMCC) provides essential support for adults with intellectual disabilities through comprehensive day programme services and case management. As shown on [page] B-290, the K. Margaret Carter Centre will receive a budget allocation of \$2,556,000 for fiscal year 2026/27, \$213,000, or 9 per cent, more than the prior year. This will fund 19 full-time staff and three service providers, enabling the delivery of services [to] 48 service users.

KMCC continues to operate five days per week, serving seven distinct client groups, also early morning and late afternoon care outside of regular operational hours were options available for families.

Mr. Chairman, in 2025, the K. Margaret Carter Centre undertook a significant programme revision to strengthen service delivery and enhance client outcomes over the course of the year, including:

- Clear entry and exit criteria to safeguard service users and staff.
- A new behaviour support programme.
- Defined mandates and programme targets for each of the seven client groups.
- Digital transformation.
- Monthly client engagement summaries.
- Seeking out direct client feedback.
- Hosting case reviews with parents/guardians and care teams.

Client participation in a range of events designed to increase community awareness and provide enriching social experiences, such as:

- Attendance at a community boxing event.
- Hosting His Excellency, the Governor of Bermuda, for the KMCC facility tour.
- Hosting “Celebrations Around the World,” a holiday showcase.

Mr. Chairman, the K. Margaret Carter Centre is grateful to have received supplementary funding of \$22,500 to address gaps in allied health services due to staffing constraints with community partners.

Mr. Chairman, the K. Margaret Carter Centre remains fully committed to continually enhancing its programmes.

96060, Policy Development

Sen. Lindsay Simmons: Mr. Chairman, I will move on to business unit 96060, Policy Development, page B-290. For fiscal year 2026/27 the budget remains the same at \$157,000 for policy development. This policy resource supports the Ministry’s policy commitments, which include Throne Speech and the Government’s platform initiatives.

96070, Grants to the Third Sector

Sen. Lindsay Simmons: Mr. Chairman, \$4,466,000 has been allocated for the fiscal year 2026/27 for business unit 96070, Grants to the Third Sector, as shown on page B-290. This is an increase of \$771,000, or 21 per cent, reflecting the inclusion of 2025 supplementary grant funding of \$300,000 for nursing homes and residential care facilities, as well as additional funding to support the homelessness strategy, as seen on page C-21 of the Budget Book.

Youth Affairs

Sen. Lindsay Simmons: Mr. Chairman, I will now present the fiscal year 2026/27 estimates of expenditure and revenue for The Office of Youth Affairs (TOYA), which comprises the Youth Development, Youth Outreach, Youth Services and Youth Policy programmes, found on pages B-290 and B-291 of the Budget Book.

Mr. Chairman, the total 2026/27 budget allocation for all four programmes within The Office of Youth Affairs is calculated at \$5,010,000, an increase of \$621,000, or 14 per cent, over the prior year.

Mission

Sen. Lindsay Simmons: Mr. Chairman, the mission of The Office of Youth Affairs (TOYA) is, *To form a unified approach to tackle issues faced by Bermuda’s young people and provide them with the support to have positive and productive futures.*

Section Objectives

Sen. Lindsay Simmons: Mr. Chairman, the objectives for The Office of Youth Affairs for 2026/27 are as follows:

- Provide funding/support for Youth Organisations and Groups (YOGs).
- Manage and maintain government community centres.
- Provide before, after and out of school programmes for school-age children.

- Provide recreational programmes and activities to surrounding communities.
- Prepare and manage the budget to ensure intended deadlines are met.
- Monitor and facilitate the goals of the National Youth Policy (NYP) and action the NYP Working Group recommendations.

Mr. Chairman, I will now discuss the individual programmes associated with this section of the Ministry of Youth, Social Development and Seniors.

Programme 8602, Youth Development

Sen. Lindsay Simmons: Mr. Chairman, the programme budget for fiscal year 2026/27 is \$863,000, reflecting a rise of \$172,000, or 25 per cent, as shown on page B-290.

96080, Youth Office

Sen. Lindsay Simmons: Mr. Chairman, of the programme budget, the Youth Office, business unit 96080, has been allocated \$703,000 in fiscal year 2026/27. This funding supports salaries and wages for staff, professional development including autism spectrum disorder and neurodivergent training, travel to attend conferences, and the operational requirements. It also provides for the continued governance, administration, and oversight of the Youth Office.

96090, Youth Grants and Investments

Sen. Lindsay Simmons: Mr. Chairman, the programme budget is also [apportioned] for Youth Grants and Investments, business unit 96090. The allocation is \$160,000, reflected on page B-290, which is an increase of 19 per cent over fiscal year 2025/26.

This funding is integral to building sector-wide youth capacity by strengthening the structures, opportunities, and support systems that enable young people and youth-serving organisations to thrive.

Programme 8603, Youth Outreach

Sen. Lindsay Simmons: Mr. Chairman, the budget for the Youth Community Centre's business unit 96100 is \$2,032,000, which funds the operations of three community centres for the fiscal year 2026/27. This represents an increase of \$319,000, or 19 per cent, over fiscal year 2025/26, shown on page B-290.

This allocation supports the full operations of the government's three community centres, the Eastern Zone Community Centre (EZCC), located at 18 Old Military Road in St. George's, the Sammy Wilson Central Zone Community Centre (SWCZCC), located at 3 Angle Street in Hamilton, and the Western Zone Community Centre (WZCC), located at 15 Kitchener Road in Sandys.

Programme 8604, Youth Services

Sen. Lindsay Simmons: Mr. Chairman, business unit 96110, Before/After/Out of School Programmes has a budget for fiscal year [2026/27] of \$1,848,000, representing an increase of 3 per cent, or \$46,000, as shown on page B-290. This budget will support 23 programmes

The Before School Programme is provided at four primary school locations; namely,

- West Pembroke,
- Elliot,
- Harrington Sound, and
- Francis Patton.

After School Programmes [ASP] and Clubs [ASC], 15 [locations]:

- Western Zone Community Centre—Boaz [ASP],
- Western Zone Community Centre Middle [ASP],
- West End [ASP],
- Dalton E. Tucker [ASP],
- Port Royal [ASP],
- Purvis [ASP],
- Paget [ASP],
- SWCZCC Middle [ASP],
- West Pembroke [ASP],
- Elliot [ASP],
- Harrington Sound [ASP],
- Francis Patton [ASP],
- St. David's [Primary] [ASP],
- Eastern Zone Community Centre [ASP], and
- EZCC Middle School [ASC].

Out-of-School Programmes operate at four locations:

- Eastern Zone Community Centre (EZCC),
- Sammy Wilson Central Zone Community Centre [SWCZCC Sites 1 and 2], and
- Western Zone Community Centre [WZCC].

Funding allocations support the full delivery of programme operations.

Programme 8605, Youth Development

Sen. Lindsay Simmons: Mr. Chairman, for fiscal year 2026/27, the budget for Youth Policy, business unit 96120 will increase by \$84,000, or 46 per cent, or \$267,000, as shown on [page] B-290.

Mr. Chairman, in 2026/27, further priorities will go into research, consultation, and drafting of the National Youth Policy 2027–2029, ensuring continued progress towards achieving the remaining goals of the current policy, while preparing the strategic framework for the next phase.

Performance Measures

Sen. Lindsay Simmons: Mr. Chairman, the performance measures for the Youth Development Administration; Youth Grants and Investments; Youth Community Centre; Programmes: Before and After and Out of School; and Youth Policy can be found on pages B-294 and B-295.

Mr. Chairman, throughout business unit 96090, Youth Grants and Investments, The Office of Youth Affairs provided 16 youth grants, 24 youth investments, and seven youth event sponsorships to youth organisations, community groups, and individual young people during fiscal year 2025/26.

Youth Sponsorship

Sen. Lindsay Simmons: Mr. Chairman, I will now present Youth Sponsorships:

1. **Kameron Young** is currently focused on developing representative robotics and technology solutions which aim to increase diversity and inclusion within the technology sector, aligning with Goals 2 and 4 of the National Youth Policy.

2. DanceSations School of Dance has submitted an umbrella application on behalf of multiple students. These opportunities will provide young dancers with access to advanced technical instruction and international performance experience which aligns with Goal 5.3 of the National Youth [Policy].

3. Youth Leadership Academy is a structured four- to five-year initiative serving young people aged 13 to 19 who may be at risk of repeating negative behaviours or not reaching their full potential which aligns with National Youth Policy Goals 1, 2, 3, 7, and 8.

4. Alpha Kappa Alpha—Tara Roberts Student Event hosted historian and storyteller Tara Roberts, whose work documents the journey of Black scuba divers as they recover and preserve the histories of sunken slave ships. This exposure to students aligns with National Youth Policy Goals 2 and 5.

5. Southampton Rangers Youth and Families Programming held an overnight youth and family recreational event that brought together club leaders, parents, and youth for a series of games and team-based activities, aligned with the National Youth Policy Goals 5.4 and 5.5.

6. Tomorrow's Voices developed its summer 2025 programme to provide educational and recreational opportunities for young persons with autism spectrum disorder (ASD), which aligns with the National Youth Policy Goals 2 and 6.

7. The Open Your Heart Foundation delivered a holiday support initiative designed to assist families experiencing financial hardship, which aligns with National Youth Policy Goals 2 and 8.

8. The Women's Resource Centre—Youth Assistance organised a fundraising initiative to strengthen its capacity to support individuals and families impacted by domestic abuse, which aligns with the National Youth Policy Goals 2, 3, and 8.

9. Uni Power Skills Student Development Event hosted an event for secondary school and university students, focused on preparing participants for tertiary education and career opportunities, which aligns with National Youth Policy Goal 2.

Mr. Chairman, the [performance] measures for The Office of Youth Affairs, as outlined on pages B-294 and B-295, reflect a year of progress achieved through the delivery of programmes, [strategic] services, and [community-based] initiatives.

Year in Review

Sen. Lindsay Simmons: Mr. Chairman, The Office of Youth Affairs hosted the 2nd Annual National 18-plus Youth Conference from June 30 through July 6, 2025. The conference focused on mental health and antisocial behaviour to benefit Bermudians aged 16 to 29 and the wider community.

Mr. Chairman, each community centre also facilitated community events. The Eastern Zone Community Centre hosted a community fair on July 12, 2025, providing family-friendly activities.

The Sammy Wilson Central Zone Community Centre hosted a long-table event designed to revive the tradition of shared family meals.

The Western Zone Community Centre continued its popular drive-in movie night held on November 28, 2025.

Mr. Chairman, Youth Services also began drafting the TOYO's [Compass] Points Curriculum, designed to support and empower children from preschool through middle school. It is intended to be taught during out-of-school and after-school programmes.

Anti-Bullying Week 2025 was observed from November 10 through 14. Under the theme "Power for Good," activities throughout the week reinforced the message that every young person could use their voice and positively encourage kindness, responsibility, and safe communities.

Mr. Chairman, I congratulate the employees at The Office of Youth [Affairs] for their dedication and commitment to serving Bermuda's young people.

Mr. Chairman, this concludes the presentation of fiscal year 2026/27 budgetary allocations for Head 86 section, The Office of Youth Affairs.

Subjective Analysis of the Current Accounts Estimate

Sen. Lindsay Simmons: Mr. Chairman, I will now present the combined subjective analysis of the current accounts estimate for the Ministry's Headquarters as found on page B-291 of the Budget Book.

Salaries

Sen. Lindsay Simmons: Mr. Chairman, the budget allocated for salaries is \$5,137,000, for the fiscal year 2026/27, an increase of \$257,000, or 5 per cent.

The salary allocation covers the Ministry's 90 full-time equivalents found on page B-292. The salary growth reflects additional funding needed to support negotiated salary uplifts, as well as one new temporary additional post for the administration section.

Wages

Sen. Lindsay Simmons: Mr. Chairman, the increase in the budget for wages of \$222,000 supports the hiring of two assistant community workers and provides extra funding needed to cover wage uplifts for unionised industrial employees.

Training

Sen. Lindsay Simmons: Mr. Chairman, \$137,000 has been allocated to facilitate professional training for employees during fiscal year 2026/27, representing an increase of \$81,000. This increase is key to supporting officers selected to attend both local and overseas conferences. Also, The Office of Youth Affairs has strategically planned, neurodiverse recreational training for its supervisors. Lastly, programme workers will attend professional development training to maintain accreditation standards within The Office of Youth Affairs.

Transport

Sen. Lindsay Simmons: Mr. Chairman, the increase of [\$1,000] is due to the marginal amounts added to the budget to cover cost of parking fees and mileage reimbursement for employees who use their personal vehicles for site visits.

Travel

Sen. Lindsay Simmons: Mr. Chairman, \$91,000 has been budgeted for fiscal year 2026/27 for travel, representing a \$26,000, or 40 per cent increase. This increase in travel expenses is to fund the cost to send representatives to meetings of the Caribbean Financial Action Task Force (CFATF), to cover overseas training planned by The Office of Youth Affairs (TOYA) and to finance the cost of youth ambassadors, and youth council representation, at overseas conferences hosted by CARICOM, the Commonwealth and United Nations.

Communications

Sen. Lindsay Simmons: Mr. Chairman, communications, inclusive of phones, courier and postal cost, is budgeted at \$126,000 for the new year, indicating a decline of \$2,000. This decrease reflects minor adjustments across various sections within the Ministry Headquarters, and telephone equipment rental and local telephone call budgets.

Advertising and Promotion

Sen. Lindsay Simmons: Mr. Chairman, advertising and promotion costs increased by \$29,000. Ageing and Disability Services will engage in targeted promotion of its Disability Register to increase enrolment numbers and will also create education and awareness campaigns around the new Disability Unit, to be coordinated in the new year. In terms of community building and social responsibility, the Ministry's Headquarters will support sponsorship opportunities that are aligned with its mission, *To provide more reach and exposure of the Ministry and the services offered.*

Professional Services

Sen. Lindsay Simmons: Mr. Chairman, professional services of \$1,831,000 fiscal year 2026/27, increased by \$173,000, or 10 per cent. This increased level of funding reflects the allocation of monies for the establishment of a dedicated Disability Unit within Ageing and Disability Services. Recreational services for neurodivergent young people enrolled in programmes offered by The Office of Youth Affairs, and funding for case management coverage support needed by Ageing and Disability Services and the K. Margaret Carter Centre.

Rentals

Sen. Lindsay Simmons: Mr. Chairman, \$393,000 was budgeted for rentals, an increase of \$158,000, or 67 per cent. This rise in the budget is directly attributable to rental increases by the landlord for offices rented by the Ministry Headquarters and The Office of Youth Affairs. In addition, money was budgeted in anticipation of Ageing and Disability Services moving from shared space at the Ministry of Health to a new location, more fitting for their clients they serve, and expected growth in staff.

Repair and Maintenance

Sen. Lindsay Simmons: Mr. Chairman, in fiscal year 2026/27, the repair and maintenance budget is \$241,000, or \$32,000 more than the prior year. This increase in funding covers the cost of a variety of repair and maintenance expenses anticipated by the Community Centres, including but not limited to

- industrial cleaning of floors,
- minor interior building repairs,
- pest control, and
- equipment maintenance.

Also increased funds have been allocated to maintain an ageing vehicle operated by Ageing and Disability Services, and maintenance of security systems and equipment at the K. Margaret Carter Centre.

Insurance

Sen. Lindsay Simmons: Mr. Chairman, only \$2,000 is budgeted for insurance costs for fiscal year 2026/27. Costs have been reduced by \$70,000, or 97 per cent, during the current fiscal year. All clients qualify for assistance with HIP coverage through the Department of Financial Assistance (DFA). Thus, the K. Margaret Carter Centre no longer must bear these costs.

Energy

Sen. Lindsay Simmons: Mr. Chairman, energy costs increased by \$24,000, or 13 per cent, to \$205,000. Additional funds for electricity were budgeted in anticipation of Ageing and Disability Services moving from one shared space at the Ministry of Health, to a new location more fitting for their clients, and for expected growth in staff.

Clothing, Uniform and Laundry

Sen. Lindsay Simmons: Mr. Chairman, cost for clothing, uniform and laundry accounted for \$16,000. The marginal increase of \$4,000 will cover the cost to replenish uniform shirts, jackets and protective wear for the caretaker groundsman who work within our community centres, as well as for uniforms for programme workers within the Before, After and Out of School programme.

Materials and Supplies

Sen. Lindsay Simmons: Mr. Chairman, \$473,000 has been allocated for materials and supplies for the new year. In addition to marginal increases in office supplies and food supply budgets across the sections, this increase of \$56,000 also reflects the added cost of software licences for the administration section and ADS, to respectively access charity data and additional reporting tools. The Office of Youth Affairs plans to purchase more affiliate subscriptions, as well as recreational and audio/visual supplies for community events and Youth Expos, and for promotional items to endorse a planned anti-bullying message. Finally, this section will purchase supplies to provide more activities geared towards their neurodivergent clients.

Equipment

Sen. Lindsay Simmons: Mr. Chairman, equipment expenses have an allocation of \$64,000, an increase of \$38,000, from the fiscal year 2025/26. Both the K. Margaret Carter Centre, and The Office of Youth Affairs, will be [replacing] old worn furniture throughout the various sections of their programmes.

Other Expenses

Sen. Lindsay Simmons: Mr. Chairman, the total budget for other expenses has increased by \$121,000

above the fiscal year 2025/26 [budget]. This increase will expand new social sector programmes, such as Ageing and Disability Services' Seniors Hardship Fund, which will provide for costs of hearing aids for qualifying clients. The budget will also fund a foster care client with profound disabilities who has aged out of care of the Department of Child and Family Services.

Grants and Contributions

Sen. Lindsay Simmons: Mr. Chairman, the allocation for grants and contributions for fiscal year 2026/27 is \$4,616,000, an increase of \$791,000, or 21 per cent. This increased budget supports additional funding of \$20,000 to youth organisations offered by The Office of Youth Affairs. Mr. Chairman, \$771,000 comprises of support for nursing homes, who are experiencing an increased intake of residents with more complex health conditions, requiring more specialised care and attention, and homelessness initiatives to support community-based housing and intensive support services. Also, supplemental money is included to cover certification and accreditation for The Office of Youth Affairs and the Department of Child and Family Services during 2026/27.

Revenue Summary (page B-291)

Sen. Lindsay Simmons: Mr. Chairman, the majority of the \$908,000 in revenue earnings reflect afterschool vouchers purchased, and online payments by parents and guardians to have their children participate in the Before, After and Out of School programmes offered by The Office of Youth Affairs.

The growth in revenue of \$265,000 is reflective of a rate increase of \$5 for the cost of a child to enrol in the After School programme, effective 1 September 2025, and a rate increase of \$10 for the cost of a child to enrol in any of the Out of School programmes offered during term breaks, effective 1 October 2025. This is coupled with the addition of more sites for the Before School programmes, and more spots made available within Francis Patton School and the Purvis Primary Schools After School programmes.

Employee Numbers (Full-Time Equivalents)

Sen. Lindsay Simmons: Mr. Chairman, on page B-292, you will note that there are 90 full-time equivalent positions for the Ministry of Youth, Social Development and Seniors Headquarters for fiscal year 2026/27. The increase of three full-time equivalents is due to the planned recruitment of one temporary additional seniors accounts officer within the Administration section, and two assistant community workers within The Office of Youth Affairs.

Performance Measures

Sen. Lindsay Simmons: Mr. Chairman, performance measures for sections in the Ministry Headquarters are outlined on pages B-293 through B-295.

Mr. Chairman, I would like to take this opportunity to thank the Ministry Headquarters team for their diligence, and for remaining committed to delivering the requisite services for our community. Mr. Chairman, that concludes my budget presentation for Head 86.

The Chairman: Thank you, Junior Minister.

Would you prefer to have questions asked now?

Sen. Lindsay Simmons: No, I would do all my questions at the end. Thank you.

The Chairman: At the end. Okay. Thank you. Please proceed with your next head.

Sen. Lindsay Simmons: Mr. Chairman, I now wish to present fiscal year 2026/27 Estimates of [Revenue and] Expenditure for Head 23, the Department of Child and Family Services, which are found on pages B-296 through B-302, and C-8, C-15 and C-21 of the Estimates Book.

HEAD 23—DEPARTMENT OF CHILD AND FAMILY SERVICES

Sen. Lindsay Simmons: Mr. Chairman, as set out on page B-296, the Department of Child and Family Services (DCFS) mission is, *Protecting Children by Strengthening Families*. The department carries out its objectives to:

1. Minimise and eliminate those social, psychological or other conditions known to cause, or contribute to, physical and emotional illness, and sometimes socioeconomic problems.
2. Promote growth and directional change in people and their social situation.
3. Assist in facilitating, or improving, social supports for those in our population who are at risk.
4. Provide treatment or curative services to address dysfunction and thereby assist people to function better in society.
5. Restore individuals to a health condition or useful capacity.

These objectives are obtained by the DCFS, providing investigative services; day care services; care and protection services for children; residential and home-based services for families; assessment; and intervention, and counselling services for children, adolescents, and families.

Mr. Chairman, the current accounts estimates for Head 23 begin on page B-297 of the Budget Book. A total of \$22,821,000 has been allocated for Head 23 for fiscal year 2026/27. This represents an increase of \$1,688,000, or 8 per cent.

Mr. Chairman, DCFS is responsible for promoting and protecting the best interests and social well-being of children, adolescents and their families. The department meets these responsibilities via the operations of five programmes shown on page B-297:

- Programme 2301—Services to Children/Young Persons,
- Programme 2302—Services to Individuals and Families,
- Programme 2303—Residential Treatment,
- Programme 2304—Administration,
- Programme 2305—the Mirrors Programme.

Mr. Chairman, the Nonprofit Alliance of Bermuda, in partnership with the Council on Accreditation (COA), administers a rigorous accreditation and certification process for local nonprofits and government social services. This process evaluates governance, operational standards and financial controls against international best practices. I am pleased to report that the sections within DCFS are all accredited.

Mr. Chairman, service improvements have been achieved through implementing a strategy that begins with the enhancement of a Structured Decision-Making Tool designed specifically for Bermuda. The Structured Decision-Making Assessment Tool has enabled DCFS staff to objectively assess child safety and risk, ensuring appropriate referrals and services.

During fiscal year 2026/27, DCFS will be partnering with Evident Change, developers of the Structured Decision-Making Model, to update the department's manuals and tools, integrating new research findings and advancements in child protection screening, safety planning and assessment methodologies to strengthen the department's child safeguarding evaluations and practice.

Mr. Chairman, I will now address each programme and business unit for the department, as set out on page B-297.

Programme 2301, Services to Children and Young Persons

Sen. Lindsay Simmons: Mr. Chairman, the Happy Valley Child Care Centre (HVCCC) comes under business unit 33010 and has an estimate for fiscal year 2026/27 of \$1,243,000; a 4 per cent, or \$43,000, increase over fiscal year 2025/26. The performance measures for the Happy Valley Child Care Centre are found on page B-300 of the Budget Book.

Mr. Chairman, the HVCCC is Bermuda's only government-operated child care facility, providing high-quality care for up to 44 children, aged three months to four years. Priority is given to referrals from DCFS, the Department of Financial Assistance, the Department of Health, the Child Development Programme and Teen Services to assist families facing challenges, which comprises 60 per cent of enrolment.

Mr. Chairman, each year there is an increased demand for child care placement at the HVCCC. For

the school year 2025/26, 90 applications were received for 13 available spaces. The HVCCC monthly fee is \$400 for each child enrolled. However, if a child is in the care of the Director of the Department of Child and Family Services, they do not qualify for child care allowance provided by the Department of Financial Assistance, and as such, their costs are absorbed by DCFS.

Mr. Chairman, the estimated revenue for 2025/26 school year is \$192,000, as shown on page B-298.

Mr. Chairman, the HVCCC provides a comprehensive programme supporting children's overall development, including, music and movement, creative arts, literacy, STEM activities, field trips, sports, and enrichment experiences. Also, an intervention programme, that includes mandatory parenting classes where required, is available.

The HVCCC consistently utilises child assessment outcomes for classroom planning and individual intervention activities. The HighScope Curriculum and Assessment tool reflected outstanding results that validated Happy Valley Child Care Centre's commitment to an inclusive learning model.

In July 2025, Mr. Chairman, 13 children graduated from the programme and were all prepared to attend preschool. Their accomplishments were celebrated with a school-leaving ceremony at the Bermuda Underwater Exploration Institute.

Mr. Chairman, I would like to take this opportunity to thank the staff at the Happy Valley Child Care Centre, the Centre's active Parent Teacher Association, volunteers and community partners for their continued dedication to Bermuda's most vulnerable treasures: our children, our future.

Programme 2302, Services to Individuals and Families

Sen. Lindsay Simmons: Mr. Chairman, the activities covered in programme 2302, also on page B-297, are,

- Business unit 33020—Investigating and Screening (formerly known as Family Services),
- Business unit 33030—Foster Care,
- Business unit 33200—Counselling and Life Skills (formerly known as Bermuda Youth Counselling Services),
- Business unit 33250—Child Safeguarding.

Mr. Chairman, the total estimate for the programme 2302 for fiscal year 2026/27 is \$6,227,000. This represents a minor increase of \$29,000 over fiscal year 2025/26.

33020, Investigating and Screening

Sen. Lindsay Simmons: Mr. Chairman, business unit 33020, the Intake, Investigations and Assessment section, within the Department of Child and Family

Services, is responsible for providing comprehensive investigations and assessments for children who are referred for services. The budget estimate for the new year 2026/27 is \$2,365,000. This represents an increase of 5 per cent, or a \$120,000.

Mr. Chairman, all referrals that are made to the department are screened to determine if they meet the threshold for abuse and/or neglect, utilising the Structured Decision-Making Assessment Tool. The performance measures for intake and assessment can be found on page B-300 of the Budget Book.

Mr. Chairman, the DCFS operates 24/7, providing crisis services to police, the hospital and the community after hours on weekends and holidays. In 2025, the department handled 22 on-call referrals.

Mr. Chairman, the investigation team received 1,186 new referrals in 2025. This is a decrease of 24, or 2 per cent, from 2024, when 1,210 [new] referrals were reported to the department. Mandated reporters referred 1,077, and 109 were referred by other sources in the community.

Mr. Chairman, the investigation team utilises the Structured Decision-Making Screening Assessments to determine the required response times. Mr. Chairman, 362 cases were screened out, as they did not meet the threshold for child abuse investigations, or were duplicate referrals from another source. Mr. Chairman, 794 were screened in for investigations, and 30 were screened directly to the Counselling and Life Skills section for substance education.

Mr. Chairman, of the 1,168 new referrals in 2025, the total number screened in for investigations were 794. The department received, 243 referrals that required a 24-hour response; 521 referrals that required a five-day response; and 30 referrals that required a 10-day response. Of the 794 cases that were screened in for investigation, 85 per cent of them met the stipulated response times.

Mr. Chairman, the DCFS collaborates with the Bermuda Police Service (BPS) on referrals received for physical, sexual abuse, severe neglect and behavioural problems. The MASH team (which is the Multi-Agency Safeguarding Hub, that was established between the DCFS and BPS) continues to review all referrals received weekly. For 2025, there were 853 cases discussed in the MASH meetings, and 154 were jointly investigated by DCFS and the BPS.

Mr. Chairman, the investigation social workers completed 486 safety assessments. The team completed 291 risk assessments. Investigations that are referred for abuse outside of home do not require the Structured Decision-Making Assessment Tool, as the household is deemed safe.

On December 31, 2025, of the 794 cases screened in for investigation, 637 completed with outcomes, 122 remain open to BPS, 35 were pending, 9 are domestic violence matters awaiting court, indicating an increasing trend.

33030, Foster Care

Sen. Lindsay Simmons: Mr. Chairman, business unit 33030, Foster Care, within the Department of Child and Family Services, is responsible for providing alternate living arrangements for children under the age of 18 who need out of home placement.

The budget estimate for fiscal year 2026/27 is \$2,630,000. This represents a decrease of \$42,000, or 2 per cent. Performance measures for this programme can be found on page B-300.

Mr. Chairman, during the 2025 calendar year, a total of 68 children occupied foster care beds at some point during the year. This represents an increase of seven children from the prior year.

During the last budget year, the foster care programme serviced a total of four therapeutic foster children who have a variety of physical, cognitive, emotional and behavioural challenges.

By the end of 2025, a total of 12 children had left the foster care programme. Four were reunified with a parent. Three were transferred to residential treatment. One was referred to an overseas facility. Two were adopted, and two aged out of the foster care system.

Mr. Chairman, the foster care coordinator interviewed 16 interested persons for foster parent recruitment and 10 were approved and became foster parents. This was a decrease of six from the year before.

In May 2025, the observance of Foster Care Month, the team hosted its Annual Appreciation Tea featuring keynote speaker Antonio Grate, author of *The Power of One*, who also conducted professional development for DCFS staff, and engaged youth in the Independent Living Programme. The programme concluded the year with a Christmas celebration and gifts for all foster children donated by the public and corporate partners with coordination by the Foster Parent Association.

The DCFS extends sincere thanks to Bermuda's foster parents, our unsung heroes who provide stable nurturing homes for children impacted by abuse and neglect. Appreciation is also extended to the Foster Parent Association (registered charity 620) that partners with the DCFS' Foster Care Team, to provide additional support.

33200, Counselling and Life Skills

Sen. Lindsay Simmons: Mr. Chairman, the purpose of the Counselling and Life Skills (CLS) section, business unit 33200, within the Department of Child and Family Services, is to advance and promote the emotional well-being of youth up to 18 years of age and their families. The budget estimates for fiscal year 2026/27 is \$1,132,000. This represents a decrease of \$49,000, or 4 per cent.

Mr. Chairman, this team delivers strength-based, solution focused, client-centred services that

empower individuals and families to make healthy life choices. The CLS received 105 referrals in 2025, a slight decrease compared to the previous year. Of these, 95 received services, 10 did not due to clients declining, being denied or they were already involved in external services.

The teams observed that in 2025, adolescents using vapes and smoking marijuana was a continuing trend. The average age for 2025 was 13 years old. The referrals in 2025 were received from children as young as primary school age, to middle and high school youth.

33250, Child Safeguarding

Sen. Lindsay Simmons: Mr. Chairman, business unit 33250, Child Safeguarding, is the final section within programme 2302. For the new fiscal year, \$100,000 has been allocated, indicating no change in funding level.

In 2024, the DCFS commenced engagement with a forensic psychologist with specialised expertise in conducting assessments on juvenile sexual abuse victims and offenders, juvenile antisocial behaviours, and parenting capacity assessments.

Mr. Chairman, the DCFS also engaged the forensic psychologist to conduct time-sensitive parenting capacity assessment to provide a specialised assessment of caregiver functioning, evidence-based risk and safety analysis, clarification of complex family dynamics, assessment of capacity for change and evidence-based recommendation for therapeutic interventions to enhance the quality of child protection decision-making. During 2025, the contracted psychologists completed four juvenile psychosexual risk evaluations, and 15 parenting capacity assessments.

Mr. Chairman, I will now speak to programme 2303, Residential Treatment as shown on page B-297.

Programme 2303, Residential Treatment Services

Sen. Lindsay Simmons: Services under this programme include,

- Business unit 33060—Family Preservation,
- Business unit 33070—Brangman Home,
- Business unit 33080—Youth Development Centre,
- Business unit 33090—Observatory Cottage (also referred to as Oleander Cottage),
- Business unit 33100—Psycho-Ed Programme (also referred to as Overseas Therapeutic Programme),
- Business unit 33110—Youth Residential Treatment, and
- Business unit 33240—Independent Living.

For financial year 2026/27, this programme has a total budget allocation of \$11,563,000, representing an increase of \$1,175,000, or 11 per cent.

33060, Family Preservation

Sen. Lindsay Simmons: Mr. Chairman, the budget estimate for business unit 33060, Family Preservation, for fiscal year 2026/27 is \$4,096,000. The estimate is \$260,000, or 7 per cent higher, than fiscal year 2025/26. The performance measures for this section can be found on page B-300.

DCFS Family Preservation Team uses a comprehensive case management model that ensures child safety, improves family functioning, enhances child well-being, reduces out-of-home placements and supports safe reunification for children in foster care, residential or psycho-educational services.

The Family Preservation Team receives referrals from the DCFS Intake Team, and from DCFS Out of Home Services, which includes Foster Care, Psycho-Educational Programme or Residential Treatment services.

Mr. Chairman, I will now provide an overview of the statistical outputs and outcomes for the Family Preservation Team from January to December 2025.

This team has served a combined total of 142 families, 258 children, which is a 3 per cent decrease in families, and 4 per cent decrease in children, over the previous year.

During 2025, Mr. Chairman, 35 new families were referred to Family Preservation. The reasons for the referrals were neglect, child exposure to domestic violence, emotional abuse, physical abuse and children beyond parental control.

The Family Preservation team continues to strive in providing effective service to children and families. The Department of Child and Family Services commends the Family Preservation Team, and its coordinators, for their commitment to families through 2025.

33070, Brangman Home

Sen. Lindsay Simmons: Mr. Chairman, the financial year 2026/27 budget allocation for business unit 33070, Brangman Home is \$1,578,000. This is a \$383,000, or 32 per cent increase over the prior year's budget.

33080, Youth Development Centre

Sen. Lindsay Simmons: Mr. Chairman, business unit 33080, Youth Development Centre, has been allocated a new budget of \$317,000. This is \$11,000, or 4 per cent, more in comparison to the budget provided during fiscal year 2025/26.

33090, Observatory Cottage

Sen. Lindsay Simmons: The Observatory Cottage, which comes under business unit 33090, has a new budget of \$1,132,000, which is a [\$40,000], or 3 per cent, decrease in monies compared to the prior year.

Mr. Chairman, Residential Treatment Services [RTS], comprised of the three sections above, provides

group living intervention services to children between the ages of 12 and 18 years. These are adolescents who are deemed to be at risk in the community and requiring care and protection in a safe and structured residential environment.

Mr. Chairman, the RTS programme provides 24-hour services. The young ladies are located at Brangman Home, while the young men are at Oleaner/Observatory Cottage. The Youth Development Centre is utilised to provide one-to-one, and specialised management of residents based on their needs.

Mr. Chairman, client profiles in 2025 indicated that 96 per cent of children had come from single-parent households, an increase of 4 per cent. Additionally, both male and female [profiles] continue to reflect 100 per cent of the children experienced trauma that included abandonment and abuse, which is unchanged from the previous year. The types include physical, emotional and sexual abuse, as well as neglect.

Over the year, the DCFS saw an increase in residents that were involved in substance abuse, from 42 per cent to 50 per cent. Of the young people in care engaged in substance use, including marijuana and tobacco (more specifically vapes).

Mr. Chairman, security became a key focus in 2025/26, due to the clients residing at group homes operated by DCFS having more complex needs, and presenting with more significant risk profiles, raising significant concerns by staff. The upgrades to these facilities have included the installation of mobile panic buttons, an integrated fire and security [door] system, and upgraded cameras across both campuses.

RTS met the performance targets with

- 90 per cent of residents having independent treatment plans,
- 85 per cent having severe service plans, and
- 90 per cent of residents having individual crisis management plans.

The team focused on ensuring all plans are aligned to offer the best care for residents.

Mr. Chairman, I would like to take this opportunity to thank the staff at the Residential Treatment Services and the community stakeholders for their commitment in providing trauma responsive services to the residents of group living.

33100, Overseas Therapeutic Programme

Sen. Lindsay Simmons: The term "Psycho-Ed," while historically rooted in psychoeducational practice, may unintentionally carry negative connotations or stigma. In contemporary usage, shortened references to "psycho" can be misunderstood, support outdated stereotypes or create apprehension amongst our young people supported by the programme and their families.

Mr. Chairman, business unit 33100 (currently showing as the Psychoeducational programme on page B-297) which has been renamed, and to be referred to as the Overseas Therapeutic Programme

(OTP). The budget estimate for business unit 33100 for fiscal year 2026/27 is \$2,545,000, representing \$426,000, or 20 per cent more in the operating budget. Performance measures for this programme can be found on page B-[301].

Mr. Chairman, our local psychologists, psychiatrists and educational therapists have demonstrated an improved ability to diagnose various psychological, behavioural and education programmes. However, more Bermudian children are being identified with various psychological, social, emotional and psychiatric conditions, that go beyond local services. The OTP allows DCFS to have an external input concerning clinical, therapeutic interventions and aftercare services.

Mr. Chairman, the OTP provides children with protection, care and nurturance by licensed and accredited therapeutic overseas facilities. The Overseas Therapeutic Programme committee meets monthly and is comprised of representatives from

- the Child and Adolescent Services,
- the Ministry of Education,
- the Ministry of Health, and
- the DCFS.

During 2025, the OTP had a total of 17 clients who received services in overseas therapeutic programmes, for a complexity of issues identified across the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) Criteria of Mental Disorders.

Mr. Chairman, the Overseas Therapeutic Programme continues to use specialist, accredited facilities in the United States of America to support young people with the most complex needs. The United States of America provides a culturally comparable environment to Bermuda, and enables timely emergency response, due to its relative proximity, reducing clinical and operational risks.

In 2025, a specialist facility in the United Kingdom was assessed for a particular high-risk young person. This option was not advanced due to various factors such as higher costs and distance between both jurisdictions. Facilities in Canada were also considered; however, immigration requirements present potential barriers.

Mr. Chairman, during 2025, the OTP experienced increasing challenges in securing overseas placements for approved and referred children. As the complexity of children's needs has increased, so have the associated risk and liabilities for overseas providers. This has resulted in greater caution amongst our approved placement partners, fewer suitable placement options and more extensive assessment and approval processes.

33110, Youth Residential Treatment

Sen. Lindsay Simmons: Mr. Chairman, business unit 33110, the Youth Residential Treatment, budget allocation for fiscal year 2025/26 is \$1,127,000. This is a 4 per cent, or \$40,000, more than fiscal year 2025/26.

Mr. Chairman, the Youth Residential Treatment (YRT) serves as the administrative and professional services arm that delivers comprehensive support, including accounting, management, counselling and clinical services to all residential homes and programmes. This business unit is responsible for identifying staff training needs, assessing the clinical needs of all children within the programme and managing facility maintenance and repair issues, which are reported to the Director for appropriate action. Additionally, the unit oversees all Performance and Quality Improvements (PQIs) efforts, ensuring that every programme within the YRT consistently meets and maintains industry standards.

The YRT currently operates with two staff per home, per shift, 24/7. Increasing complexity and risk among admitted young people has led to significant overtime. Increasing staff to three residential care officers per [shift] would better support high-risk cases.

Mr. Chairman, this budget year the DCFS will undertake a comprehensive review that aims to assist in addressing the growing needs within Bermuda for care of children with foster needs at a younger age, adolescents demonstrating more challenging behaviour, and ageing infrastructure of children care facilities.

33240, Independent Living

Sen. Lindsay Simmons: Mr. Chairman, business unit 33240, Independent Living, is the final section within programme 2303. The budget for fiscal year 2026/27 is \$768,000. This reflects a \$95,000, or 14 per cent, increase over fiscal year 2025/26. It is worth noting that the Independent Living Programme (ILP) has developed performance measures for the first time, which are included in the Budget Book on page B-302.

Mr. Chairman, the ILP remains a key initiative aimed at supporting young adults as they transition from the care of the Director of the DCFS. The objective of the programme is to empower and support young people in achieving independence while pursuing their educational, employment and personal development goals.

Mr. Chairman, the ILP has been developed in accordance with the Council on Accreditation's Youth Independent Living Services Standards. The programme provides a structured, dormitory-style living enriched with comprehensive independent living skills development. Eligibility for participation in the programme is limited to young people who were clients of the DCFS that aged out of the care of the director without a reunification plan and have been formally referred by a DCFS social worker. Over a three-year period, the Independent Living Programme has provided person-centred, holistic care and support to residents between 17.5 and 24 years of age.

Mr. Chairman, the ILP is housed at Garrison View in St. George's and had a total of 10 residents in 2025. I am proud to report three residents completed

the programme. Each resident had some form of employment full-time, part-time, summer employment, and/or apprenticeship.

Renovations to the ILP staff offices and boardroom commenced in November 2024 with the project anticipated to be completed by May 2025. Capital funding of \$39,000, shown on page C-15 was spent during 2025 to purchase new furniture. Mr. Chairman, in addition, a new wheelchair-accessible studio apartment has been completed, which reinforces the Government's commitment to accessibility and inclusivity. The ILP's residential capacity is 11 rooms.

I would like to take this opportunity to thank the ILP staff and stakeholders for their dedication in helping young adults become self-sufficient and contributing to be members of society.

Programme 2304, Administration

Sen. Lindsay Simmons: Mr. Chairman, I will now speak to programme 2304, Administration, referenced on page B-297, which comprises Business unit 33120, Administration, and Business unit 33130, Grant Funding. The total programme estimate for fiscal year 2026/27 is \$2,658,000, which is \$180,000, or 7 per cent more than fiscal year 2025/26.

Mr. Chairman, the Administration section of DCFS is responsible for the general supervision of the sections within the department, and oversight of the Overseas Therapeutic Programme, the Mirrors Programme, child safeguarding, and court social work. The budget estimate for administration is \$2,563,000, representing an 8 per cent increase over fiscal year 2025/26.

Staff development remains a strategic priority to meet the complex needs of clients. DCFS partners with Relias Learning Systems, which offers accredited, up-to-date courses endorsed by COA and CWLA. Section-specific orientation training incorporates DCFS legislation, policies, and procedures ensuring consistent and effective staff training across the department.

Mr. Chairman, the DCFS is required to conduct Social Inquiry Reports for both the Family Court and Supreme Court. This section has one substantive social worker and due to the increased requests for reports one social worker continues to be reassigned to assist in reducing the backlog from the courts.

Mr. Chairman, in 2025, there were 66 court matters. Thirty were carried over from 2024 and the total number of new cases for 2025 was 36. The court social workers submitted 31 Social Inquiry Reports (SIRs) and 35 [updates], or addendum reports, to the courts. The court social workers during 2025, appeared 144 times in court and 122 times in 2024. This was an 18 per cent increase from 2024. In Family Court, court social workers appeared 113 times and 31 times in the Supreme Court. With the growing caseloads and

requests for expedited SIRs, additional court social workers are required.

Mr. Chairman, the Sexual Assault Response Team (SART) is a partnership between the Department of Health, the BPS, the DCFS, the BHB, and the CAA [Centre Against Abuse]. This team aims to reduce the impact of sexual violence through a coordinated, compassionate response. The SART ensures that victims receive immediate medical care, support, and follow-up services. In 2025, Mr. Chairman, 18 forensic examinations were conducted, which was a 29 per cent increase from 14 in 2024.

Mr. Chairman, currently, forensic examinations take place at King Edward [VII] Memorial Hospital; however, assessments have shown the need for a more private, client-centred environment. As shown on page C-8, I am pleased to say that capital funding of \$303,000 has been allocated in 2026/27 for the construction of a dedicated SART facility which will provide a confidential setting and integrated wraparound services for victims.

Mr. Chairman, the budget estimate for Grant Funding for fiscal year 2026/27 is \$95,000, as shown on page B-297 representing no change from the 2025/26 budget allocation.

Mr. Chairman, \$75,000 will support the Cross-Ministry Initiative (CMIT) and assist families in crisis through the development of coordinated, inter-agency responses that address urgent and multifaceted needs. This investment underscores a continued commitment to collaborative, holistic support strategies that create lasting impact where it is needed most.

Mr. Chairman, \$20,000 is allocated to the Multi-Agency Risk Assessment Conference (MARAC) to facilitate education, promotion and awareness about domestic violence. Mr. Chairman, from its inception on April 28, 2023, until December 31, 2025, the MARAC has reviewed a total of 187 cases. These cases include couples, families with children, and seniors/vulnerable persons experiencing family abuse.

Mr. Chairman, I will now speak to the final programme for the DCFS.

Programme 2305, The Mirrors Programme

Sen. Lindsay Simmons: The Mirrors Programme, as shown on page B-297, for fiscal year 2026/27, \$1,130,000 has been budgeted, representing an additional \$261,000, or 30 per cent more than the prior year.

Mr. Chairman, the DCFS is pleased to continue advancing prevention programming that aligns with Bermuda's national priorities on youth well-being, mental health, and early intervention. In 2025, Mirrors Programme adopted the primary school PATHS Programme, strengthening emotional and social skills in four primary schools. While at the middle and senior levels, the Quantum Learning curriculum fosters

resilience, engagement, and life skills for students and parents.

Performance measures for the Mirrors Programme can be found on pages B-301 and B-302. In 2025/26, 194 middle and senior school students took part in five programmes, with 98 per cent reporting positive feedback on the Mirrors training content and 96 [per cent] reporting a positive response to the Mirrors training experience, which is shown at the top of page B-302.

During 2025, Mr. Chairman, 36 middle school students participated in the All [In! 8] Keys of Excellence (Keys open doors, keys, keys, open doors) perfect training across three middle schools. Mr. Chairman, 40 youth attended the five-day Super Camp Junior Forum workshop; 19 youth were supported through the out-of-school suspension and drop-in service programme; and 80 senior school S4 students participated in a full day of team building around the 8 Keys of Excellence (Keys open doors, keys, keys open doors).

Mr. Chairman, in the Mirrors Field of Learning Garden, 30 adults and 48 youth, contributed 328 service [hours], learning sustainable gardening and transferring knowledge to home gardens, with produce donated to seniors and families.

Mr. Chairman, I take this opportunity to thank corporate Bermuda, the Mirrors Alumni Board members, and the Mirrors team for their ongoing commitment to the development of Bermuda's youth.

Subjective Analysis of Current Account Estimates

Sen. Lindsay Simmons: Mr. Chairman, I will now present the subjective analysis of current account estimates for the Department of Child and Family Services as found on page B-298 of the Estimates Book.

Salaries

Sen. Lindsay Simmons: Mr. Chairman, the budget allocated for salaries is \$12,689,000 for fiscal year 2026/27, an increase of \$763,000, or 6 per cent, more than the original budget for fiscal year 2025/26.

The salary growth largely reflects increases in manpower (FTEs) to ensure that the Brangman Home has sufficient residential care officers to ensure best practice standards are met, and that there is a provision for managing complex clients who need one-to-one supervision. Also, there has been a proven need to fund a second social worker domestic liaison post within the Family Preservation programme. Finally, additional funds were budgeted to cover the costs of negotiated salary uplifts for public officers.

Wages

Sen. Lindsay Simmons: Mr. Chairman, the estimate for wages is \$190,000 for fiscal year 2026/27, representing a minor increase of \$3,000, or 2 per cent

compared to the fiscal year 2025/26. Within the Counselling and Life Skills budget, \$5,000 has been removed from wages and transferred to other operational expenses as this section has no weekly paid staff. However, this reduction was offset by additional funding needed to cover the costs of negotiated pay uplifts for industrial employees.

Other Personnel Costs

Sen. Lindsay Simmons: Mr. Chairman, the budget expenditure allocated for other personnel costs is \$149,000, an increase of \$20,000, or 16 per cent more than the prior fiscal year. The Administration section has added funding to cover the costs of [venues] for business and staff functions for the year.

Training

Sen. Lindsay Simmons: Mr. Chairman, the increase of \$67,000, or 36 per cent in training expenses for fiscal year 2026/27 is reflective of Mirrors' shift in programming to support the international Super Camp residential experience for senior school students. Twenty students will travel to Bali to participate in the Super Camp Senior Forum leadership experience. In addition, funds are provided for Mirrors and DCFS staff training to become certified parent coaches to help parents to strengthen their skills, improve family relationships, and offer structured tools and support [to] manage challenges. Finally, money is also included for overseas training by counsellors within the Counselling and Life Skills programme.

Transport

Sen. Lindsay Simmons: Mr. Chairman, expenditure for transport has been budgeted at \$102,000 for fiscal year 2026/27, indicative of a \$32,000, or 46 per cent increase over the prior year. The Foster Care programme provides transportation services for children to and from school and some after-school activities. The section has increased its transportation budget due to the number of children involved in several after-school activities, and special professional services that are time sensitive

Travel

Sen. Lindsay Simmons: Mr. Chairman, total travel expenses have increased by \$49,000 to \$301,000 for fiscal year 2026/27, an increase of 19 per cent. There is a growing intake of children entering the care of the Director of the Department of Child and Family Services demonstrating complex behaviours. The Overseas Therapeutic Programme anticipates more travel costs associated with children needing overseas clinical neuropsychological assessments. In addition, planned overseas training by the Counselling and Life Skills

programme and the Foster Care programme also contribute to the increase.

Communications

Sen. Lindsay Simmons: Mr. Chairman, communications, inclusive of phones, courier and postal costs, are budgeted at \$228,000 for fiscal year 2026/27, which represents a minor increase of \$3,000. With planned recruitment, there is anticipation that telephone and cellular phone costs will also rise marginally.

Advertising and Promotion

Sen. Lindsay Simmons: Mr. Chairman, the budget of \$27,000 for advertising and promotion expenditures is \$9,000, or 50 per cent more than fiscal year 2025/26. This is to support a planned campaign by the Mirrors Programme to increase its volunteer enrolment numbers during the year, to be able to service clients and deliver key aspects of its programming.

Professional Services

Sen. Lindsay Simmons: Mr. Chairman, professional services budgeted at \$4,636,000 for fiscal year 2026/27, represents an increase of \$707,000, or 18 per cent. The Overseas Therapeutic Programme will receive just over 55 per cent of the additional funds to support the increased costs of children under the care of the Director of the DCFS who are receiving services in accredited therapeutic facilities overseas. The Foster Care and Observatory Cottage programmes anticipate additional counselling costs associated respectively, with more foster care adoptions, and an increase in clients demonstrating complex behaviours at the residential facility.

Contractor and consultant costs will also increase since the Administration section will hire a security guard for their main offices located at 131 Front Street to mitigate the risk of attack on staff members. Also, the investigations section will hire a part-time service provider to assist with their vetting process. The Mirrors Programme plan to provide year-round parenting skill workshops and training for clients.

Finally, moderate increases in medical service costs within the Foster Care programme also account for the increase.

Rentals

Sen. Lindsay Simmons: Mr. Chairman, the estimate for rentals for budget year 2026/27 is \$1,663,000, which is a decrease of \$19,000 less than the prior budget year. This decrease is representative of the shift in the Mirrors [Programme] to support the international Super Camp residential experience for senior school students. There will be a reduced need to rent local residential facilities.

Repair and Maintenance

Sen. Lindsay Simmons: Mr. Chairman, for fiscal year 2026/27 the costs of repairs and maintenance is \$620,000, a marginal increase of \$9,000. Various programmes have introduced slight increases to maintain ageing office equipment, laundry equipment and kitchen equipment, as well as pest control costs.

Energy

Sen. Lindsay Simmons: Mr. Chairman, the energy budget has been allocated \$382,000, representing a \$64,000, or 20 per cent increase over fiscal year 2025/26. Approximately 86 per cent of the increase is attributed to the Administration section, who have considered prior years of underfunding and have adjusted their budgets to better align with historical spending. Several other programmes have made minor adjustments—in total, accounting for the remaining \$9,000, or 14 per cent increase.

Clothing, Uniforms and Laundry

Sen. Lindsay Simmons: For fiscal year 2026/27, Mr. Chairman, \$177,000, or \$1,000 increase in this budget is allocated. This increase is attributed to the Independent Living Programme that has included a new budget line for clothing, in the emergency that a resident needs clothing, but has no means to pay for them.

Materials and Supplies

Sen. Lindsay Simmons: Mr. Chairman, the estimate for materials and supplies for fiscal year 2026/27 is \$567,000, representing a \$55,000, or 11 per cent, increase over the prior year budget. Almost 60 per cent of this increase is due to increased food supplies budgets. The Happy Valley Child Care Centre, as well as Brangman Home, Observatory Cottage and Independent Living residential programmes have all cited increases in food expenditure and have adjusted their budgets accordingly. The Administration section has expanded their food budget due to planned group training sessions.

The remaining increase in material and supplies is explained by additional funding needed for office supplies, printing and cleaning supplies across the various programmes. Further, the residential treatment programmes have budgeted more on medical supplies, linen and toiletries for their residents.

Equipment (Minor Capital)

Sen. Lindsay Simmons: Mr. Chairman, \$37,000 has been allocated for minor equipment expenses for fiscal year 2026/27, a decline of \$74,000, or 67 per cent. Unlike last year, the annual costs for contracted security services at the Independent Living Programme are now

funded under the contractor budget, instead of major/minor equipment security budget.

Other Expenses

Sen. Lindsay Simmons: Mr. Chairman, the budget of \$108,000 for other expenses decreased by \$1,000 for fiscal year 2026/27. Within the Foster Care programme, the General Respite Care budget was reduced by \$1,000 and was transferred to Transportation Cost budget to help fund the growing cost to transport clients to afterschool programmes and activities.

Grants and Contributions

Sen. Lindsay Simmons: Mr. Chairman, there have been no changes to this budget for fiscal year 2026/27.

Revenue Summary (Page B-298)

Sen. Lindsay Simmons: Mr. Chairman, for fiscal year 2026/27, revenue for nursery fees earned by the Happy Valley Child Care Centre and residential fees collected by the Independent Living Programme are estimated to be on par with the 2026/27 estimate.

Employee Numbers (Full-Time Equivalents)

Sen. Lindsay Simmons: Mr. Chairman, on page B-299 you will note that there are 123 full-time equivalent positions for the Department of Child and Family Services for the fiscal year 2026/27. This is an increase of six full-time equivalents (FTEs) compared to 2025/26.

This increase is a result of an additional four funded temporary additional residential care officers budgeted within the Brangman Home residential facility; one temporary additional social worker within the Domestic Liaison within the Family Preservation programme; and one prevention services/Mirrors coordinator within the Mirrors Programme.

Mr. Chairman, this concludes our presentation for Head 23, the Department of Child and Family Services. At this time, I would like to thank every member of staff. Your commitment, resilience, and care do not go unseen. Your work matters deeply, and it is profoundly valued and sincerely appreciated.

The Chairman: Thank you, Junior Minister Simmons.

As I understand, you prefer to have questions asked at the end of your three heads.

You can please proceed with Head 55 on Financial Assistance.

Thank you.

HEAD 55—DEPARTMENT OF FINANCIAL ASSISTANCE

Sen. Lindsay Simmons: Thank you.

Mr. Chairman, I will now present the Estimates of Revenue and Expenditure for Head 55, the Department of Financial Assistance, which can be found on pages B-303 through B-306, C-16, and C-21 of the Budget Book.

Mission

Sen. Lindsay Simmons: Mr. Chairman, the Department of Financial Assistance (DFA) is mandated *to ensure that individuals and families with limited financial means can access the essential services required to achieve, sustain or regain a minimum standard of living.*

The DFA promotes personal dignity, self-worth, and the development of skills and resources that support long-term economic and personal independence. The department's legislative authority is set out in the following legislation: the Financial Assistance Act 2001, Financial Assistance Regulations 2004, Child Day Care Allowance Act 2008, Child Day Care Allowance Regulations 2008, and the Financial Assistance (Short-Term Relief) Benefit Act 2024.

The mission of the Department of Financial Assistance is, *To assist vulnerable Bermudians to maintain a minimum standard of living during challenging economic times*, as indicated on page B-303. This mission guides the department's daily operations and is reflected in the commitment and integrity with which services are delivered. The Government remains firmly dedicated to reducing poverty and narrowing inequality in Bermuda. Strengthening support for families is central to helping households move towards self-sufficiency. By empowering individuals and building resilience across our communities, the DFA contributes directly to ensuring a stronger, safer, and more confident nation.

Categories of Financial Assistance Awards

Sen. Lindsay Simmons: Mr. Chairman, financial assistance awards are intended to assist with partial or full financial awards, in accordance with legislation, for such items as:

- food,
- rent,
- rest and nursing home fees,
- medication,
- utilities,
- health insurance,
- disability services,
- home care,
- school clothing and school supplies,
- child day care allowance, and
- short-term relief benefit.

Approval for financial assistance is based on proven need and a "means test" set out in the Financial Assistance Act 2001. This "means test" assesses the

basic needs for a household to sustain monthly obligations either in whole or in part. Eligible and qualified clients in receipt of a financial assistance award, child day care allowance, and the short-term relief benefit are categorised in one of the following six main categories:

1. pensioners,
2. disabled,
3. earnings low employed,
4. abled-bodied and unemployed,
5. child day care allowance, and
6. short-term relief benefit.

As of January 2026, the largest category of persons in [need of] financial assistance pertained to pensioners, and they represented 54 per cent of total persons in receipt of financial assistance. The next highest category was persons with disabilities at 35 per cent, then persons employed with insufficient earnings at 7 per cent, followed by able-bodied unemployed persons at 4 per cent. There were approximately 273 children being supported under the Child Day Care Allowance Programme during the same period.

Mr. Chairman, the monthly average number of new applications submitted from the public to the Department of Financial Assistance for a financial assistance award is currently 55. The vetting process for each new application is meticulous, as information is requested from third parties, such as, other government departments; landlords; rest and nursing homes; financial institutions; and employers to ensure all applications are accurately means tested. The officers of the department adhere to a turnaround timeframe of approximately two to three weeks from the time of receipt of each new application to completion of the vetting process. This strict timeframe ensures that the needs of the public are prioritised, and financial assistance relief is provided within the shortest time possible. While vetting new applications, the DFA continues to successfully service all existing eligible financial assistance, child day care allowance, and short-term relief benefit clients without interruptions.

Department Objectives

Sen. Lindsay Simmons: Mr. Chairman, the Department of Financial Assistance objectives can be found on page B-303. The first objective is to improve operational, financial, and legal compliance functions aimed at enhancing efficiencies and detecting financial assistance fraud.

It is the intent of the department that a robust and consistent approach to monitoring risk and enabling compliance supports a sustainable compliance and regulatory framework. This objective is critical to the DFA given the legislative guides, the core operational and financial activities of the department.

Mr. Chairman, the Department of Financial Assistance must ensure that all actions and transactions performed by all officers comply with the department's

legislative framework and any other legislation that impacts the nature of the services provided.

Based on the nature of financial assistance services delivered, the department aims to continually improve its tracking and monitoring environment, together with its investigative framework. The DFA utilises an established compliance framework as indicators to identify, understand, assess, and monitor potential risks of fraud and abuse of the financial assistance framework. This framework is built on the following main tenets:

1. Department policies, procedures and legislation.
2. Government contract management practice.
3. Investigations and legislative compliance.
4. Audits conducted by the Office of the Auditor General and Department of Internal Audit.
5. A governance structure that reinforces management's message of [honesty and] integrity.
6. Recent trends and practices as observed by law enforcement agencies and other professional authorities.

Mr. Chairman, the DFA also prioritises ongoing training for officers to strengthen organisation and capability and support effective risk mitigation. Current training initiatives focus on behavioural indicators and red flags associated with fraudulent activities, informed by the department's recently completed typologies document and related learning materials.

Through these measures, the DFA continues to [embed] risk management into both strategic planning and daily operations, with a strong emphasis on leadership, governance, processes, and internal controls. This approach has contributed to measurable improvements in compliance, accountability, and programme oversight.

Mr. Chairman, the second objective is to sustainably manage operating cost of awards to financial assistance clients. The compliance process outlined above enables the investigative, legislative, financial, and operational functions of the DFA to effectively identify, mitigate, and prevent potential fraud, abuse of the financial assistance system, and client overpayments. Improvements can be measured by a more [efficient] turnaround of case referrals to the Attorney General's Chambers; random audit of client cases to detect any areas of concerns; identifying red flags of possible fraud during assessments; and deploying preventative measures to manage the cost of awards in compliance with legislation and budgetary constraints.

Mr. Chairman, the third objective is to apply internationally recognised standards of care when managing relationships with financial assistance clients. The Department of Financial Assistance continues to be guided by the National Association of Social Workers practices when managing relationships with financial assistance clients. In addition, the department collaborates with other licensed and accredited entities to provide supportive services such as, health care

assessments, psychological and psychiatric assessments, substance use disorder assessments, and care placements. During the fiscal year 2025/2026, the DFA made strides in fortifying these collaborations.

Mr. Chairman, the fourth objective is to leverage collaboration with other government departments in achieving digitisation. The Department of Financial Assistance will continue to collaborate with the Department of Information and Digital Technology on the introduction of digital forms for persons making an application for financial assistance. The intent is to connect the Public Service with the people of Bermuda through comprehensive, secure, and accessible digital forms, which is beneficial to people seeking financial assistance and DFA's clients. Modern, innovative, digital technology facilitates internal efficiency and effectiveness and mobile working conditions. It is hoped that data gathering and reporting will become less onerous on department officers. This aims to improve the DFA's data analytics function and risk management.

During the 2025/26 fiscal year, the department collaborated with the Digital Transformation Team to complete the restoration of digital application forms for the Short-Term Relief Benefit Programme. This became operational on February [15], 2026. The DFA will now focus on integrating these digital forms within the financial assistance case management system. This integration will streamline workflow processes by eliminating duplicate tasks, including the manual re-entry of client information already captured through the digital submission process, thereby improving overall efficiency and service delivery.

Performance Measures

Sen. Lindsay Simmons: Mr. Chairman, performance measures for the DFA can be found on page B-306, and these demonstrate to the public and stakeholders the achievement of the public value to vulnerable population groups. These performance measures are deliberately concise and precise as they focus on measuring outcomes from the department's objectives and other business improvements to better articulate the ability of the DFA in achieving effectiveness and service delivery. The department's performance measures [are] as follows.

Reduce Recoverable Debt from Prior Year

Sen. Lindsay Simmons: This allows the Department of Financial Assistance to eliminate waste and control budget amounts by effectively dealing with financial assistance fraud, reducing abuse of the system and overpayment of funds. The original forecast for fiscal year 2025/26 was to reduce recoverable debt by 15 per cent from the prior year, and the revised forecast for the period is 24 per cent.

In February 2026, the DFA had reduced recoverable debt by 21 per cent from the prior year. The

investigative offices remain committed to continuing their collaboration with the Attorney General's Chambers in the pursuit of legal recourse. The target outcome for 2026/27 is 25 per cent.

Reduce Number of "Able-Bodied" and/or "Earnings-Low" Clients from Prior Year

Sen. Lindsay Simmons: Mr. Chairman, the department provides a structure for financial assistance awardees allowing able-bodied, unemployed, and earnings-low clients to become employed or employable without losing all financial assistance benefits. This has led to clients becoming employed, financially independent, and not depending on financial assistance awards.

Additionally, the DFA will continue to strengthen relationships with external agencies and resource centres as a means to complement the department's goal in addressing any chronic, emotional or psychological issues that may contribute to barriers to self-sustainability, psychological well-being, and financial independence. Collaboration with the Department of Workforce Development has proven to be successful, whereby the use of Personal Employment Plans encouraged clients' participation in employment opportunities that led to avenues for recipients becoming financially independent.

Mr. Chairman, the original forecast for 2025/26 was based on the expectation that through continued strategic review and targeted interventions, 20 per cent of clients classified as able-bodied, unemployed, or earnings low would transition off financial assistance and into sustainable employment with independent living conditions. In February 2026, the actual outcome achieved was 11 per cent, falling short of the original forecast.

The shortfall is primarily due to the number of new applicants seeking financial assistance exceeding the number of individuals who transition off financial assistance under the two categories. Through ongoing collaboration with the [Department of] Workforce Development, the Department of Financial Assistance will continue to pursue options towards achieving the 20 per cent target for the financial year 2026/27.

Reduce Number of Legitimate Client Complaints from Prior Year

Sen. Lindsay Simmons: Mr. Chairman, this is aimed at improving service quality. The Department of Financial Assistance addresses legitimate complaints via direct conversations with clients or in writing, and in many instances, issues are raised either at the department level or referred to the Permanent Secretary of the Ministry of Youth, Social Development and Seniors Headquarters. Responses are provided in an efficient, fact-based, and timely manner without compromising professionalism. The original forecast for fiscal year

2025/26 targeted a 75 per cent reduction in legitimate client complaints.

However, in February 2026, both the revised forecast and the actual outcome stood at 50 per cent. This variance is partially attributed to the increased number of individuals receiving financial assistance during current fiscal year compared with the previous year. The DFA will target a 75 per cent benchmark for fiscal year 2026/27 as it continues to reinforce a culture of customer centricity and deliver consistent professional service standards across both the front-end and back-end operations, in support of service excellence.

Reduce Number of Review Board Appeals from Prior Year

Sen. Lindsay Simmons: Mr. Chairman, the Financial Assistance Review Board is appointed to hear appeals against the Director of the Department of Financial Assistance [decisions] to

- refuse application for an award,
- impose special conditions on an award,
- suspend in whole or in part an award,
- vary an award,
- revoke an award, or
- require repayment of any sum of money in accordance with legislation.

On an appeal, the Board may confirm, vary, or reverse the decision, which is the subject of the appeal. Notice of the Board's determination, together with a statement of its reasons, shall be given to the appellant and to the Director of the DFA, and, unless the Board otherwise directs, the determination shall come into operation when the notice is given. Therefore, this performance measure is aimed at improving the overall administration of the Financial Assistance Act 2001, Financial Assistance Regulations 2004, and policies. The target outcome for 2026/27 is anticipated to remain at 50 per cent reduction from the prior year.

Expenditure Overview Capital Expenditure

Sen. Lindsay Simmons: Mr. Chairman, there is no capital expenditure estimated for fiscal year 2026/27 as shown on page C-16.

The capital budget for \$4,000, that was appropriated for prior financial year 2025/26, and was used for the intended purpose, i.e., procurement of laptops for the department to be utilised by DFA officers. These laptops have facilitated more efficient utilisation of resources to service Department of Financial Assistance clients by stipulating deadlines and providing a level of flexibility to better manage tasks and deliverables across the different financial assistance programmes.

Subjective Analysis of Current Account Expenditure

Sen. Lindsay Simmons: Mr. Chairman, total current expenditure for fiscal year 2026/27 is estimated to be \$58,401,000 as shown on page B-304. This budget estimate comprises of two business units as shown on page B-304. These business units are 65050, Grants Administration and 65080, General Administration.

65050, Grants Administration

Sen. Lindsay Simmons: Mr. Chairman, the budget for business unit 65050, Grants Administration, is estimated at \$53,389,000 as shown on pages B-304 and C-21. This is an increase of \$2,100,000, or 4 per cent from the prior year. Specifically, the funds allocated under business unit 65050 are earmarked for the following financial assistance programmes as shown on page C-21:

1. A total of \$15,639,000 will be used to maintain the financial assistance programme and the short-term relief benefits programme. This is an increase of 4 per cent, or \$1,850,000 from the prior year. This additional funding will support the DFA in executing changes made to the Financial Assistance Act 2001 and the Financial Assistance Regulations 2004, specifically to increase the excluded income threshold for financial assistance clients under the pensioners category, as well as increases in the number of mental health outpatient treatment sessions, all of which affect client payouts.

2. A total of \$2,750,000 will be used to maintain the Child Day Care Allowance Programme. This is an increase of 10 per cent or \$250,000 from the prior year. This increase is necessary to accommodate the growing number of children that receive Child Day Care Allowance monthly due to prior year's legislative amendments and new amendments to legislation currently under discussion. These new amendments are intended to provide additional financial support to client families with multiple children under the age of four.

65080, General Administration

Sen. Lindsay Simmons: Mr. Chairman, the total estimate for business unit 65080, General [Administration] for 2026/27 is \$5,012,000, as shown on page B-304. This is an increase of \$271,000, or 6 per cent, from the prior year. This increase is explained as follows:

1. An increase in salaries of \$217,000, or 5 per cent compared to the prior fiscal year. This increase is attributed to the salaries uplift that is due to officers in 2026/27 because of the negotiated salary and wage collective bargaining agreements.

2. An increase in training costs by \$3,000, or 25 per cent, from the prior fiscal year. This is necessary to facilitate continuous staff learning and development through local and overseas courses and conferences.

3. An increase in communication costs of \$4,000, or 27 per cent, over the prior year with planned recruitment and filing of posts during 2026/27. There is

anticipation that telephone costs specifically will also increase.

4. An increase in professional services of \$25,000, or 8 per cent, compared to the prior fiscal year. Additional funding will accommodate the engagement of a consultant to assist with the implementation of online applications across all the Department of Financial Assistant programmes.

5. An increase in repair and maintenance costs by \$12,000, or 23 per cent, from the prior year. This level of funding is necessary to cover the cost of maintaining aged photocopiers and printers, as well as annual maintenance of the department's case management software [system].

6. An increase in materials and supplies of \$10,000, or 7 per cent, from the prior fiscal year to service expected growth in financial assistance and child day care allowance applications; and payments, as well as a rise in employees due to recruitment, operating expenditures, such as printing costs, office supplies, and office cleaning have also moderately increased.

Employee Numbers

Sen. Lindsay Simmons: Mr. Chairman, for fiscal year 2026/27, the total FTEs count as shown on page B-305 remains the same at 41 funded substantial [posts].

Investigations

Sen. Lindsay Simmons: Mr. Chairman, the DFA's investigative officers continue to conduct investigations and pursue individuals or entities that commit fraud and abuse of the financial assistance system. For instance, the following two case studies are based on actual events, and are intended to inform Members of this Honourable Senate and the public on the nature of fraud and abuse committed by persons who receive financial assistance awards:

Case Study 1 pertains to fraud committed due to unauthorised travel. In 2025, the client, categorised as an earning low financial assistance client and in receipt of [household] expense awards, failed to submit required documentation to the Department of Financial Assistance when re-assessment was due. Following multiple reminders, the financial assistance officer conducted home visits to verify the client's well-being, and to determine whether any changes in household circumstances had occurred.

Despite several attempts, the client could not be located. The matter was subsequently referred to investigation officers who conducted investigations including travel-status checks. These checks revealed that the client had been travelling outside of Bermuda for recreational purposes without notifying the department, as required under legislation.

As a result, the client continued to receive financial assistance awards while not residing in Bermuda. This constituted a legislative infraction, and

appropriate action has been taken by the department in accordance with legislation.

Case Study 2 pertains to fraud committed due to unreported employment and income. In 2025, a client, who also has substance abuse issues was categorised as disabled and deemed medically unfit to work by a physician's assessment. Subsequently, the DFA received notification that the subject was employed offering a service under a local business. The matter was handed over to the department's compliance unit, and the investigative officers investigating this matter.

Digital evidence was obtained and documented confirming that the client was indeed employed and receiving income that the client did not disclose to the department. The Department of Financial Assistance is in the process of seeking a second medical assessment and physician's opinion on the subject so as to confirm the occurrence of any fraud. This matter is still under investigation.

Mr. Chairman, in February 2026, there were 40 active cases under investigation due to fraud and abuse of the financial assistance system. The total reimbursable amount due to the government for these 40 cases is \$287,579. Thirty-four of these active cases were referred to the Attorney General's Chambers, and six are currently under the remit of the DFA's investigative officers.

Suspicious activities are brought to the department's attention via certain channels, such as field investigations by investigative officers, DFA officers' observations, internal findings, and tips from the public.

During the fiscal year 2025/26, the department received on average, 10 tips per month. Primary and secondary data research is conducted within a compliance framework, to ensure evidence gathered can be used for legal redress. The framework used is guided by the department's legislation; policies and procedures; the Criminal Code Act 1907; and current trends and practices observed by law enforcement.

The Department of Financial Assistance continues to focus on standardising current procedures and clearly defining policies that govern operational activities. This has enabled the department's investigative officers to document a blueprint for "Financial Assistance Typologies," which will be used as a reference for identifying patterns and trends of potentially fraudulent activities.

As a reminder, I would like to urge the public that if you wish to report an incident of someone committing financial assistance fraud, please call the DFA's hotline on 297-7867. That number is 297-7867.

Financial Assistance Social Workers

Sen. Lindsay Simmons: Mr. Chairman, the Financial Assistance (FA) social workers remain committed to strengthening the department's social services delivery system to improve the living standards and overall well-being of DFA clients. Their work [focuses] on process

improvement; continuity of care for clients; crisis intervention; and strong inter-agency collaborations and partnerships.

During fiscal year 2025/26, FA social workers have continued to re-engineer internal processes to ensure effective continuity of care. They support clients in understanding emotional distress and developing strategies to manage crises and ongoing challenges.

Collaborative Partnerships

Sen. Lindsay Simmons: Mr. Chairman, in the fiscal year 2025/26, the FA social workers continued to reinforce and expand collaborations and partnerships with government departments and agencies such as Ageing and Disability Services; Department of Health; King Edward [VII] Memorial Hospital; and other organisations including Dignity House, Focus Counselling Services and the Salvation Army. These partnerships provide DFA clients with psychological support, enhance coordinated care, address housing challenges, and improve outcomes for those with complex needs. Given Bermuda's ageing population, FA social workers collaborated closely with the Bermuda Health Council to validate bed capacity in rest and nursing homes, contributing to ongoing inspections that prioritise the needs of vulnerable financial assistance clients. Social workers also participate in drug treatment court and DUI court to support inter-agency cooperation.

Case Referrals

Sen. Lindsay Simmons: Mr. Chairman, workflow trends continue to be highly concentrated on client case conferences, client case discussions, and individual client counselling. Overseas medical transfers for financial assistance clients averaged between two to four per month. These transfers sometimes involve extended durations abroad, largely attributable to the severity of medical conditions and the need for ongoing treatment, recovery, and follow-up care beyond initial medical interventions.

Major Legislative Changes

Sen. Lindsay Simmons: Mr. Chairman, as part of the Financial Assistance Reform, during the fiscal year 2025/26, amendments were made to the department's legislation. Targeted outcomes of these amendments were aimed at:

1. Providing a personal care allowance of \$100 per month to all financial assistance clients who reside in licensed nursing homes or residential care homes. This allowance supports the purchase of essential personal and health care items, including toiletries and grooming services, thereby promoting dignity and quality of life.

2. Increasing the excluded income threshold from \$500 to \$800 during client assessments. This change

ensures that clients continue to receive the same level of financial assistance during periods of pension increases, as any pension increases will be excluded from income calculations when determining financial assistance awards.

3. Increasing the maximum number of mental health outpatient treatment services or sessions to better address clients' mental health challenges and enhance treatment outcomes. Mental health sessions were amended from six per year to a maximum of 24 per year and the maximum rate was amended from \$840 per year to \$840 per month.

Mr. Chairman, one of the essential roles of this Government is to ensure the well-being of its citizens, especially those who face financial hardship due to various reasons that are outside of their control. Providing financial support can help them overcome difficulties, maintain their living conditions, and continue to contribute to society.

Plans for the Upcoming Year

Sen. Lindsay Simmons: Mr. Chairman, the Department of Financial Assistance will continue to collaborate with the Department of Workforce Development to encourage participation in employment opportunities [as a means] to create avenues for recipients to become financially independent. This will be achieved with the use of personal employment plans for able-bodied unemployed financial assistance clients.

The DFA will continue to improve and re-engineer existing systems that will facilitate operational performance enhancements when conducting investigations, compliance transaction monitoring and evaluations.

The Department of Financial Assistance will continue to expand and fortify collaborations with other government departments, agencies, and organisations providing resources to create efficiencies in services provided to financial assistance clients.

The DFA consulted with the government team responsible for advising other government departments on compliance with the Personal Information Protection Act (PIPA) to advance compliance with PIPA.

The department further identified key deliverables for financial year 2026/27. These deliverables include conducting a privacy analysis to identify risks within the DFA process and data maps conducting a readiness assessment for each business function and developing a privacy notice.

The department completed updates to policies to ensure alignment with legislative amendments enacted over the past two years because of financial assistance reform. As such, refresher training will be conducted to ensure employees perform their duties in compliance with the updated legislation policies and procedures.

The DFA has established fraud risk recognition, tracking, and monitoring environment, as a means

to mitigate internal and external fraud. In addition, with the completion and documentation of the department's typologies, staff will be trained to effectively respond to fraud incidents, and apply lessons learned within a mitigation framework. As a result, reputational risks and harm to the department will be further minimised and funds lost due to client fraud and abuse of the financial assistance system can be more effectively investigated and recovered in accordance with legislation.

Mr. Chairman, employees at the Department of Financial Assistance continue to demonstrate professionalism and commitment to support disadvantaged and vulnerable Bermudians. For this, I continue to recognise and applaud the hard work and dedication demonstrated by this department.

Mr. Chairman, that ends my presentation on Head 55, the Department of Financial Assistance.

The Chairman: Thank you, Junior Minister Simmons.

Just as a time check, we are at 12:28 pm, so we have 10 minutes before we break for lunch, and then we will resume again at two o'clock.

So, would you like the questions asked to be by head or would you like them all together?

Sen. Lindsay Simmons: By head.

The Chairman: By head? Okay.

So, we will start with the Ministry of Youth, Social Development and Seniors Headquarters, then.

Would any Senator care to ask a question on the heads?

Senator Smith.

Sen. Tarik Smith: Thank you, Mr. Chairman, and good afternoon to the listening audience, my fellow Senate colleagues. Thank you, Junior Minister Simmons, for a very lengthy and informative brief. Now make sure you get yourself some water now.

I just have a few questions, as I am sure some of my other Senators have a few, and there's a lot to get to, of course.

On page B-291, subjective analysis of the current accounts estimate in Training. The Ministry's budget has increased from \$66,000 *[sic]* to \$137,000, which is . . . sorry, the Ministry's training budget increased from \$56,000 to \$136,000 *[sic]*. This is an \$81,000, or 145 per cent, increase. Can the Junior Minister please inform the public and the Upper House as to some of the training programmes that have been made to support this massive increase in this budget?

On page B-290, business unit 96090, Youth Grants and Investments, the estimate increase is \$160,000. How are recipients selected? What are their criteria? And how are funded programmes from last year [showing] their measurable positive outcomes?

Staying with Youth Grants, how many folks are on the . . . I guess, selection committee? And . . . okay, staying with Youth Grants, sorry. My apologies. It says

that short-term youth . . . people will also pursue . . . there is a sponsorship for the youth to pursue their recreational passions. Will these individuals [who] receive these sponsorships have to work within the Ministry or within government upon completion of their education? Sorry for the confusion on that one.

On page B-291, subjective analysis of current account estimates, Professional Services, this budget has been given an increase of \$170,000, to \$1.8 million from \$1.65 million over previous years. I see that only \$1.3 million was used for consultants last year. Can the Junior Minister please provide the reason for this increase in funding? How many contractual consultants are there? And how many are locally based or non-Bermudian or based overseas?

Page B-293, business unit and performance measures, [96000]. Has the financial guidance or compliance been discounted because the entire department is now compliant?

Line 96040. I note the large increase of \$486,000 for the Ageing [and] Disability [Services] on page B-[290]. On [page] B-293, it states there are only 10 awareness events forecast, while last year there were 21. Why is there more than a 50 per cent cut in the targeted outcome?

Page B-293, Performance Measures. I notice a large number of reports of senior abuse and many outstanding investigations, some active for over a year. With the collaboration of the necessary agencies, will these long outstanding reports of senior abuse be completed or made a priority to be closed?

Those are all the questions for me at the moment. Thank you.

The Chairman: Thank you, Senator Smith.

Would any other Senator care to ask a question?

Yes, I see Senator Tannock's hand up. Senator Tannock.

Sen. Tawana Tannock: Yes, thank you, [Mr. Chairman].

So, my first question is, in last year's budget, we were given a breakdown of the youth organisations that received grants. In this year's budget, there is no breakdown of the youth organisations that have received grants, and there's a significant increase, as Senator Smith indicated, of grant monies given.

Can we get an explanation of why the breakdown of which youth organisations received grants was taken out of this year's budget? Also, can we get a breakdown of which . . . so sorry, one moment please. Can we get a breakdown of which external bodies received grants? I note that that amount increased by \$103,000, and there's no indication. And with the youth volunteer bodies, so just to be clear, I want to know why the breakdown was taken out of the budget and which youth organisations received them. And then I would

like to know which grants to external bodies were given out. What were those bodies?

Following on for both of those, were those given to registered charities? So, for the youth organisations that received grants and for the external bodies that received grants, are those charities registered?

And following on from that, on page C-21, when I look at the grants that have been listed, I don't know why some were listed and some weren't. For instance, Women's Resource Centre, Centre Against Abuse, Care of the Blind, those are listed. However, everybody else is in a lump of grants to youth organisations, grants to external bodies.

Now, I don't know the justification for that, but what I will point out is, as you mentioned, Senator Simmons, the Ministry is dedicated to enhancing the transparency and accountability of charities and ensuring that charities adhere to the Charities Act. Not only that, but of course, as you would know, the Youth . . . well, I guess when it was Youth, School and Recreation, but Youth has a standard of who can get grants, and those grants have to have audited financial . . . those organisations have to have audited financial statements, and they also have to be registered charities. That's listed on the government's website, and I can direct you to it. It might be out of date because it was published in 2023.

However, when I look at the grants that were given on page C-21, I noticed that there are three organisations, Centre Against Abuse, National Youth Choir, Care of the Blind, that do not have a current and active charity licence. So, my question is, have those organisations given audited financials in order to receive grants, and is it a requirement for organisations to provide audited financials to receive grants?

So, and additionally, I will also note that if we go to page . . . I am sorry, that's Child and Family Services. My apologies.

That's Child and Family Services. Sorry, Mr. Chairman.

The Chairman: I was going to say . . . so, Senator Tannock, are there any other questions on the Ministry of Youth, Social Development and Seniors Headquarters?

Sen. Tawana Tannock: So, yes. I noted that \$1.8 million was earmarked for renovation of the Gilbert Institute to turn that into a seniors' facility. That was announced by the Minister. Where do we see that \$1.8 million, and where do we see the staffing for that property or that programme? I know the Minister indicated that it is expected to be online by September of this year, but I struggled to find it in the budget.

So, my question relating to that is, where do we find that \$1.8 million that has been earmarked for the seniors' facility, and where do we find the staffing for that, given that it's supposed to come online in September this year, and what is the progress on it? Because

I don't see the renovation of that listed anywhere. Mind you, I could have missed it.

I could have missed it. So, if you have Gilbert renovation there somewhere under development, I will have put my hands up that I haven't seen it. And that's it for that head.

Thank you, [Mr. Chairman].

The Chairman: Thank you, Senator Tannock.

Are there any other questions from any Senator on the Ministry of Youth, Social Development and Seniors Headquarters?

Yes, Senator Cunningham.

Sen. Victoria Cunningham: Thank you, and feel free to cut me off—

The Chairman: Two minutes, Senator.

Sen. Victoria Cunningham: Thank you.

So, starting with the KMCC facility, I note in the press (I think actually today), that that facility has just currently been closed due to air quality issues and is relocating to the Prospect Primary School. And I did note some additional costs, I think, but I was just wondering if that's going to . . . I think it's supposed to be reopened in two weeks' time. So, I just wondered what the additional costs [were], that were possibly unforeseen from that.

I also note, as alongside my colleague, the performance measures on page B-293 for a horrifying number of senior abuse reports. And I can't even remember what Ministry we were talking about. Oh, it was the number of lives saved by lifeguards on Monday, where we didn't have a target outcome because we obviously hope that they are not going to have to save lives. Well, how have we then got a target outcome of 200 reports of physical or any . . . it looks like, physical senior abuse? And then by virtue of the fact that there are none listed, can we assume that there have not been, in the 2025/26 year, any reports of abuse for psychological, sexual, financial, or neglect? Because those numbers seem to be missing.

The Chairman: Senator Cunningham, I think I will at this point.

[Laughter]

The Chairman: So, we are at 12:38 pm. We have completed the morning session. We will return at two o'clock for the remaining questions on the Ministry of Youth, Social Development and Seniors, and then we will ask for questions, and following answers there, we will ask the Senators for questions on Child and Family Services and Financial Assistance.

With that, we can call it quits for this morning's session at 12:38 pm and return at two o'clock.

Thank you to the Senators, and thank you to the listening audience, and we will see you at two o'clock.

Thank you.

Proceedings in Committee suspended at 12:38 pm

Proceedings in Committee resumed at 2:01 pm

[Sen. John Wight, Chairman]

COMMITTEE OF SUPPLY

**ESTIMATES OF REVENUE AND EXPENDITURE
FOR THE YEAR 2026/27**

**MINISTRY OF YOUTH, SOCIAL
DEVELOPMENT AND SENIORS**

[Continuation thereof]

The Chairman: Good afternoon to the listening audience and just as a refresher as to where we are this [afternoon], Junior Minister Simmons presented her Ministry's . . . Head 86, Ministry of Youth, Social Development and Seniors Headquarters; [Head 23] Child and Family Services; and [Head 55] Financial Assistance.

She had completed her presentations, and just before we broke for lunch, we had received a few questions on the first head, being [Head 86], Ministry of Youth, Social Development and Seniors Headquarters, but there will be a few more questions coming in respect of that head and also the two that follow.

With that, can I ask if any Senator has any questions on the Ministry of Youth, Social Development and Seniors Headquarters, and I see Senator Cunningham's hand up.

So, Senator Cunningham, over to you.

Sen. Victoria Cunningham: Thank you, Mr. Chairman.

I believe I was on the performance measures on page B-293 for business unit 96040, Ageing and Disability Services. I would also be interested to know . . . the final measure is percentage of cases received that were entered into the case management system. It has always been 100 per cent. I would just be interested to know what that actual number was.

And then moving on to page C-26, actually with C-26 and with page B-291 as it relates to rentals, rentals are going from 173 actual 2024/25, to 285 revised 2025/26, to 393 [in] 2026/27. And if I look on page C-28, and I look at Head 86 (which we are on), I can see that last year the Ministry of Youth, Social Development and Seniors was \$656[,000] for Veritas Place fourth floor. That is continuing this year. And then I see TOYA (The Office of Youth Affairs) was zero last year and

\$165,000 for this year. So, my question is, where was TOYA last year, and why has there been a 67 per cent increase in rent this year?

And I also see insurance, and maybe I just wasn't getting that because I think the Junior Minister then mentioned that that insurance was for paying for their clients' health insurance rather than actual insurance for the Ministry property and whatever . . . but I am not sure how government insurance is related to contents and things like that. But anyway, so yeah, why is the insurance reduced significantly? Because that's not generally a thing that we see come down very often, having been in that industry.

And then . . . delighted to hear that there is going to be a more dedicated facility for the SART team. The . . . no, we will call it the Overseas Therapeutic Programme (I assume that will be changed in the Budget Books next year.) . . . mentioned that we have 17 clients overseas. It was one full-time equivalent. I assume then that that \$2.54 million is . . . or can it be highlighted what that \$2.54 million budget item is for line item . . . Oh, hold on. This is the DCFS, so ignore me.

I will finish with the rent and insurance question.

The Chairman: Thank you, Senator Cunningham. Senator Tannock, another question?

Sen. Tawana Tannock: No, I actually just wanted to state to Senator Simmons that I did ask a question, but in the break I found the answer.

So, my question was where do we see allocated the \$1.8 million for the new senior centre? And I found it on [page] C-8 under Senior Day Care Facility. So, I no longer need the answer to that.

The Chairman: Very good. Thank you, Senator. You asked and answered your own question. That was very, very good. Thank you.

Any other questions from . . . Senator Rogers.

Sen. David Rogers: A question related to the Before School programme. Is breakfast provided to the students who participate in the Before School programme?

My next question is . . . I see a number of programmes under 96050: vocational group work skills, functional skills, work skills, recreational therapy programme. And I see beginning in 2025/26 that the recreational therapy is discontinued, and then it's expected that the functional skills and work skills programme will be discontinued. Is there a particular reason that those programmes are going away?

And I believe that is it for me.

The Chairman: Thank you, Senator Rogers.

Are there any other questions on this particular head?

Hearing none, so Junior Minister Simmons, over to you for those [answers].

Sen. Lindsay Simmons: Thank you, Mr. Chairman.

So, I will start with answering some of the questions. Why was the target for Ageing and Disability Services awareness event reduced to 10? We have kept our annual projections lower in our targets due to the limited staffing in the section and high caseloads that impact our availability as there is no dedicated place for this role. However, as you can see from each previous year, we have been able to exceed this number.

I just wanted to clarify that the Minister never said that we were going to open up the Senior Day Care Centre in September 2026. What she did say was renovations will start in 2026. And, again, the \$1.8 million is in capital development under page C-8.

What are additional unforeseen costs associated with reopening KMCC? We do not have an estimate for the costs associated with the remedies and location plan for KMCC as we are still in the preliminary stages of determining the full scope of work required to address the issues identified.

Why are we projecting senior abuse [cases]? This measure is included to demonstrate the increase in reports received due to multiple factors including an ageing population and the awareness rising by the office. It also demonstrates the groundwork laid on the office that impacts other performance measures. Please note performance measures are under review for Adult Protection Programmes. Outcome measures are not always reflective of our performance due to the right of adults to remain in risky situations and refuse services when they have the capacity to decide such. Hence, we are also looking at more standards-based performance measures.

Will outstanding senior abuse cases be prioritised? Cases without investigation outcomes are prioritised. There are seven outstanding senior abuse cases based on 153 reports and only 146 reported results for 2024/25. We are based on their status at the end of the fiscal year in addition to cases that could not be investigated due to information received within the report or willingness to participate by key parties. To note, the length of time a senior abuse case is open does not reflect the time frame for the investigation. Due to the small staffing number, we cannot yet separate into teams dedicated to investigations and case management which results in senior abuse cases with complex support needs remaining longer.

There was a question regarding the \$81,000 increase in the Ministry's training budget. ADS has earmarked approximately \$30,000 to facilitate adult protection services training as well as training required for the introduction and implementation of disability inclusion standards and guidance to include general education and awareness for the public sector and general public.

The Office of Youth Affairs has earmarked approximately \$21,000 for neurodivergent recreational training and autism spectrum disorder training for its officers. In addition, \$29,000 was allocated by TOYA to facilitate orientations and quarterly professional development of its programme workers to ensure they maintain the necessary training hours in accordance with the accreditation standards.

There was a question on the \$486,000 increase to ADS budget. The majority of this increase is explained as follows:

1. \$53,000 due to salary uplifts,
2. \$159,000 for local consultants which will be used to hire a project manager for the implementation of a new disability unit. This [is] partly financed through supplementary funding of \$80,500,
3. \$100,000 for the hearing aid programme and support for vulnerable [people] (We have the funding embedded in the hardship fund.), and
4. \$120,000 was budgeted for rent and electricity for ADS, as anticipated, [in] relocating its office to the Continental Building.

There was a question regarding the lumping together of amounts under grants to external bodies. Unfortunately, even when requested, we are not always provided with approval to create individual budget account numbers for each successful guarantee. This [is] in light of government grant charts of accounts that have been managed. The \$351,000 allocated under grants of external bodies is intended to be distributed as follows:

- Dementia Bermuda, \$150,000,
- Beyond Inclusion, \$5,000,
- Bermuda Cricket Board, \$30,000,
- Transitional Community [Services], \$25,000,
- Habitat for Humanity, \$50,000,
- Nonprofit Alliance, \$30,800,
- The Carter House, \$10,000.

The grants we provide are [to] registered charities. The Ministry keeps abreast of registration using listing provided by the Registrar General's department. In some cases where licences have been awarded to an organisation on a temporary basis, the Ministry requests a copy of their registration certificate prior to grant distributions.

The number of cases that were entered into the Ageing and Disability Services Case Management System for 2024/25 was 353.

The Before School programme, breakfast is not provided, but we do have some private companies that do give breakfast programmes at certain schools.

Our grants are issued to registered charities with either charity status or temporary charity status.

Insurance costs decreased significantly since the KMCC will no longer have to cover the cost of medical insurance for their clients. All clients qualify for coverage through the Department of Financial Assistance.

The KMCC and its [recreational] therapy, vocational skills, functional skills, why are these being discontinued? Following the programme redesign in 2025, the KMCC revised its performance measures to focus on meaningful client engagement in areas such as life skills and vocational skills, rather than skill improvement alone in these areas, which more accurately reflects what success can look like for this population. This does not represent a reduction in service, but rather a restructuring in how we measure the impact of this in our service.

Similarly, the recreational therapy performance measure was discontinued to ensure accuracy in reporting. The KMCC does not operate a formal recreational therapy service under the clinical oversight of a qualified recreational therapist. Recreational programming at the KMCC is more accurately described as participation in recreational activities that support social engagement amongst clients.

That's all the answers I have right now, if you want to move on to the next head.

The Chairman: Thank you, Junior Minister.

First of all, were there any outstanding questions or did the Junior Minister answer all the questions from Senators?

Sen. Lindsay Simmons: They are still sending me some [answers] and I can answer them after.

The Chairman: Okay. So, we can move on to the questions for Child and Family Services.

Would any Senator care to ask a question?

I see Senator Tannock.

Sen. Tawana Tannock: Yes, thank you.

My first question, and it is also one of, I guess, congratulations and support. I have always been impressed by the Happy Valley Child Care Centre. It has long since been a standout in our Child and Family Services programme. Parents and students alike, or I don't know if you call the little kids "students," but it's just well-known for its quality of care. So, when I see the Happy Valley Child Care [Centre], I see what has been produced and what is happening in terms of providing food, education, extracurricular activities, and then I look and I see that we have increased the amount that we are giving out in child care or child day care allowance. We have increased the amount that we are giving out in child day care allowance by \$250,000. So, moving from \$2.5 million to \$2.750 [million].

And my question is, if we are increasing the amount that we give out for child day care allowance, and we have a beacon of success like Happy Valley [Child] Care [Centre], why haven't we considered actually creating another Happy Valley [Child] Care [Centre], instead of giving out \$2.5 million, or \$2.7 million now, in child care allowance to go to nursery schools or preschools that may not be up to the standard of our

own? So, my question is, have we given any consideration to reducing the \$2.7 million that we give out by replicating what we already have as a beacon of success at Happy Valley [Child] Care [Centre]? That's my first question regarding Child and Family Services.

And my second question, and I will be brief because I don't want to take up the entire time, and I know we are pressed. We have seen numerous runaways, right? I feel like every time we look in the paper, somebody's running away. And we know that some of those children come from Brangman Home and Oleander Cottage. However, I find it surprising that when we look at the performance measures for Brangman Home and Oleander Cottage, what I see is for Oleander Cottage, for instance . . . sorry, for Brangman Home, sorry, 33070, *number of adolescents successfully transitioning out of Brangman Home and reintegrating into the family unit or permanent placement*. That's at 100 per cent, right?

So, does that mean that they are just leaving . . . so everybody leaves, so that's why it is 100 per cent? Because I struggle to believe that it is 100 per cent of people going into, successfully going into a family unit or a permanent place.

And then when we look at Observatory Cottage, we see *number of individual service plans completed for the year within policy guidelines*. And that's 100 per cent. But given that we know that we have a runaway problem . . . so, are we saying that as long as you complete your service plan, that is not . . . you know, I just don't understand. I don't think it is . . . I don't see it reflected here. I see these 100 per cent, 100 per cent, 80 per cent, and then in Brangman Home, it's 100 per cent, 100 per cent, and 90 per cent. However, the large percentage of children who are runaways come from Oleander Cottage and Brangman Home, but that is not represented here, nor is it any type of enforced, well, actually . . . I do think you did mention that there was going to be some enhanced security. I think that was mentioned, that there is going to be enhanced security. But to me, that is something that the entire Island is concerned about, but it's not reflected here. And we have these high 100 per cent and 90 per cent success rates. That, to me, is not reflective of reality.

So, I would like to know, in the past year, how many individuals from Oleander Cottage ran away from home, and how many individuals from Brangman, from Observatory College ran away from home, and how many individuals from Brangman Home ran away from home.

And I have other questions, but I will cede my time.

The Chairman: Thank you, Senator Tannock. Senator Smith.

Sen. Tarik Smith: Thank you, Mr. Chairman. Good afternoon to the listening audience and my fellow Senate colleagues.

Just a few questions, but first I want to declare interest. Bermuda Commercial Laundry, my family business, was doing the laundry for the Happy Valley [Child] Care Centre for 2025 until about December, from the beginning of 2025 to December 2025.

Just a few questions on page B-297. The Mirrors Programme has a notable increase of \$460,000 over the last two budgets. Why the increase so large over these last two budgets? That is one question.

Why has the community service events been discontinued according to performance measures? I also see a number of new performance measures proposed for 2026/27. Is it possible to receive an overview of how these measures support the increase? Noting two additional employees are anticipated for 2026/27.

Page B-301, performance measures, business unit 33140. Again, with Mirrors, why is the social emotional competency training targeted at only 25 students?

[Page] B-297, again, general summary, business unit 33070, the Brangman Home. The Brangman Home has received an additional \$383,000, or 32 per cent increase, from \$1.2 million to roughly \$1.6 million. With an extra four staff, full-time staff, being set to be employed. What measurable improvements in the residential care does the Ministry expect as a result of the increase in funding and staffing? What is the average daily cost per resident and the average length of stay and the current occupancy in the Brangman Home?

Moving on page B-[297] still, general summary residential treatment. Would the Junior Minister please confirm how often each of the operational facilities are inspected to ensure they maintain compliance with international best practice for youth residential care standards? And would the Junior Minister please give an update on the findings of the most recent inspections?

Business unit 33250, child safeguarding. What are the specific safeguarding programmes that will be delivered this year?

Again, staying on page [B-]297, investigating and screening has been given an extra \$120,000 to take the estimate to around \$2.4 million. And the performance measures on 33020, what is it that entails the Structured Decision-Making Tools? Which, with such an increase in funding, is there an effort to increase staffing to aid in child abuse screening and investigations?

Page [B-]301, item line 33100. Number of overseas assessments of five children. Is it possible to know . . . and I know this is delicate. You know what, I will leave that alone for now. I will leave that one alone.

Finally, or not finally, I think I have a couple more. This is my last one. I do understand that Child and Family Services staff and officers need to be housed. Their rental budget has decreased, as it was

said in a brief, by \$19,000. But I also look on page C-27, rental accommodation. I see that Child and Family Services is renting in Customs House, 131 Front Street for \$919,818 for the coming year, an increase of \$124,000. I am wondering, is there any other government building, or could the Government find some other place the rent wouldn't be so high and not cost the taxpayer so much money?

Thank you, Mr. Chairman.

The Chairman: Thank you, Senator Smith.

Any further questions?

Senator Cunningham.

Sen. Victoria Cunningham: Thank you, Mr. Chairman.

Knowing that the Junior Minister has an affiliation with the Foster Parents Association, I will ask a few on the foster situation in Bermuda. I noticed on one of the pages the foster fees remain about the same, \$590,000. They were revised down to \$460,000 for last year. And I just want to know, given that it appears that there is a need for more foster families, has any consideration been given to increasing those? And I'm guessing they are just more stipends, but given the need. And I don't know if that would then encourage more families to come forward, but for nearly \$600,000, it seems these are the children who we want to be in safe homes.

And with that, on the performance measures on page B-300, under business unit 33030, under foster care, it speaks about the number of active foster parents. And the target outcome is 70 for the upcoming year. My question is, is that families or individuals? So, if you are a couple who are fostering, are you counted as two, or is it one because you are a foster parent?

And then number of foster parents recruited during the fiscal year, 15. That number makes me happy, and it seems to be the highest in a while. I assume there are ongoing efforts to recruit more foster parents, and I just wonder if those are continuing.

And then this one doesn't make me quite as happy, but percentage of foster children who are maintaining sibling contact is only 80 per cent. So that then, in my mind, means that one in five children are not, if they have a sibling, I guess, are not being kept with a sibling. So, is there maybe a need to have foster parents who are able to take more than one child?

And then with fostering, and I have had a conversation with the Junior Minister about this in the past, but I just wondered where adoption falls into this budget and where the adoption agency would be.

Then moving on . . . Senator Tannock asked my Brangman and Oleander Home questions.

Oh, so on page B-298, there is an "other expenses" line item, and it seemed quite glossed over in the brief, but \$108,000 of other expenses. I just wanted to see if we could get an example of what those other expenses might include.

And then actually on Brangman Home on page B-299, I note the full-time equivalents going from 10 to 14. Is there a justification for that increase? Is there an increased number of clients being housed there? And likewise with education, is there a defined staff-to-client ratio that needs to be maintained?

And then on page B-301, with the overseas therapeutic programme, business unit 33100, I don't know where my colleague was going, but number of clients receiving overseas assessments, the target outcome is five. The revised forecast was five for 2025/26, but I am pretty sure the brief said that 17 clients are currently overseas, so I just wanted to understand why that discrepancy exists there. And why the measure above it: *[To] ensure 100 per cent of families receive a minimum of three follow-up visits by a social worker per month for a minimum of six months*, why that has been discontinued. I would think, you know, if you are overseas, you know, you have got family members overseas, I think you would want those follow-ups.

And I had the pleasure of going to the Independent Living Programme in St. George's, so delighted to hear that that is still going well and that three residents completed the programme. So, I believe some of them are those ageing out of the foster system, but how do they determine, if they have only got 11 rooms, how do they determine who gets those spots?

And I guess actually going back to the foster care business unit, I believe when a child turns 18 the foster parents lose the funding or stipend that they get. And I would be interested to know what percentage of these children on their 18th birthday are then kind of pushed out into other parts of the system, or how many families will actually keep them within their household, knowing that they are not going to get the extra money, and whether or not we could consider increasing that age for those children who then turn 18 to stay with their families.

And I think that is it for me.

The Chairman: Thank you, Senator Cunningham.

Any further questions on this head? Hearing none, Junior Minister Simmons, over to you.

Thank you.

Sen. Lindsay Simmons: Thank you. The increase in the Ministry's rental budget was explained in the subjective analysis. The Ministry is not responsible for managing rental information found on page [C]-28. This is the Department of Public Lands and Buildings. Rent for Headquarters is anticipated to be \$111,855, and TOYA \$112,062 for 2026/27.

To answer Senator Tannock's question, it costs the Ministry \$1.2 million to service 42 to 44 children through Happy Valley [Child Care Centre], and \$2.7 million to assist 260 to 270 children through the Child Day Care Allowance. And that's not including finding a building and everything else and renovating it.

Runaways. The department operates a group home, not locked facilities. The children who run away, there are only a few that actually run often. So, it is only one or two children that run often. In the last year, three boys were the main ones that ran. For the girls, we had two that were the primary runners.

We are seeking more foster parents, and that could either be individuals or couples interested in becoming foster parents. And we would like more foster parents that could take siblings, but, you know, we can't force people in people's homes. So, when our hands are tied, we might have to separate siblings. And then there could be other reasons why they are not together.

The Structured Decision-Making, (SDM) Tools in child protection are evidence-based frameworks designed to increase consistency, validity, and equity in the safety assessment. Key tools include the Structured Decision-Making system signs of safety and figures on risk assessment and planning to reduce substance abuse and guide professional judgment.

The increase in the RTAs and RTS is due to approval for four new temporary additional staff to accommodate the increase in high-risk clients needing one-to-one staffing.

When foster children turn 18, they remain with their families. Financial Assistance provides funding to help the families to continue supporting the now adults.

Referrals are made to the Independent Living Programme by this section within the DCFS. There is an established criteria that determines if an individual is willing to engage in the programme.

And I am waiting for a few more . . . and I have another one.

There was a question regarding the increase in the Mirrors budget. The increase can be attributed to covering the cost to have a full complement of staff after reorganisation plus staff uplifts. Also, the programme has shifted to engaging in more and more overseas training camps. And Mirrors has also introduced more certification, parenting, and coaching programmes.

So, if you want, we can get to the next [head]. And if there were any questions that were left out, I could give them.

The Chairman: Very good, Junior Minister.

So, we can move on to Financial Assistance questions. So, I see Senator Smith's hand up promptly.

Senator Smith, over to you.

Sen. Tarik Smith: Thank you again, Mr. Chairman, and thank you, Junior Minister and your team for your answers. Hopefully, we can get all the answers before the time runs out in 58 minutes.

Financial assistance, this is a tough one, you know, because the plight of many Bermudians . . . sometimes because of the cost of living and whatever, they have to turn to financial assistance, either to help them or to help their grandparents or their parents when it comes to old folks' homes. It's a difficult situation. I

know that, like I said, many folks have turned to these for many different reasons, and some of them are out of [their] control. So, I want to handle this as delicately as possible. I just have a few questions, Mr. Chairman, for the Junior Minister and her team.

On page B-303, department objectives, number 4, it says, to *leverage collaboration with other government departments in achieving digitisation*. Can the Junior Minister please update the department's advancements towards the digitisation process? Will all applicants be available to apply online once this has been established?

[Page] B-304, short-term relief, what is the total number of applications that have been received? How many of those applications were successful? What is the number of unsuccessful applications? How long in between the time of approval of an applicant to when the applicant receives their funds that they have been approved for? Can the Junior Minister provide the number of applicants who then applied for long-term relief after getting the short-term relief approval? And how much has been paid out by the taxpayer for this benefit, if that would be possible?

Applying for assistance, like I said, can be difficult. Many folks are in this position. But that said, in recent times, the demand for financial assistance has become much higher.

On page B-304, grants are over \$53.3 million, up \$210,000 from last year. Does financial assistance have more funds allocated for the possible overrun of applicants taking the sum past the \$53.3 million?

My topic I have always . . . I see professional services has gone up this year by \$25,000 to \$325,000. I know that outside consultation can quite possibly be needed. I just want to make sure the answers are there for the public and the listening audience.

Can the Junior Minister please provide the number of consultants that have been contracted? Are these consultants annual or are they rolling over on a few years? How many Bermudian consultants are there and how many are non-Bermudian?

[Page] B-306, performance measures line 65050. It says, *reduce the number of able bodies or earning low clients from the following year*. It gives us a percentage. Could the Junior Minister please provide the number of people who came off of financial assistance since the last budget? What was the average amount of time an applicant stayed on financial assistance? And how many complaints were received by the department?

Performance measure line 65080, *reduce the number of review board appeals from the prior year and the past*. We have been given targets of 100 per cent since 2024/25. Performance measure numbers are reduced to 50 per cent. Why has the number been cut in half? How many applicants have been refused? What were the three most common reasons [for] these refusals and how many were overturned on appeal?

Thank you, Mr. Chairman, and thank you, Junior Minister and her team for the answers.

The Chairman: Thank you, Senator Smith.
I see Senator Tannock's hand up.

Sen. Tawana Tannock: Yes, thank you, [Mr. Chairman].

So, actually my questions are coming on the back of Senator Smith's, and they are regarding financial assistance. And I have to say, and I looked back at last year's budget too and it was the same. I am really disappointed to see the performance measures. For the financial assistance that we provide to Bermudians, we are only talking about reducing recoverable debt, reducing the number of able-bodied or low-earning clients, reducing complaints, and reducing number of reviews. We are not talking about how many people we are serving. We are not talking about how many people were successfully transitioning back. We are not talking about whether or not those families are single-parent families, whether or not they are two-parent families. So, I have to say that these performance measures, if our financial assistance department is only concerned with measuring these things, then I am really concerned about that because it doesn't seem to be client-focused, and I don't think that's accurate.

So, my question is, How many persons or families do we have currently on financial assistance? How long has the majority of . . . what's the average, I guess, length of time that the majority of people are on financial assistance? And how many of those people on financial assistance have coordinated care or treatment plans or services?

So, for instance, when somebody goes on financial assistance and they are unemployed, are they then referred to labour and training? So, how many are on financial assistance? What's the average amount of time that somebody stays on financial assistance? And how many are referred to other helping agencies within the government for assistance?

The Chairman: Thank you, Senator Tannock.
Senator Cunningham.

Sen. Victoria Cunningham: Thank you, Mr. Chairman.

I know that the answer to my first head question about rent was that it's not within the Ministry, but I see that there are 41 full-time equivalents, and I am not seeing an office location in the Budget Book. So, just wondering where the financial assistance team resides.

And another question, and this is more just general information, How is the amount of assistance calculated? So, you have obviously got different . . . and the Junior Minister provided us with the six household make-ups, but you have obviously got pensioners who are then on a fixed income versus someone who is unemployed versus someone who is on a short-term

need basis. So, how is that assistance calculated? Is it the same across everyone, or does it vary?

I like the fact that in the department objectives detecting financial assistance fraud is in there. Are they confident that they have enough people to ensure compliance within the programme?

And then, kind of going on from what Senator Tannock was saying, I believe 7 per cent of the recipients are unemployed. So, what criteria do they have to meet? Should they be going . . . you know, in the UK you have the job seekers allowance, so you have to show that you are trying to find a job. So, are they going, and maybe it's labour and training, maybe it's the Department of Workforce Development for those placements. How are we trying to get them off financial assistance into a job so that then we can help somebody else? And also, is it a limited term? Or are we kind of then almost enabling these individuals that they can stay on this financial assistance in perpetuity?

And then, on page B-306, with the performance measures, *[to] reduce the number of legitimate client complaints from prior year*. I would be interested to know an example of the top two or three complaints. What client complaints are they? Is it, you know, late payment of their assistance checks?

And then, it was mentioned in the brief that there were 40 cases of fraud amounting to \$287,579, of which 34 had been referred to the Attorney General and six were under investigation. What are the consequences for the fraud? So, I am assuming by itemising it as \$287,000 that they would be expected to pay it back. But what are other consequences? Would there be . . . I mean . . . I guess it depends on the amount and the nature. But I just want to see what the consequences would be for those individuals.

And I think that is it for me.

The Chairman: Thank you. Thank you, Senator Cunningham.

[Would] any other Senator care to ask a question?

No, hearing none, Junior Minister Simmons, back to you. Thank you.

Sen. Lindsay Simmons: Thank you. The foster fees were last reviewed and increased in 2021.

As of December 31, 2025, there were 62 active foster families, which would include single and double.

I also want to make note that a lot of the questions that were asked by Senator Tannock, we actually laid the Annual Report from the Department of Financial Assistance.

The DFA, the department, has currently finalised online applications for the short-term relief benefit, and the platform was live 1 February 2026. The department is currently working on having applications for the other programmes online with a target of October 2026.

The Department of Financial Assistance receives on average 49 applications per month for both

financial assistance and child day care allowance. And on average, 20 new applications are approved. The turnaround for processing financial assistance is between two and three weeks.

Out of the \$53 million allocated to the Department of Financial Assistance, \$450,000 is budgeted for the short-term relief benefit programme.

Currently, we have five Bermudian consultants and one consultant who is a foreign national.

On average, 10 people come off financial assistance on a monthly basis.

The Chairman: Senator Cunningham, do you have a question?

Sen. Lindsay Simmons: Some of the requirements are that you have to demonstrate that you are actually actively looking for employment.

Sen. Victoria Cunningham: So my question actually kind of relates to that, but with the 35 per cent disabled or disability element . . . so I get that there are very different types of disability, but are there any instances where government might be able to hire them into roles within government departments so that they are then not unemployed? I don't know if there would be programmes, like . . . I used to write workers' compensation insurance, and they are returned to work. Especially, you know, we see a lot of bike accidents where people are going to be disabled, possibly permanently, but maybe not permanently. Could they be put into positions where they can safely get a job done to get them off financial assistance?

Sen. the Hon. Kim Wilkerson: Mr. Chairman—

The Chairman: Minister—

Sen. the Hon. Kim Wilkerson: Just a point of comment. We generally hear the OBA talking about the expanding number of employees in government and why we should make that less, and now we hear a suggestion that we should be hiring disabled people in order to get them off financial assistance. It doesn't square.

The Chairman: Thank you, Minister.
Junior Minister.

Sen. Lindsay Simmons: Thank you, and the Department of Financial Assistance resides in Global House on Church Street.

The department engages with the Department of Workforce Development to assist clients in the development of personal employment plans and organisations of workshops for search of employment opportunities. I do also want to note that they also help with doing résumés and stuff like that, so that some of the able-bodied people can have the opportunity to apply for jobs.

How many people [are] serving in Financial Assistance? I'm sorry . . . the criterion for the application is stipulated in the legislation, so it lays out, and I also read it, on what qualifies you to receive financial assistance.

[Pause]

The Chairman: For the listening public, we are just on the last few answers to questions posed for Head [55], Financial Assistance.

[Pause]

Sen. Lindsay Simmons: It is the legislative requirement for every able-bodied unemployed person to register with Workforce Development and have a personal employment programme. So, they must . . . that is the criteria in order to stay on financial assistance until they find a job.

Follow-up of clients returning from overseas or ageing out of care has not been discontinued.

There was a question about the 17 individuals who were overseas in treatment. Not all of them go at the same time. They get referred at different times during the year, so it is always moving.

The department has two compliance and investigation officers to enforce compliance with legislation.

Are there any other questions that I have missed?

The Chairman: I think . . . Senator Tannock, the consequences when someone is found to be fraudulent, I think that was maybe one of the questions. Or Senator Cunningham's question, sorry, one of the Senators.

Sen. Lindsay Simmons: So, the penalty for if somebody—

The Chairman: The penalties and/or reimbursement for funds that have been received that should not have been received, I think was the question.

Sen. Lindsay Simmons: I do believe that I stated that it gets referred to the Attorney General's Chamber, and the Chamber looks over it, and I do believe that we received \$200,000 back from fraudulent acts. I did state all that in my brief.

And some children go only for comprehensive assessments. Others go for assessments, and depending on the results of the assessments, they may return for treatment or stay overseas for treatment. Every individual case is different. And I believe that was all the questions.

The Chairman: Thank you—

Sen. Lindsay Simmons: I have one more, sorry.

For more information about the Department of Financial Assistance, copies of the department's Annual Report shall provide, and this gives statistics in the report to most of the questions asked. It is already in the public domain. You are welcome.

The Chairman: Thank you very much, Junior Minister.

Yes, before I ask you to move the heads, I just want to thank you and your technical officers for the very comprehensive presentation and the responses to the questions, so much appreciated.

Sen. Lindsay Simmons: Thank you. And I actually have been sitting in the Senate since 2020, and every year I have to debate the Ministry of Youth, Social Development and Seniors, and I want to thank the Minister and her team for always being here. I mean, they are usually like 15 to 20 deep to help me with the answers, so thank you to her technical team for always being here. I appreciate it.

The Chairman: Very good, thank you.

So, Senator, with that, would you like to move these heads?

Sen. Lindsay Simmons: Sure. Mr. Chairman, I move that Heads 86, 23, and 55 be approved as printed.

The Chairman: Thank you, Junior Minister Simmons. Is there any objection?

Sen. Lindsay Simmons: Thank you.

The Chairman: No? Hearing no objection, these heads are so moved.

Thank you very much.

[Motion carried: The Ministry of Youth, Social Development and Seniors, Heads 86, 23 and 55 were approved and stand part of the Estimates of Revenue and Expenditure for 2026/27.]

The Chairman: So, we now move on to the Ministry of Health: The Ministry of Health Headquarters, the Department of Health, and the Hospitals, and I turn the Chair over to my learned colleague, Senator Tawana Tannock.

[Pause]

[Sen. Tawana Tannock, Chairman]

The Chairman: Good afternoon. We are in Committee of the whole [Senate] to debate the Estimates of Revenue and Expenditure for the year 2026/27, and this afternoon we will be continuing with the Ministry of Health. Senator Lauren Bell will be presenting Heads 21, 22, and 24.

Senator Bell, would you like to present all of them at once, or would you like to pause after each head for questions?

Sen. Lauren Bell: Yes, good afternoon, Madam Chairman.

I am going to present all heads, and then we will take questions at the end. Thank you.

The Chairman: Thank you and noted. You may proceed.

MINISTRY OF HEALTH

Sen. Lauren Bell: Good afternoon, Madam Chairman, Senate colleagues, and listening audience.

Madam Chairman, I move that the Committee do now take into consideration Head 21, Ministry of Health Headquarters; Head 22, Department of Health; and Head 24, Hospitals.

The Chairman: Thank you, Senator Bell, and I would just like to note that we started at 2:54 pm, and we have four hours.

Sen. Lauren Bell: Thank you, Madam Chairman.

For those in the listening audience, the Ministry of Health's estimates of revenue, expenditure, and performance measures, and FTEs are found on pages B-149 through B-170 of the Budget Book. The capital development and acquisition estimates are found on pages C-5 and C-12 of the Budget Book and the grant estimates are found on pages C-18 to C-19 of the Budget Book. That is for those who are following along.

Madam Chairman, the Ministry of Health has been allocated a total of \$302,478,000 for the fiscal year 2026/27 for the heads of its Headquarters, the Department of Health, Hospitals and the Health Insurance Department.

HEAD 21—MINISTRY OF HEALTH HEADQUARTERS

Sen. Lauren Bell: Today, I am pleased to present the budget for the Ministry of Health and its departments and quangos, starting with Head 21, the Ministry of Health Headquarters, found on pages B-150 through B-153 of the Budget Book.

Mission

Sen. Lauren Bell: Madam Chairman, the mission of the Ministry of Health Headquarters is, *To ensure affordable access to quality health care while protecting vulnerable populations and strengthening the sustainability of Bermuda's health system.*

Head 21 budget reflects the efforts of the Headquarters to create a health system that provides equitable access to health care services in the most

appropriate settings, drives efficiency through the digitisation of initiatives, and ensures that health care infrastructure can adapt to evolving public health needs while also maintaining the highest standards of fiscal responsibility.

Through disciplined financial stewardship, strengthened regulatory oversight, strategic investment in digital health infrastructure, and the phased advancement of the universal health coverage, this budget positions the Ministry to move from planning to measurable implementation. It supports data-driven decision-making, enhances system transparency and accountability, and reinforces Bermuda's capacity to prevent, detect, and respond to public health risks.

Expenditure Overview

Sen. Lauren Bell: Madam Chairman, a total of \$23,721,000 has been allocated for Head 21 Headquarters for 2026/27, which represents an increase of 52 per cent, or \$8,087,000, over the budget for the fiscal year 2025/26. This constitutes a 7.8 per cent increase of the total budget allocated to the Ministry of Health.

Revenue Overview

Sen. Lauren Bell: Madam Chairman, the Ministry of Health Headquarters is projected to generate \$54,000 during the 2026/27 fiscal year, which is an increase of 93 per cent, from the \$28,000 in revenue in the previous fiscal year. This increase is attributed to a projected increase in the total number to be collected in fees for the re-registration of doctors. Madam Chairman, I will now address the first programme under Head 21, General, programme 2101.

Programme 2101, General

Sen. Lauren Bell: Madam Chairman, the programme 2101, General, comprises of 15 FTEs, and the programme's total budget found on page B-150 of the Budget Book is \$21,583,000. Of that, \$13,151,000 has been allocated for 3100[0], General Administration. This represents a 90 per cent, or \$6,228,000 increase, compared to the fiscal year 2025/26.

The General Administration budget covers expenses associated with the day-to-day operations of the ministry, including the account section and the Project Management Office, also known as PMO, for implementing Universal Health Coverage, also known as UHC. For UHC, a total of \$1,595,000 for the PMO, including a director to project managers and a health Informatics nurse and \$1,000,000 for the engagement of subject matter experts, marketing and communications. Additionally, \$3,000,000 has been allocated to digital health projects and \$6,200,000 for the subsidisation of their FutureCare premiums, providing a

targeted financial support to eligible participants and equitable access to essential health services.

[Line item] 31000, General Administration. Madam Chairman, this Government remains committed to delivering a health care system that is equitable, integrated and financially sustainable for the people of Bermuda. Universal health coverage is a structured reform programme designed to ensure that every resident can have access to essential health care services without experiencing financial hardship. During fiscal year 2026/27, the Ministry of Health will continue transitioning from a health system design to a financial modelling to advance measured implementation of the UHC.

Health care expenditure in Bermuda remains high by international standards, with 11.6 per cent of the gross domestic product being spent on health, representing the third highest in the Organisation for Economic Co-Operation and Development (OECD). At the same time our health outcomes are disproportionate to our spending underscoring the urgency for health reform to address structural pressures associated with an ageing population, a high burden of chronic non-communicable diseases, fragmented funding arrangements, administrative duplication, and inequities in access to care. These challenges require coordinated and evidence-based reform to ensure long-term sustainability.

Madam Chairman, the Universal Health Coverage Project Management Office will continue to oversee actuarial analysis, financial modelling and structured reform planning. During this fiscal year, the Cabinet will receive a fully costed core benefits package supported by financial stress testing under multiple utilisation scenarios, phased implementation options, and defined risk mitigation strategies. The purpose of the core benefits package is to establish a defined set of essential services accessible to all residents with a focus on primary care, prevention and chronic disease management.

This approach is intended to direct health expenditure towards community-based services that provide the greatest population health benefit. The Ministry is also advancing the structural framework for a single-payer system. The objective of this work is to reduce duplication, improve administrative efficiency, strengthen fiscal oversight, and improve equity in access to services. A streamlined financial structure centralises funding flows, improves claims administration, and reduces administrative costs which drive health system efficiencies. To this end, the Cabinet will also receive structured implementation options during this fiscal year for decision.

Madam Chairman, under the Integrated Care Pathways (ICP) workstream of the UHC, the Ministry will transition from pathway design to operational implementation of the ICPs for diabetes, chronic kidney disease, and mental health. These pathways were designed to improve coordination between providers,

standardise treatment protocols, strengthen early disease detection, and reduce preventable hospital admissions. Pathway implementation will focus on measurable improvements in care continuity and patient outcomes

Madam Chairman, legislative modernisation also remains a priority to drive health reform, and during this fiscal year, the Ministry will achieve legislative drafting to support health systems governance, financing arrangements, and patient rights protections. These legislative measures are intended to provide a stable and accountable UHC framework.

In parallel, the Ministry is progressing the National Digital Health Strategy, including the phased implementation of the electronic health records (EHRs), across the Department of Health Services. The introduction of integrated EHRs will improve the accuracy, availability and timeliness of clinical information across care settings. This will enhance the continuity of care, reduce duplication of tests and services, and support safer and more coordinated treatment.

Importantly, a modern digital health infrastructure will enable the Ministry to generate reliable population health data, strengthen performance monitoring and support evidence-based service planning. Improved data analytics will assist in identifying utilisation trends, forecasting demand, evaluating outcomes, and allocating resources more effectively. The investment in digital health is therefore foundational to improving quality, efficiency, and long-term system sustainability.

Madam Chairman, universal health coverage is being implemented through a phased and financially disciplined approach. Each stage of reform is subject to actuarial modelling, financial review, stakeholder consultation, and fiscal oversight. The Government remains focused on ensuring that Bermuda's health care system supports seniors, working families, and vulnerable populations to access the care they need in the most appropriate settings.

The objective of the universal health coverage is to ensure that all residents have access to the health services that they need including prevention, treatment rehabilitation and palliative care without suffering financial hardship. To ensure that residents receive clear and timely information, the PMO will implement a comprehensive communications strategy outlining implementation process to date, the next phase of reform, and the expected implications for residents and providers. Ongoing engagement and transparency remain essential components of implementation.

Mental Health

Sen. Lauren Bell: Madam Chairman, during fiscal year 2025/26, the Ministry of Health issued \$370,000 in grants to community organisations, including \$150,000 to the Men and Masculinity Support Centre (MASC) Bermuda to increase utilisation of mental health services amongst boys and men; \$120,000 to Family

Centres Intensive Counselling Services to increase early detection and intervention for mental health challenges among children ages 4 to 18; and \$100,000 to the Women's Resource Centre for personalised mental health interventions among women.

Additionally, the Ministry of Health facilitated a two-day Youth Mental Health First Aid training [session] in June 2025, and a Youth Anti-Stigma Summit in October 2025. Together, these initiatives have not only boosted the community capacity to identify and respond to mental health concerns amongst both the youth and adults, but also engaged students, educators, and community partners in breaking the stigma around mental health, and normalising open dialogue about mental well-being as part of holistic health.

Madam Chairman, during the fiscal year 2026/27, efforts for mental health promotion will be amplified through sustained campaigns that promote emotional well-being, encouraging the reduction of stress and promotion of self-care. The integration of mental health discussions into everyday life, whether at a barbershop or within a faith-based community, remains a priority for mental health promotion activities.

Community engagement and partnerships with non-governmental organisations will also continue through pop-up initiatives in the non-clinical settings, and capacity building via Mental Health First Aid training sessions, making workplaces, schools and community spaces safer and more supportive.

Madam Chairman, this ends my presentation on business unit 31000, General Administration

Grant Administration, 31000

Sen. Lauren Bell: Turning now, Madam Chairman, to [line item] 31015, Grant Administration.

Madam Chairman, page C-18 outlines the Ministry of Health's grants to various agencies that deliver critical front-line services supporting public health and social assistance, as well as grants dedicated to health education initiatives. The total budget for the business unit is \$7,805,000. These grant funds are allocated as follows:

- \$4,000,000 for the Lady Cubitt Compassionate Association, otherwise known as the LCCA, to cover overseas medical care for the uninsured and underinsured persons;
- \$1,250,000 for the Bermuda Health Council;
- \$120,000 for the Family Centre, to assist with the delivery of counselling services delivered at no charge to families in Bermuda with children between the ages of 4 and 18;
- \$150,000 for the Men and Masculinity Support Centre of Bermuda (MASC) to provide counselling and support services for men as part of the mental health initiative;
- \$120,000 for the Women's Resource Centre to assist with programmes that support women in

poverty and transition by providing access to therapeutic services with individual counselling, community support groups, mindfulness and wellness activities and support services, including access to housing, food, employment and education support;

- \$63,000 for the Sexual Assault Response Team, otherwise known as SART, to provide comprehensive support to survivors of sexual assault;
- \$200,000 for the Dr. Barbara Ball Public Health Scholarship; and
- \$1,902,000 for mental health grants.

Sexual Assault Response team (SART)

Sen. Lauren Bell: Madam Chairman, the grant to SART is being managed by a part-time coordinator in collaboration with the chief nursing officer. There are three trained forensic nurses who rotate weekly for 24-hour on-call duties and are linked via telemedicine with Tulsa, Oklahoma, for support if necessary. With the retirement of one forensic nurse, training has commenced with two other nurses. Of the 15 forensic examinations performed by Sexual Assault Nurse Examiners, otherwise known as SANEs, in 2025, six were conducted on individuals under the age of 18.

Madam Chairman, the SART committee drives engagement across government departments, NGOs and quangos to raise greater awareness. In the previous fiscal year, health promotion activities were celebrated during Forensic Nurse's Week, and SART also had a strong presence at health fairs and on radio campaigns, sharing information and resources to combat sexual abuse in our community.

Additionally, collaborations have been realised with IRISI, a UK-registered charity dedicated to improving the health care response to gender-based violence, and the United Kingdom's Health Security Agency [UKHSA]. This fiscal year, a train-the-trainer course on domestic abuse is planned to build capacity among health professionals to identify and respond to these challenges. SART remains committed to advocating the capacities of newly trained SANEs, and refurbishing a newly dedicated space that safeguards the privacy of the clients and the confidentiality of interactions and services.

Bermuda Health Council

Sen. Lauren Bell: Madam Chairman, as Bermuda advances significant health system reforms, the Bermuda Health Council continues to serve as one of the Government's most strategic delivery agencies linking policy with intent to execution, regulation to reform, and innovation to fiscal stewardship.

Madam Chairman, the Bermuda Health Council remains committed to ensuring quality, accessible, and cost-effective health care for all our residents.

Established under the Bermuda Health Council Act 2004, the Council is mandated to regulate, coordinate and enhance the delivery of health services, while advising the Ministry of Health and the government on system performance, sustainability and reform.

The Council acts as an independent, evidence-based authority, convening government health professionals, health insurers, health service providers, businesses, patients, and international partners. Its work underpins regulatory compliance workforce oversight, Health finance reform, and long-term system planning, particularly as Bermuda prepares for the phased implementation of the UHC.

Expenditure Overview

Sen. Lauren Bell: Madam Chairman, for fiscal year 2026/27, the Bermuda Health Council's total operating expenditure is projected at \$4,805,065. This reflects minor board-approved adjustments following final budget review, while maintaining overall fiscal discipline in the context of inflationary pressures, contractual obligations, and expanded statutory responsibilities.

The key areas of expenditure include:

- Payroll expenses in the amount of \$3,223,756, reflecting final board-approved staffing costs, including salary progression and targeted capacity to support regulatory modernisation, policy development and enhancement, and system reform activities.
- Building expenses in the amount of \$452,888 covering contractual rent increases and essential services required to maintain safe, secure and functional premises.
- Professional fees in the amount of \$542,083, enabling a strategic use of actuarial, regulatory, policy, legal and information technology expertise, particularly in support of the UHC preparation, long-term care reform, and legislative modernisation.
- Training and workshops in the amount of \$72,875, supporting continued professional development, stakeholder consultation, and targeted local and overseas training aligned with best practice.
- Operational expenses in the amount of \$167,216 supporting governance, digital platforms, communications, stakeholder engagement and core compliance functions, excluding the Bermuda Nursing and Midwifery Council (BNMC).
- And the Bermuda Nursing and Midwifery Council in the amount of \$200,000 providing operational support in line with the approved BNMC budget.

Madam Chairman, depreciation and amortisation are budgeted at \$146,247 reflecting existing asset holdings. While no standalone capital grant is reflected

in the base budget, the Council will undertake essential capital investments during the fiscal year 2026/27, particularly in digital infrastructure. These investments include registration and licensing platforms, professional and service registries, donor databases, and the Unique Patient Identifier infrastructure, also known as UPI.

Madam Chairman, these capital costs will be met through a combination of existing reserves and a portion of the additional \$250,000 in operational grant funding requested, ensuring that critical digital systems required for the regulatory effectiveness, data integrity and system efficiency are delivered in a timely, fiscally responsible manner. These investments are foundational to improving billing accuracy, reducing administrative friction, strengthening oversight, and supporting affordability across the health care system.

Revenue Overview

Sen. Lauren Bell: Madam Chairman, projected revenue for the Council for fiscal year 2026/27 totals \$4,654,506, consistent with the Board-approved budget. Revenue resources remain diversified and include

- Government Operational Grant in the amount of \$1,250,000.
- Mutual Reinsurance Fund (MRF) transfers in the amount of \$2,978,016, to support core operations, the kidney transplant programme and innovation-related activities.
- Licensing fees for insurers, health professionals, and health service providers in the amount of \$309,490.
- Rental income in the amount of \$21,000.
- Interest income in the amount of \$96,000

Madam Chairman, based on these projections the Council anticipates an operational deficit of approximately \$150,560 for the fiscal year. When non-cash depreciation of \$146,247 is excluded, the projected cash position is effectively balanced. The Council will continue to actively manage expenditure, pursue operational efficiencies, and explore permissible revenue opportunities through the year to minimise any variances from the budget neutrality.

Positioning and Priorities

Sen. Lauren Bell: Madam Chairman, the Bermuda Health Council continues to play a central role in modernising regulatory frameworks, strengthening health system accountability, and advancing digital transformation. Over the past year, the Council has

- continued operation and expansion of blockchain-enabled digital credentialing platform currently used for registering health professionals;
- strengthened the kidney transplant coordination programme, including advancing

agreements with overseas transplant centres that would deliver significant long-term cost savings and improved patient outcomes;

- enhanced oversight of health insurers and health service providers, and enforcement of mandates for coverage, transplant billing and patient protections;
- advanced health technology assessment processes to support evidence-based decision-making;
- provided system-level data collection analytics, and public reporting to support transparency and policy development; and
- supported the preparatory work for the UHC, including stakeholder engagement and financial modelling.

The Council maintains a strong record of governance and accountability with a year-over-year unqualified audit opinion and publication of annual reports and financial statements.

Plans for the Upcoming Year

Sen. Lauren Bell: In the fiscal year 2026/27, the Health Council will continue to advance major health system reforms while progressively shifting several initiatives through development to implementation, monitoring, and evaluation. The Council's programmes will span regulatory modernisation, digital health infrastructure, health financing reform, and population health policy.

Key priorities will include [the following]:

- Implementing support for UHC through continuing policy development, financial modelling, stakeholder engagement, and operational readiness activities to support Bermuda's phased transition towards UHC.
- Monitoring the performance, uptake, data quality and user experience of Helping Hub, that it delivers a measurable value as Bermuda's national health and social care directory.
- Advocating for the Patients' Bill of Rights and supporting the development and adoption of policies that strengthen transparency, fairness, and the protections for health care consumers.
- Support advancement in the review and update of health system legislation and modernising health professional regulations to ensure frameworks remain proportionate, responsive, and aligned to the contemporary practices and workforce realities.
- Continuing the onboarding for health professionals and health service providers for the expansion of the digital credentialing system workstreams to strengthen regulatory oversight, workforce visibility, and compliance efficiency.
- Supporting accountability measures that improve quality, safety, and financial sustainability within hospital services.

- Strengthening and clarifying oversight of health service business providers to ensure services are safe, effective, responsive, caring, and well-led.
- Advancing standards, monitoring frameworks, and policy development for residential community-based long-term care.
- Progressing evidence-based policy work for the First 1,000 Days of Life, focused on maternal, infant, and early childhood health, recognising the long-term impact of early life interventions on population health outcomes and system sustainability.
- Conducting structured cost-effectiveness and feasibility studies of proposed new services, service expansions, and adjustments to where and how existing services are delivered to support value-for-money decisions and efficient use of resources.
- Providing analytical and advisory support for health insurance reforms, with a focus on affordability, benefit design, reimbursement structures, and consumer protections.
- Advancing implementation of the Unique Patient Identifiers (UPIs) to strengthen data integrity, continuity of care, and system analytics in a database that allows providers to securely verify patient insurance status, reduce administrative friction, and support appropriate access to care.
- Enhancing interoperability, cybersecurity, and responsible data sharing across regulatory and system functions.
- working closely with [the] Information Commissioner's Office to strengthen understanding of the application of the Personal Information Protection Act [PIPA] within the health care setting.
- Advancing policy, guidance, and system understanding of the appropriate use of artificial intelligence to improve health care delivery, regulatory oversight, and operational efficiency in health businesses.
- Continuing to use advanced actuarial and population health modelling to support sustained health financing and long-term system planning.
- Laying the groundwork for centralised research and data repositories to support evidence-based decision-making and international collaboration; and
- advancing workforce development and internship programmes to support skills development, workforce exposure, and succession planning across the health system.

These initiatives are designed to improve access, quality, safety, affordability, and financial sustainability across Bermuda's health system, while ensuring

innovation is implemented with responsibility and in the public interest

Madam Chairman, the Bermuda Health Council benefits from a dedicated and experienced Board supported by ex officio members from across the government. On behalf of the Ministry of Health, I extend my sincerest thanks to outgoing Board members for their service and appreciation for returning, and to newly appointed members for their continued commitment to strengthening Bermuda's health systems.

Madam Chairman, the Bermuda Health Council remains a cost-effective, high-impact organisation that consistently delivers value for public investment. Through disciplined financial management, evidence-based regulation, and strategic collaboration, the Council will continue to support the Government in achieving a more equitable, sustainable, and resilient health system for Bermuda.

Madam Chairman, this ends my presentation on business unit 31015, Grant Administration

Corporate Services, 31020

Sen. Lauren Bell: Madam Chairman, the estimated budget for Head 21, Corporate Services Unit, is \$626,000. This unit serves as the Ministry's strategic engine, housing the leadership and planning functions essential to our mission. Central to this unit is the Policy Directorate, which manages the lifecycle of health legislation and policy from initial drafting to final evaluation.

Corporate Services also provides my office with direct administrative and advisory support necessary for stakeholder engagement and clear communication of Government objectives. This unit is critical to ensuring that every Ministry's initiative is data-backed, agile, and fully aligned with our national health reform goals.

Madam Chairman, this ends my presentation on business unit 31020, Corporate Services.

National Health Emergency, 31997

Sen. Lauren Bell: Madam Chairman, for the fiscal year 2026/27, there has been no budget allocation for the National Health Emergency Unit. Many of the responsibilities for emergency preparedness, including maintaining and exercising the Public Health Emergency Response Plan, coordinating simulation exercises, strengthening inter-agency readiness, and ensuring alignment with international health security obligations, continue to be absorbed across the existing business units, ensuring that Bermuda remains resilient and ready to respond effectively to avoiding public health risks.

Madam Chairman, this ends my presentation on business unit 31997, National Health Emergency.

Madam Chairman, this ends my presentation on the first programme under Head 21, General.

And I will now address the second programme under Head 21, Office of the Chief Medical Officer. 2102.

Office of the Chief Medical Officer (OCMO), 2102,
Expenditure Overview

Sen. Lauren Bell: Madam Chairman, the estimates of expenditure and revenue and the FTEs for programme 2102, Office of the Chief Medical Officer, is under Head 21 [and] can be found on pages B-150 through B-152 of the Budget Book. Its total budget for fiscal year 2026/27 is \$2,138,000, which funds three business units: 31030, Health Care Registration and Regulation; 31040, Epidemiology and Surveillance Unit; 31050, Port Health. The office consists of 13 FTEs

Madam Chairman, the OCMO serves as a vital authority in protecting our community's well-being through rigorous regulations and strategic oversight. Its core mission involves upholding the standards of our health care workforce through professional registration and maintaining strict controls over pharmaceutical distribution. Furthermore, the office spearheads our epidemiology and disease surveillance efforts, fulfils essential statutory health duties, and leads the Island's health emergency planning, resilience, and response, ensuring Bermuda is prepared for any public health crisis.

Health Care Registration and Regulations, 31030

Sen. Lauren Bell: Madam Chairman, an allocation of \$898,000 was made for the Health Care Registration and Regulations business unit. The Office of the Chief Medical Officer serves as the primary regulatory body for medical practitioners and pharmacies across Bermuda. Beyond its licensing duties, the Office provides the essential administrative framework for the Bermuda Medical Council, with the CMO acting as the Executive Officer. By presiding over the Professional Conduct Committee, the Office ensures that patients' grievances are addressed and that the integrity of medical and pharmaceutical care remains beyond reproach.

Madam Chairman, over the last fiscal year, this business unit has demonstrated its commitment to the health care sector through high-volume, high-precision service delivery. Specifically, the team managed the registration of more than 200 fully licensed medical practitioners and adjudicated over 250 applications for controlled pharmaceutical drug licences. These figures represent more than just paperwork, but rigorous checks and balances that uphold the quality and safety of health care services across our Island.

The Registration business unit continues to meet its performance benchmarks with consistency. By maintaining exhaustive and accurate professional registers and supporting statutory boards in their disciplinary and licensing duties, the OCMO acts as a critical

gatekeeper. This ensures that only those with appropriate qualifications are authorised to practice.

Madam Chairman, the OCMO's role is equally vital in its capacity as a strategic advisor to the government and a facilitator of legislated health functions. Crucially, the Office serves as Bermuda's Public Health Focal Point, which is the dedicated conduit for real-time health intelligence from international authorities, including the World Health Organization [WHO], Pan American Health Organization [PAHO], the United Kingdom Health Security Agency [UKHSA], and the Caribbean Public Health Agency [CARPHA].

Our collaboration with these global partners is an investment in our local workforce, providing access to specialised training and technical facilities. Furthermore, these alliances bolster our national resilience, offering the expertise required to mitigate and manage public health emergencies, ranging from disease outbreaks to the health impacts of extreme weather and natural disasters.

Madam Chairman, this ends my presentation on business unit 31030, Health Care Registration and Regulations.

Epidemiology and Surveillance Unit, 31040

Sen. Lauren Bell: Madam Chairman, the Epidemiology and Surveillance Unit (ESU) has been allocated \$699,000 for fiscal 2026/27. The ESU delivers public health surveillance, produces priority population health indicators to support evidence-based decision-making, and fulfils national and international supporting obligations. Through continuous disease monitoring, data collection, analyses, and interpretation, the ESU supports timely public health action and preparedness for emerging health threats. The ESU works closely with health care providers, laboratories, regional and international partners to investigate unusual disease events associated with public health risks and coordinates appropriate response actions. Core functions include case investigation, contact tracing, and case management, which remain essential to preventing and controlling outbreaks. The Unit's work also supports compliance with international health security obligations.

Madam Chairman, following a confirmed measles case reported in 2024, the first in Bermuda in over three decades, the Epidemiology and Surveillance Unit undertook a comprehensive review of the outbreak response to strengthen future preparedness. During the 2025/26 fiscal year, the ESU led After-Action Review meetings with key stakeholders to assess response coordination, surveillance processes, and operational readiness. The review identified priority areas for improvement, including clearer inter-agency roles and responsibilities, refined escalation and notification pathways, stronger integration between surveillance and response operations, and the need to strengthen surge capacity and data flows.

In fiscal year 2026/27, the ESU will focus on implementing these recommendations through updates to surveillance and response protocols, targeted training and simulation exercises, enhanced coordination mechanisms, and continued collaboration with regional and international partners to ensure readiness for future outbreaks.

Madam Chairman, during the 2025/26 fiscal year, the ESU conducted a wide range of communicable disease investigations in response to reported cases, clusters, and signals identified through routine surveillance. Over 95 per cent of these investigations were initiated [within] established public health response timelines, aligned with internationally recognised early detection and notification benchmarks. This included investigations that required public communication and inter-agency coordination, such as confirmed cases of leptospirosis, where the ESU undertook case investigation, exposure assessment, and risk communication to inform appropriate public health response.

During the 2025/26 fiscal year, the ESU maintained ongoing syndromic and communicable disease surveillance to support early detection of public health risks. Most monitored syndromes and priority conditions remained within expected [levels], with targeted increases and alerts identified and managed appropriately. To support transparency and informed decision-making, the ESU publishes weekly updates and monthly Surveillance Summary Reports on its website and provides additional updates to the public through the website and other communication channels as required based on alert levels. These surveillance activities supported timely risk assessments and appropriate public health responses throughout the year.

Madam Chairman, during the 2025/26 fiscal year, the ESU has focused on the development and piloting of the Bermuda Health Information System (BHIS) to modernise surveillance and data management processes. This work included configuring system modules for surveillance use, testing workflows, and piloting data capture and reporting functions with selected users. The pilot phase supported [the] identification of system requirements, workflow refinements, and data quality considerations, while aiming to reduce reliance on manual and fragmented reporting processes.

In fiscal year 2026/27, the ESU aims to transition from piloting to implementation of the BHIS for routine surveillance activities. This will include expanding systems use across relevant programmes, strengthening data flows from laboratories and health care providers, and embedding BHIS into routine surveillance and reporting processes. Full implementation and support more timely reporting, improved data quality, enhanced analytical capacity, and more efficient use of surveillance data to inform public health action and health system decision-making.

Madam Chairman, population health surveillance remains a core function of the ESU, particularly

through the STEPS to Well Bermuda survey. During the 2025/26 fiscal year, the ESU continued implementation of the survey, which is designed to provide nationally representative data on risk factors for chronic non-communicable diseases. Implementation highlighted operational challenges, including workforce availability, field logistics, and participant engagement, which are not uncommon for large-scale population health surveys.

Nonetheless, the data collected through STEPS surveys are expected to yield important insights into key risk factors and health behaviours, supporting situational understanding and informing future public health planning. In fiscal 2026/27, the ESU will pursue complementary data collection methods to support continued monitoring of population health indicators.

In response to the rising prevalence of non-communicable diseases in Bermuda, the OCMO is actively developing chronic disease clinical standards and guidelines. Collaborating closely with the UHC project management team, the CMO is facilitating the creation of clinical standards for the treatment of common diseases in Bermuda. This initiative involves health care professionals and specialists from both the public and private sectors, ensuring a comprehensive approach to chronic disease management. The CMO further supports the UHC efforts by chairing the Clinical Senate and participating as a member of the UHC Steering Committee, thereby contributing to the strategic direction and the implementation of these initiatives.

These efforts are critical to ensuring consistency, quality, and equity in care across the health system. By establishing national clinical standards, the OCMO aims to align care practices with international best practices while adapting them to Bermuda's unique health care context. This work will help reduce variations in treatment across health settings, promote evidence-based decision-making, and improve patient outcomes—particularly for those conditions, such as diabetes and hypertension. As Bermuda continues to pursue UHC, the development and adoption of standardised clinical guidelines will serve as a foundation for improving the effectiveness and efficiency of health services across the Island.

Madam Chairman, the ESU team has been instrumental in building capacity for public health emergency response in Bermuda. Their work ensures that the country can rapidly detect, assess, and respond to health threats, minimising the impact on the population. The ESU played a pivotal role in completing the Bermuda Public Health Emergency Response Plan. [This simulation exercise planned for the fiscal year 2026/27, will serve as a critical test of the Plan's effectiveness, allowing for identification of gaps, refining of protocols, and strengthening of inter-agency collaboration.

The Office works to coordinate efforts and enhance Bermuda's preparedness for public health emergencies. This plan is scheduled to be updated

biennially to ensure its relevance and effectiveness and underscores the Ministry's commitment to maintaining a high-level preparedness and resilience in the face of evolving public health risks.

Madam Chairman, the scope and complexity of the ESU's responsibilities continue to expand, driven by evolving public health threats, increasing data demands, and growing use of digital surveillance systems. Sustained investment in workforce capacity, analytical skills, and supporting infrastructure is essential to ensure the Unit can continue to deliver timely surveillance, investigations, and public health intelligence. Without adequate capacity, there is a risk that gains in early detection and response could be undermined, resulting in delayed action and higher downstream costs.

Madam Chairman, this ends my presentation on business unit 31040, Epidemiology and Surveillance Unit (ESU).

Port Health, 31050

Sen. Lauren Bell: Madam Chairman, the Port Health business unit has a budget allocation of \$541,000 for fiscal year 2026/27. This Unit ensures Bermuda meets its obligations under the International Health Regulations in relation to travellers, conveyances, cargo, and points of entry. Their role is to mitigate public health risks at all points of entry by managing environmental health risks. This includes the issuance of Ship Sanitation Certificates and detecting, notifying, reporting, and controlling all potential health risks, including risks associated with food and vectors.

Madam Chairman, under the technical guidance of the World Health Organization [WHO], the Pan American Health Organization [PAHO], and the Caribbean Public Health Agency [CARPHA], Port Health completed the Level 3 Ship Sanitation Certificate course and participated in training on the Caribbean Vessel Surveillance System (CVSS), which is the electronic data sharing platform created to capture illness information, particularly disease outbreaks, in real or near real time on passenger vessels. This recent training builds capacity for a harmonised approach and promotion of consistency and uniformity in surveillance, coordination, and response during public health events.

Madam Chairman, in 2025, the Port Health Unit inspected over 30 cruise ships and luxury yachts and completed 12 cargo ship inspections. This business unit will continue to enhance its operations in the inspection of food items and medicines to safeguard the public, as there have been over 62 items inspected under the Public Health Act 1949. As recruitment efforts continue, the Unit's capacity will be strengthened. Overall, Port Health maintains its compliance, regulation, and authorised port health capacities for the issuance of Ship Sanitation Certificates and in 2026/27, looks forward to increasing public awareness of Port Health services through collaboration and education.

Madam Chairman, this ends my presentation on business unit 31050, Port Health. And this ends my presentation on Programme 2102, the Office of the Chief Medical Officer.

Capital Acquisitions

Sen. Lauren Bell: Madam Chairman, Capital Acquisitions for the Ministry of Health Headquarters can be found on page C-12 allocated \$47,000 for the purchase of new computers to replace outdated equipment and enhance operational efficiency.

Madam Chairman, this concludes my presentation on Head 21, Ministry of Health Headquarters.

Madam Chairman, can I just do a time check, please?

The Chairman: Yes, the time is 3:55 [pm] and we have until 6:54 [pm].

Sen. Lauren Bell: Thank you. Moving on to pages B-154 through B-157 of the Estimates of Revenue and Expenditure in the Budget Book. We are now on Head 22.

HEAD 22—DEPARTMENT OF HEALTH

Sen. Lauren Bell: Madam Chairman, it gives me immense pleasure to present the budget for Head 22, the Department of Health, found on pages B-154 through B-157 of the Budget Book. The current capital expenditure is estimated to be \$41,700,000 for 2026/27. This is an increase of 13 per cent, or \$4,936,000, compared to the original 2025/26 budget. The 2026/27 budget allocation for Head 22 also constitutes 14 per cent of the overall budget for the Ministry of Health.

Mission

Sen. Lauren Bell: The Department of Health's vision is *Healthy People in Healthy Communities*. The Department's mission is, *To promote and protect optimum health and well-being in Bermuda*.

Expenditure Overview

Sen. Lauren Bell: Madam Chairman, 300 Department of Health officers, page B-157, work in 26 public health programmes to ensure the health and well-being of the population. The 2026/27 full-time equivalent estimate is an increase of four posts, or 1 per cent, over post levels from the budget year 2025/26. The total number of FTEs reflects the unfreezing of posts from the 2024/25 fiscal year, as well as the reorganisation of the Occupational Safety and Health, Port Health, Child Care Regulations and Child Health business units of the department.

Revenue Overview

Sen. Lauren Bell: Madam Chairman, the projected revenue for the Department of Health, found on page B-156, totals \$4,011,000 in various fees, licences and medication.

Madam Chairman, I will first address the Administration programme under Head 22, which is 2205, Administration.

Programme 2205, Administration

Sen. Lauren Bell: The Department of Health section, 2205, Administration, comprises of business units of Administration, Health Promotion, Comprehensive School Health and Child Care Regulations. The Administration section consists of 12 FTEs.

Business Unit 32230, Administration,

Sen. Lauren Bell: Madam Chairman, the 2026/27 budget estimate for business unit 32230, Administration is listed on page B-155 and is \$925,000. This represents a decrease of \$70,000. This business unit is responsible for providing strategic direction, overseeing the recruitment and retention of a competent workforce to ensure the department delivers quality public health services to the community, managing the department's infrastructure, including facilities, vehicles and information technology and the budget monitoring and management. The business unit comprises of only three FTEs: the director, assistant director and administrative assistant.

Madam Chairman, the department is on track to achieve a 90 per cent staff retention rate and is aiming for a 95 per cent retention rate. The department is focused on succession planning for retention and to addressing attrition over the next 10 years due to retirements, contract expiry, resignations, and promotions and to provide opportunities for staff development in preparation of the next generation of leaders. With a large percentage of contract workers, the department continues to implement strategies to recruit and retain Bermudians. This includes bursary students and trainees in these hard-to-fill posts, including public health nurses, environmental health officers, speech language pathologists, physiotherapists, and laboratory analysts.

Madam Chairman, the department still has challenges in recruiting and filling posts within a timely manner and has introduced Key Performance Indicators to measure the length of time for local and overseas recruitments. Programme managers have also been trained as recruitment managers themselves, to lead in recruitment drives, thereby reducing the length of time of recruitment. This has shifted the primary cause of failed overseas recruitments from taking too long, to sticker shock, and the cost of living in Bermuda.

Madam Chairman, this ends my presentation on business unit 32230, Administration.

32240, Health Promotion

Sen. Lauren Bell: Madam [Chairman], the 2026/27 budget estimate for the Health Promotion and Wellness business unit of the Department of Health, listed at cost centre 32240 on page B-155 [of the Budget Book], is \$778,000.

Madam Chairman, Health Promotion is the first strategic principle of the Bermuda Health Strategy 2022–2027, highlighting healthy living and preventive care as essential to a strong, sustainable health system. The Health Promotion and Wellness Programme leads this effort by developing public health policies, programmes, and educational tools that empower individuals and communities to make healthier choices. Working with public health partners, the programme raises awareness, reduces risk factors, and supports wellness across the lifespan.

Madam Chairman, the annual Health Promotion Calendar highlights health-promoting activities led by the department and community partners. The 2025 edition, produced in partnership with the Bermuda Archives, featured the theme “Old Bermuda,” using historic photos to spark conversations with older adults and encourage them to share memories and stories, strengthening connections between older and younger generations and supporting social well-being and healthy ageing.

Madam Chairman, two of the Department of Health events on the calendar that Health Promotion annually supports are Public Health Week and Celebrating Wellness. Public Health Week, Madam Chairman, is a week-long observance dedicated to recognising the contributions of public health, celebrating successes, and highlighting issues critical to improving the Island's health. For 2025, the World Health Organization's theme “Healthy Beginnings, Hopeful Futures” was adopted. This campaign highlights the critical need to improve maternal and newborn health, aiming to reduce preventable deaths, promote quality care, and ensure better long-term health for mothers and babies.

Madam Chairman, the Health Promotion and Wellness Office hosted a Let's Talk panel discussion on the topic “Healthy Beginnings, Hopeful Futures: The First 1000 days of Life in Bermuda.” Bermuda's First 1,000 Days Integrated Care Pathway is a key initiative under its UHC programme, focusing on maternal and child health from conception to age two. It aims to enhance perinatal care, strengthen mental health support, and improve early childhood nutrition and development. The panel included local health professionals providing information and answering audience questions.

Madam Chairman, celebrating Wellness Week is an annual event geared towards increasing awareness and promoting measures to address the epidemic of non-communicable diseases, which continue to severely impact our health, economy, and sustainable development of Bermuda. The 2025 Celebrating

Wellness Week theme, “Engage, Empower, Elevate” brought the community together to improve health and well-being through free, fun, and accessible activities.

During Celebrating Wellness Week, three community events were conducted focusing on community, families, and corporate groups including:

- Dancing in the City, which was an evening of fun, music, and movement.
- Family Fitness Fun, which brought together the whole family for an evening of movement, laughter, and wellness—promoting healthy habits, reducing stress, and creating lasting family memories.
- The Corporate Team Fitness Challenge, which brought together coworkers for team games, group fitness, and fun activities that build teamwork, boost morale, and promote workplace wellness.

These events promote healthier lifestyles, strengthen community connections, and support both physical and mental well-being. They also align with the Government's 2025 Throne Speech commitment to make wellness and prevention national priorities.

Madam Chairman, the 3rd annual Move More Bermuda Games was postponed [to] 2026 due to scheduling conflicts and will take place on Friday, 5 June 2026. The Move More Bermuda Games is part of the Department of Health's Move More Bermuda campaign which was launched in 2011. These initiatives aim to promote the importance of incorporating physical activity into our daily lifestyle.

Madam Chairman, continuing the work on destigmatising mental health, in 2025, nearly 200 professionals participated in the Community Adolescent Mental Health Training Programme. The cohorts were composed of professionals from the Department of Education, the Department of Health, the Bermuda Hospitals Board, the Department of Child and Family Services, the Office of Youth Affairs, the Department of Corrections, partners from the Nonprofit Alliance, as well as members of the public.

A training schedule has been created for the year, offering at least one training per month and instructors are now all certificated to deliver courses virtually and in-person. Moving forward we will be able to offer a half-day introduction session and a shorter course for those who need to refresh their mental health knowledge and skills. We are conducting research among those who previously took the course to see how it has impacted those who work with adolescents.

Madam Chairman, the Well Bermuda Strategy to Improve the Nutrition Environment of Bermuda 2026–2030 was developed in close collaboration with 43 community members representing the farming industry, health care providers, education, health [and] environment sectors, health promotion and disease prevention services, community organisations, churches, parish councils, and the private sector in a

consultative stakeholder engagement workshop conducted in June 2025.

Participants exchanged diverse perspectives and insights about the critical experiences and observations and proposed actionable approaches to strengthen Bermuda's nutrition environment. Following the workshop, a draft copy of the Strategy was provided to stakeholders in September 2025 to obtain input and feedback. Stakeholder consensus around the four pillars of actions for this Strategy, which include Prevention, Promotion, Policy and Partnership, underscore the need for a coordinated and multi-tiered approach to improving nutrition and building a Well Bermuda.

The four pillars of the Well Bermuda Strategy 2026–2030 are as follows:

1. preventing nutrition-related diseases through upstream interventions,
2. promoting healthy eating and [active] lifestyles across all life stages,
3. implementing policies that enable a sustainable nutritional environment; and
4. strengthening multi-sectoral partnerships for coordinated and lasting impact.

To successfully implement the Well Bermuda Strategy 2026–2030, a national intersectoral steering committee and subcommittees will be established to lead the implementation and monitoring of the Strategy.

The Strategy will be officially launched this month, March 2026.

Madam Chairman, this ends my presentation on business unit 32240, Health Promotion.

32265, Comprehensive School Health

Sen. Lauren Bell: Madam Chairman, the 2026/27 budget estimate for the Comprehensive School Health, also known as Healthy Schools, business unit 32265 on page B-155 is \$175,000.

Healthy Schools promotes health in schools through the Department of Education, the National Drug Control and Mirrors, and the Department of Child and Family Services as well as community health partners such as the Bermuda Diabetes Association, Bermuda Cancer and Health, and the Bermuda Underwater Exploration Institute. This business unit also collaborates with other Department of Health school-based programmes, including Child and School Health, Nutrition Services, Oral Health, Community Rehabilitation Services, and Environmental Health.

Madam Chairman, the Healthy Schools Programme collaborates with schools to implement 10 components of health and integrate them into academics. Schools receive tips for making improvements and feedback about what health looks like on their campuses. Each April/May, schools compete in a self-assessment that they are compliant with the 10 components of health and their progress is celebrated [at] the Annual Healthy Schools Awards Ceremony in May. The 10 components of health under Healthy Schools

have been adopted by 32 of the 33 public and private schools since 2007.

In compliance with the school nutrition policy, the Healthy Schools team is working more closely with the Department of Education to limit all fast-food deliveries to schools for any reason and food-focused fundraisers to no more than once a month. Healthy Schools has provided schools with recommendations for non-food fundraisers and rewards. Additionally, all public and private schools have at least one filtered bottle-filling station and/or a filtered water system, making fresh, clean water the easiest choice. Healthy Schools supports and recognises those schools that choose to implement their [own] water-only policy.

Madam Chairman, a healthy lifestyle assembly is provided by Healthy Schools in as many preschools, middle, senior schools, and camps as possible, which includes fun and interactive discussions about the importance of adopting, practicing, and maintaining healthy habits and lifestyles.

The Healthy Schools programme has also designed a Wellness Wednesday Calendar that preschools and schools can use to highlight healthy habits each Wednesday. Students and staff are also encouraged to practice one healthy habit throughout the week. Healthy Schools has developed a School Health Policy Manual that schools can reference when they have a question or concern related to safety and health at school. All schools have received one and are due to receive the third edition soon.

Madam Chairman, in 2026/27, Healthy Schools will continue to encourage schools to grow edible plants, fruits, and vegetables. Also, to help students understand their own health-related fitness, Healthy Schools will continue to work with the Department of Education's Curriculum Officer for Physical Education and Health to improve the completion of the FitnessGram assessments for P5 through S4 students in terms one and three. Meetings are planned to encourage schools to integrate small bursts of physical activity throughout the day in the classroom, and to implement the Daily Mile with students and staff each morning.

Healthy Schools and the Department of Education's facilities manager, in partnership with the Environmental Health Programme, work closely with school custodians and cleaning companies that clean schools to raise their environmental cleanliness standards through frequent inspections, and provide feedback to each school custodian for improvement.

Madam Chairman, since 2020, Healthy Schools has been working with public and private schools to improve compliance with the Bermuda School Asthma Policy and ensure optimal environmental health in schools, by having schools reduce clutter in classrooms and other school areas; and eliminate the use of plug-in air fresheners and aerosol sprays.

Madam Chairman, since the summer of 2021, Healthy Schools has been coordinating out-of-school camps during all school breaks and after-school

programmes throughout the school year. To ensure children's safety and health, Healthy Schools provides support and public health updates, monitors safety and health standards, and conducts surveillance visits, as needed. Discussions have commenced with the desired result of setting standards for camps to ensure the safety and health of all children in out-of-school camps and after-school programmes.

Madam Chairman, this ends my presentation for business unit 32265, Comprehensive School Health.

32290, Child Care Regulations

Sen. Lauren Bell: Madam Chairman, the 2026/27 budget estimate for the Child Care Regulations (CCR) business unit 32290 on page B-155 is \$846,000, which is an increase of \$336,000, or 66 per cent. This funding ensures the continued success of programmes that have five full-time staff members, who help to ensure long-term continuity and stability for childcare oversight in Bermuda. Additional funding in 2026/27 is provided for child safeguarding and enhanced training and development for day care providers and day care centres.

Madam Chairman, this business unit remains steadfast in its responsibility for the registration certificates of day care providers [DCP] and licences for day care centres [DCC]. I am pleased to report significant gains in our operational reach. They include the following:

- A remarkable 91 per cent completion rate for S.T.A.R.S. inspections across all DCCs and DCPs which evaluated performance on domains such as child supervision, safety, sanitation, health, and parental and family engagement.
- Investigations of complaints within the strictly allotted 48-hour timeframe for safety concerns and five days for non-safety risks. This efficiency is sustained through our robust and ongoing working relationships with the Bermuda Police Service [BPS] and the Department of Child and Family Services [DCFS].
- The offering of targeted information sessions conducted online for DCPs and in-person for DCCs to provide crucial updates and practical tips for navigating the S.T.A.R.S. inspection framework.

Madam Chairman, the Developing Professionals Programme (CCR's capacity building programme for day care professionals) has seen exceptional growth this year, offering 11 comprehensive workshops. These sessions were facilitated by a diverse group of experts, including CCR staff, Department of Health professionals such as health visitors, nutrition services and occupational therapists, and external specialists such as ParentGuide.

Notably, we have partnered with the UK Health Security Agency (UKHSA) to introduce the e-Bug

initiative to our day care centres. These teaching resources are specifically designed to promote positive behaviour changes in children to prevent the transmission of infections. This training was offered to all centres through our professional series, with one centre inviting the development officer to host a dedicated session with their children. Participant feedback from e-Bug training has been overwhelmingly positive, and all participants [can] now access these valuable resources for free online to implement in their own programmes.

Madam Chairman, the CCR programme is also introducing a new Extra Support Pilot project, an initiative that utilises a three-tier support model to help centres thrive, including:

- Tier 1: Core support, which involves sharing resources, updating policies or recommending trainings for staff.
- Tier 2: Strategic support which could include an operational observation with recommendations, presentations at a centre staff meeting on a specific topic or the provision of feedback for inspection preparation.
- Tier 3: Intensive support which involves specific training typically required following a substantiated complaint or investigation to ensure issues are resolved and do not reoccur.

Madam Chairman, while these successes are praiseworthy, there are still challenges facing the sector. For the Bermuda College Child Care Certificate programme, only 4 out of 15 eligible persons participated in the third cohort. Barriers such as the cost of the programme and the time constraints of staff who work during the day and attend classes in the evening must be addressed to further support professionalisation in the field.

Madam Chairman, the CCR team remains committed to its mission: *Happy, Healthy, and Safe Child Care*. Stakeholders continue to have a voice through the Relationship Building and Collaboration Survey and dedicated quarterly meetings where providers can learn from one another. Additionally, in January of this year, a "Mix and Mingle" event was hosted in recognition that while many providers work in the same field, they often do not know their colleagues. It was a successful afternoon that allowed the dedicated providers and [child care] centre operators in Bermuda to connect and build a stronger, more unified child care community.

Madam Chairman, this [ends my] presentation on business unit 32290, Child Care Regulations.

And this ends my presentation on section 2205, Administration. The second section that I will present under Head 22 is Community Health.

Programme 2201, Community Health

Sen. Lauren Bell: Madam [Chairman], the Department of Health's section 2201, Community Health, on page B-154 of the Budget Book comprises 13 business units

and has [for] 2026/27 an estimated budget of \$30,445,000. Overall, this represents an increase of 14 per cent over the 2025/26 original budget. The business units for the Community Health Programme consist of 222 full-time equivalents.

Business Units 32000 and 32015
Lefroy [House] Care Community and
Sylvia Richardson Care Facility

Sen. Lauren Bell: Madam Chairman, the Department of Health operates two exemplary long-term care facilities: the Sylvia Richardson Care Facility in St. George's and Lefroy House Care Community in Sandys.

Madam Chairman, the 2026/27 budget estimate for Lefroy House Care Community (otherwise known as LHCC) listed as business unit 32000, on page B-154, is \$6,215,000. The 2026/27 budget estimate for Sylvia Richardson Care Facility, listed as business unit 32015, also on page B-154, is \$7,171,000. These amounts are increased by 17 [per cent] and 15 per cent, respectively, from the original 2025/26 budget amounts.

Both facilities provide care and promote independence and optimal health for persons aged 65 years and over, who have significant nursing and care needs requiring 24-hour facility-based care. The two facilities are residential care communities, providing comprehensive medical, nursing, environmental, and recreation services to the residents and respite care elders. Our aim is to maintain and improve quality of life for our elders and their loved ones.

Madam [Chairman], at Lefroy House, the physical bed capacity is maintained for 32 residents, including two respite beds. Infrastructure projects continue to improve and optimise the living space for elders. This includes the replacement of porch covering material in the courtyard area that is underway, with internal ceiling areas to recommence next.

The redesign of the new Lefroy House Care Community was awarded to Geoff Parker Architects following a design competition held last July. There is a steadfast commitment to invest in the infrastructure to improve the capacities and environment for the care of our seniors.

With the ongoing improvements, LHCC has been able to improve its operating licence score from a "C" to an "A" this past licensing period, enabling LHCC to continue to operate at full capacity. Respite care has commenced without receiving much needed new beds. Furthermore, educational opportunities continue to be facilitated so that the staff have the required skill set to continue to provide a high level of care.

Madam Chairman, maintaining the required minimum staffing levels, 24 hours per day, while ensuring coverage is found for staff who are out on sick leave and vacation have resulted in significant overtime expenditure. The operating costs have increased

significantly, especially for the cost of supplies, food, and utilities. Additionally, the costs for repair, replacement of equipment, and maintenance have increased, including the updates for the door lock system which crashed, and installation of cabling to accommodate the new fibre phone system.

Madam Chairman, an online survey was created for the family members of residents at LHCC to ascertain feedback on the facility's service delivery. Madam Chairman, 53 per cent responded with overall satisfaction with the care provided. Areas identified for improvement were furnishings and communication infrastructure throughout the facility to increase access to registered nurses.

The LHCC management and staff are committed to enhancing the quality of care through staff education and capacity building. Staff participated and completed several training courses, including Safety Care Training, Fit Testing, ServSafe Certification, and Mental Health First Aid.

Madam Chairman, the Sylvia Richardson Care Facility (otherwise known as SRCF) is continuing to work on its infrastructure, as attention is required on the exterior of the building. Replacement of the flooring is required in most areas. The ageing water pumps require replacement to establish reliable water pressure and safety. The funding to this unit will help reduce maintenance costs and ensure compliance with facility standards. An independently provided survey on the condition of the facility is being used to guide the programmed maintenance of SRCF.

Heating, ventilation, and air conditioning [HVAC] units need continued upgrading to improve climate control and energy efficiency. Funds will enhance resident thermal comfort, reduce energy use, and require [fewer] emergency repairs. These initiatives will have significant upfront costs, but a long-term reduction in utility expenses.

Madam Chairman, more staff education is also planned for the team focusing on dementia care and cardiopulmonary resuscitation [CPR] training for the Dietary and Handyman Departments. Funding for education and workshops in this unit will help improve resident, family and staff relationships, in compliance with best practice.

Madam Chairman, higher overtime usage is also being experienced at the SRCF due to staff shortages and unexpected absences. The notable rise in payroll expenses requires further review and continued recruitment.

Furthermore, last year has shown rising prices in food, medical supplies, utilities, and contracted services. Consequently, the facility is experiencing higher operational costs due to inflation and overtime. While the upgrades require more funding, there will be a reduction in long-term maintenance and utility expenses. The budget accounts for rising overtime needs and inflation to ensure stable, high-quality service delivery throughout the year. Finally, tendering for the design

phase for up to a 24-bed extension at the SRCF is also anticipated in fiscal year 2026/27.

Madam Chairman, the SRCF team is committed to enhancing residential care and operational efficiency by upgrading essential infrastructure, strengthening staff training, and promoting a competent environment. Additionally, the Sylvia Richardson Care Facility, with good effect, has introduced family meetings to improve communications overall.

Madam Chairman, this ends my presentation on business units 32000, Lefroy House Care Community and 32015, Sylvia Richardson Care Facility.

32010, Community Health Administration
32060, Community Health

Sen. Lauren Bell: Madam Chairman, the 2026/27 budget estimates for business units 32010, Community Health Administration, and 32060, Community Health (which funds the nursing team) found on page B-154, are \$2,258,000 and \$2,433,000, respectively.

Community Health Administration's budget in 2026/27 will increase by \$685,000 which is a 44 per cent increase. These costs will be used for digitalisation of paper records; relocation of the Stores Department away from the Hamilton Health Centre thereby freeing up space for client facing services; and staffing costs including the training of a public health nurse trainee.

The Community Health Nursing budget for 2026/27, will increase by \$132,000, which is a 6 per cent increase.

Madam Chairman, the Community Health Administration business unit consists of administration support and health education. The business unit provides administrative support for the programmes offering preventive and curative services including child health, school health, travel health, immunisations, community nursing, sexual and reproductive health, nutrition, clinical laboratory, rehabilitation, speech and language pathologists, two long-term care facilities, vaccine storage, medical and office supplies, and logistics. The programme assures conditions in which the facilities can operate safely, effectively and efficiently for clients and staff.

Madam Chairman, redesign of the Hamilton Health Centre is urgently required to modernise and provide services and equipment for this area, particularly for persons living with disabilities, mobility adaptive equipment, and accommodations for other access, safety and health, functionality, and privacy considerations. To date, the clinical laboratory was repurposed to accommodate staff.

Moving forward, the anticipated recruitment of new staff within the Community Health Administration requires new workspace to enhance the public health programmes. Establishing positive practice environments is an essential strategy for the retention of the health workforce.

Madam Chairman, construction work on Mangrove Bay Clinic is substantially complete with an anticipated occupancy in May 2026. There were two vehicular replacements [and] one new vehicle added to the fleet, as well as upgrades to the recharging electrical stations for universal use.

At the St. George's Clinic, windows in the waiting area were replaced and a new security alarm system was installed.

At the Warwick Clinic, some renovations were done involving entry ways for safety and health purposes.

Madam Chairman, the demands on the social worker team remain high. In 2024/25, there were a total of 141 new referrals. Of the new referrals, 67 per cent, or 68 clients, were discharged following resolution of the primary issue.

This is reflective of the team's effective and efficient role in helping to meet the increasing needs of the community and connecting persons with the appropriate services. The main reasons for social worker referrals were financial hardship, care support, and care home placement assistance. The complexities of cases are related to a lack of health insurance, limited access to essential medications, and the inability to secure affordable housing. In this regard, collaborations with NGOs are ongoing to address the challenge of homelessness, a social determinant of health.

Madam Chairman, the majority of the referrals have been received through the Adult Preventive Health Community Nursing programme, which has been instrumental in identifying persons in need. In 2025, there were 1,560 service events which included home and office visits, collaboration and correspondence with other agencies, family correspondence, and transportation assistance. Additionally, ongoing representation of Community Health in the bi-weekly long-term care committee meetings ensures an efficient admission process to the Government long-term care facilities for seniors.

In 2025, Madam Chairman, the Community Health Administration's programme efforts focused on training, succession planning, and cross-programme integration. The celebration of World AIDS Day, the expanded programme on immunisations, and other observation days on the health promotion calendar were priorities. Podcasts were also introduced as a strategic tool for enhancing health literacy.

Madam Chairman, there have been significant delays with implementing the reorganisation of the Community Health Restructure, primarily because of the lack of human resources. And in this regard, the report for the Nursing and Midwifery Workforce Survey was completed, with implications for attracting, recruiting, and retaining nurses to meet the future health care needs of our community.

There is a need to invest in facility modernisation, especially if technological advances are to be incorporated into service delivery and services are

expanded to include the adult population who are under- and/or uninsured. Our health facilities and services must be fit to accommodate the needs of our ageing population.

Madam Chairman, the 2026/27 budget estimate for Community Health, business unit 32060, is \$2,433,000.

The Community Health Nursing Team comprises of highly skilled, dedicated nursing staff and is currently staffed by one community health coordinator, nine public health nurses, and one community health worker. A recruitment initiative is underway currently to secure one advanced practice nurse. In addition, plans are underway to reclassify two public health nurse positions to senior public health nurse roles to strengthen clinical capacity, leadership, and the scope of practice within the service.

Moreover, the transition of two community health social workers has proven to be a vital enhancement to the team, given the increased volume and complexity of social issues encountered. Their expertise has strengthened the team's capacity to assess and respond to systematic barriers faced by clients, resulting in more coordinated and effective support services. Preliminary findings indicate that many barriers to cardiovascular disease risk reduction are not solely attributable to individual behaviours, but are influenced by broader structural and socioeconomic factors, including access to services and other context-specific determinants of health.

In this regard, the multidisciplinary team will continue to document these barriers to inform service planning and support future research and strengthen local evidence base for equitable and sustainable preventative strategies in Bermuda.

Madam Chairman, the HEARTS initiative utilises a standardised clinical protocol for the treatment and management of hypertension in primary care. It has been effective in strengthening clinical follow-up, blood pressure control, and continuity of care through a coordinated multidisciplinary clinic model.

The adult health clinics leads clinical management using team-based care, evidence-based treatment protocols, and monitoring systems to improve population health to guide quality improvement. These efforts are supported by the Nutrition Services team, which supports client behaviour change and readiness for sustained lifestyle transitions. This integrated approach is improving hypertension management and reducing cardiovascular risk across the community.

The department's report and submission on prioritising accessibility health care for hypertension management to achieve universal health coverage was accepted and published by the PAHO/WHO and selected as one of four featured practices from successful submissions by 44 countries across the region of the Americas. Additionally, at the invitation of the PAHO/WHO, the Bermuda team travelled to the Cayman Islands to share implementation experiences and

conduct quality improvement sessions to strengthen HEARTS locally. This collaboration demonstrates Bermuda's leadership in regional knowledge exchange, supporting Cayman Islands as they newly join the Americas in implementing the HEARTS initiative.

Madam Chairman, during the 2024/25 fiscal year, a total of 87 adult preventative clinics were delivered, including wound care clinics that were conducted four afternoons weekly compared to 55 clinics in the previous year. A total of 776 patients were seen for new and follow-up appointments, wound care, education, and blood pressure and glucose monitoring, representing a 37 per cent increase from the previous year when 566 patients were seen. The growth in clinic volume, patient numbers, and case complexity underscores the need for expanded adult health services, improved access to appropriate facilities, and strengthened the advanced practice nursing roles.

Madam Chairman, over 6,780 home visits were conducted supporting wound care management, post-discharge follow-up, maintenance of client independence, long-term care assessment, and ongoing health education. A significant portion of clients were linked with two or more agencies, and the volume of clinics delivered, clients served, and home visits conducted reflects both the essential role of the community health nursing and the growing needs of the population. These trends reinforce the need for a modernised, adequately equipped facility to support service expansion and quality improvement.

Community health nurses have also ensured continued service delivery to homebound clients, reducing pressure on acute care services. Madam Chairman, community nursing activity was analysed using a visitor-based population approach, reflecting care delivery across a dynamic caseload. During the reporting period, 62 per cent of the visits addressed low-dependency needs, while 33 per cent medium-dependency needs, and 4 per cent high-dependency needs. While a large portion of visits relate to low-dependency health maintenance needs, these visits remain time-intensive and essential to sustaining client independence and preventing deterioration. A smaller cohort presents with high-dependency needs require ongoing resource-intensive support.

Madam Chairman, patient satisfaction surveys indicate high levels of satisfaction with service accessibility and response times, with 88 per cent of clients reporting being very satisfied with care received. Throughout the year, the team participated in 19 health promotion activities and education sessions, conducting screenings and referrals as appropriate. The team also supported emergency response efforts during hurricane season, with staff deployed to the CedarBridge Academy shelter during Hurricanes Imelda and Melissa.

Madam Chairman, funding allocated to these service areas supports not only clinical care, but also addresses social determinants of health, strengthens

partnership, and promotes a culture of prevention across Bermuda's community system.

Madam Chairman, this ends my presentation for business units 32010, Community Health Administration, as well as 32060, Community Health.

32030, Child Health

Sen. Lauren Bell: The 2026/27 budget estimate for Child Health, listed as business unit 32030, on page B-154 is \$3,185,000, representing an increase of \$61,000, which is a 2 per cent increase.

Madam Chairman, the Child Health Unit consists of three subprogrammes, including immunisation, child health, school health, including asthma education and travel health. These sub-programmes provide preventative and curative health services for infants, children, adolescents, adults, seniors, and the travelling public. These are conducted through various clinics, schools, and community settings. Services include health and development assessments, screenings, referrals, treatment of minor ailments, health education, health promotion, anticipatory guidance, adult and senior immunisations, and travel consultations for travel to high-risk areas.

Madam Chairman, the Child Health programme has achieved favourable results with 86 per cent of parents of newborns receiving home visits within 14 days of birth. Madam Chairman, 100 per cent of mothers were screened for maternal well-being. This increased percentage also accounts for new mothers who had moved to the Island and those who required repeat screening. Three per cent of mothers screened were referred to specialist mental health services or given extra support from health visitors such as listening visits.

Madam Chairman, health visitors are essential in delivering health services to the community and families with children under the age of five. Little Listeners, which is a successful initiative spearheaded by a health visitor in partnership with the Youth Library services, was piloted this [past] year. The purpose of this initiative is to strengthen community ties, enhance social development, increase father involvement, and support [early] literacy.

Madam Chairman, to combat childhood obesity at an early [age], initiatives to promote and increase breastfeeding rates need to occur. The exclusive breastfeeding rate at six weeks postpartum is 53 per cent, up from 44 per cent in the previous year. With the aim of continuing this upward trend, interventions such as one-on-one breastfeeding sessions, group classes, special initiatives during breastfeeding awareness month, and collaboration with King Edward VII Memorial Hospital and the National Breastfeeding Committee will continue.

Madam Chairman, the school health programme has slightly increased its human resources but is still operating with far fewer staff than its FTEs

capacity. In the 2024/25 school year, 46 per cent of the school health assessments for five-year-old [children] were completed, 2 per cent less uptake than the previous year. School nurses are working diligently to promote this free service. Last school year, 23 per cent of five-year-olds were identified as overweight or obese, which represents an increase of 2 per cent from the previous year. And in this regard, school nurses are implementing preventative measures such as nutrition talks, promoting physical activity, and referring students to public health nutritionists.

Furthermore, to support these efforts, Child Health team nurses received comprehensive training from the Caribbean Public Health Agency, [or CARPHA]. This training focused on accurate techniques for measuring children's growth and developing motivational intervention skills to provide effective nutritional counselling based on growth assessments. These interventions address key issues including childhood obesity and malnutrition.

Madam Chairman, the primary focus for the school asthma education programme was to follow up with students who missed school due to asthma-related illnesses. It highlights the importance of consistent, proactive asthma management and the need for a robust support system in schools. The school asthma nurse provides asthma education sessions to school staff and encourages schools to host Bermuda Cancer and Health Centre talks on smoking, marijuana, and vaping.

Madam Chairman, lastly, the demand for the travel health services has increased this past fiscal year with 721 consultations, which is 77 more than the previous year. Reminders were sent to the public encouraging individuals to book appointments two to three months prior to travel to ensure adequate immunity and to receive key travel health safety information. Travel consultations provide education on water, food and vector-borne illnesses, and prevention to reduce the risk of Bermuda residents returning with infectious diseases. Work is underway to digitalise the appointment system that will allow clients to book their own appointments.

Madam Chairman, this ends my presentation for business unit 32030, Child Care [sic].

Madam Chairman, the 2026/27 budget estimate for Expanded Programmes for Immunisation listed as business unit—

The Chairman: Sorry, Senator Bell. So that was 32030, you said Child Care, but you meant Child Health?

Sen. Lauren Bell: Correct, 32030 is Child Health.

And now we are at 32070, Expanded Programme for Immunisation.

Madam Chairman, before I start this one, can we get a time check, please?

The Chairman: Yes, it is 4:55 and we have until 6:54, so just shy of two hours.

32070, Expanded Programme for Immunisation

Sen. Lauren Bell: Thank you, Madam Chairman.

The 2026/27 budget estimate for the Expanded Programme for Immunisation listed as business unit 32070 on page B-154 is \$1,312,000 and remains relatively unchanged compared to the fiscal year 2025/26.

The Expanded Programme for Immunisations (otherwise known as EPI) is Bermuda's national framework for preventing vaccine-preventable diseases across the life course. It aims to reduce morbidity and [mortality], ensure equitable access to vaccines, standardise immunisation services, and support disease control, elimination, and eradication in alignment with the World Health Organization and the Pan American Health Organization guidance. The programme also strengthens the health system through surveillance, workforce development, and improved service delivery infrastructure.

Madam Chairman, Bermuda's EPI provides immunisations for infants, children, pregnant women, adults, seniors, travellers, and other vulnerable groups. Vaccines are primarily procured through the PAHO Revolving Fund to ensure quality, safety, and cost-effectiveness. Delivery occurs through both public and private sectors. In 2025, the programme transitioned to a dedicated business unit, 32070, fully separating from 32030 Child Health business unit with reorganisation continuing towards full operational maturity.

Madam Chairman, post-COVID-19, declines in routine vaccine coverage alongside persistent misinformation and vaccine hesitancy continue to challenge uptake, particularly for measles, mumps, and rubella and the human papillomavirus (HPV) vaccine. A regional measles outbreak and two confirmed measles cases in Bermuda within the past year underscore the ongoing risk of disease importation and community transmission.

Following the 2024 measles outbreak, the first dose MMR coverage exceeded 95 per cent in 2025. This improvement is partially attributed to the revision of the immunisation schedule to administer the first MMR [dose] at 12 months and the second [dose] at 18 months of age, instead of four to six years old.

Additionally, administration of the tetanus, diphtheria, and pertussis, which is the Tdap, vaccine to antenatal mothers increased from 23.5 per cent in 2024 to 24.0 per cent in 2025, representing a 2.13 per cent increase.

Madam Chairman, despite these gains, the proportion of children vaccinated by two years of age remains below the 96 per cent target. Coverage for the primary series is approximately 90 per cent, indicating the need for continued targeted interventions. Addressing vaccine hesitancy through community engagement, partnerships with trusted leaders, and collaboration

with health care professionals remains a strategic priority.

Madam Chairman, during the 2024/25 influenza season, 1,983 influenza vaccines were administered, including 1,070 doses to individuals aged 65 years and older including long-term [care] residents. The Department of Health's Flu Express campaign, which was held in October and November 2025, vaccinated 821 clients, predominantly aged 65 years and older, with online registration and payment improving access and client flow. From October 2025 to January 2026, Madam Chairman, 1,902 influenza vaccines were administered. A total of 3,150 doses were distributed to private facilities. Overall, 4,800 influenza doses were procured, with 4,512 distributed excluding privately imported vaccines.

Madam Chairman, the expanded use of the Electronic Immunisation Registry (EIR) has strengthened data quality, reporting timeliness, and coordination across providers. Stakeholders are now routinely using the EIR for immunisation documentation and online vaccine ordering, improving operational efficiency.

Madam Chairman, in 2025, Bermuda's EPI demonstrated measurable progress despite resource constraints. Sustained collaboration across government, health care providers, and communities is essential to main coverage gains, address hesitancy, and strengthen programme resilience. While business unit 32030 continues to face staffing and operational pressures, active recruitment efforts are underway to support long-term programme benefits.

Madam [Chairman], this ends my presentation for business unit 32070, Expanded Programme on Immunisation.

32040, Sexual and Reproductive Health

Sen. Lauren Bell: Madam Chairman, the 2026/27 budget estimate for Sexual and Reproductive Health, listed as business unit 32040 on page B-154 is \$1,052,000. Savings are being achieved by delaying the recruitment of a vacant administrative post for part of the year.

The Sexual and Reproductive Health (the SRH programme) consists of two sub-programmes: maternal health and communicable diseases. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, and the programme addresses this through high-quality information and education, along with treatment and interventions.

Services provided include antenatal and postnatal care, cervical screening, mammogram referrals, family planning, emergency contraception, free condoms, pregnancy testing, unplanned pregnancy advice, testing and treatment of sexually transmitted infections, testing for HIV and counselling, contact tracing, and vaccines for the HPV, among others. These

services are offered to both the uninsured and underinsured populations at low cost.

Madam Chairman, this budget brief outlines service demands, activity trends, and clinical workloads within the SRH services to support continued and enhanced funding. The data [shows] sustained high utilisation, increasing complexity in sexual health screening, and ongoing need for family planning, pregnancy-related and cervical screening services.

Total pregnancies increased by 18 per cent in comparison to the previous year, while 14 per cent of pregnancies were unplanned, representing a decrease by 8.2 per cent. They remain a significant component of service demand and underscore the ongoing need for accessible family planning and sexual health education.

Madam Chairman, demand for family planning services remains consistently high across all age groups. There was a reduction of 27.4 per cent in first-time family planning starters in 2025, but ongoing appointment volumes indicate sustained need for clinical capacity. Teenage family planning appointments decreased by 16.5 per cent as a result of young people living abroad for education purposes and legal restrictions around the age at which they can access the SRH services without parental consent. However, teenage family planning activity remains substantial, requiring continued investment in youth-friendly confidential services.

Madam Chairman, antenatal care coverage is an indicator of access to and use of health care during pregnancy. The number of women attending the clinic for a minimum of four antenatal visits decreased by 7 per cent in 2025. Efforts have been focused on the delivery of antenatal education and antenatal yoga classes, which provide evidence-based physical, psychological, and educational benefits that complement routine antenatal care and align well with the preventative remit of SRH services. It is important for Sexual and Reproductive Health services to provide antenatal classes because they deliver measurable outcomes across clinical, psychosocial, and public health domains. Regular antenatal education has been delivered free in the clinic and community with 100 per cent client satisfaction.

Having a sufficient and well-balanced quota of midwives within SRH services is critical for safety, quality, continuity, and equity of care. Seventy-eight per cent of women booked for antenatal care had babies born with birth weight above five pounds five ounces. Birth weight is influenced by antenatal factors and highlights the importance of early booking for antenatal care and regular antenatal contacts to address modifiable risk indicators during pregnancy.

Madam Chairman, cervical screening remains a core preventative service. Of the 93.6 per cent of normal results, 6.4 per cent of women had abnormal results which required referral, a decrease of 1.3 per cent of referrals in comparison to the previous year. A

consistent proportion of abnormal results necessitate specialist referral, coordination with secondary care, and follow-up support, all of which have staffing and administrative cost implications.

Sexually transmitted infections [or STIs] screening and laboratory activities saw an 8.6 per cent increase year over year, driving up laboratory and staffing costs. Additionally, the rising STI screening attendance of 1,523 attendees in 2025 reflects increased clinic and community needs and appropriate service uptake. Moreover, the volume and diversity of laboratory investigations, 4,185 in total, indicate significant costs [for] consumables, laboratory processing, and clinical interpretations. Over 50 per cent of laboratory activity related to complex multi-pathogen STI testing. Expanded testing aligns with best practice guidelines but requires sustained financial support.

Health promotion and education are essential to SRH services, schools, and communities because they provide information that informs decision-making, encourages healthy behaviours, reduces stigma, and promotes mental and emotional well-being. Despite staff shortages, the SRH services were able to contribute to more health promotion activities each month. Sexual health education sessions were provided in schools, on radio shows, through podcasts, workshops, career and community health fairs, with SRH staff also supporting Flu Express, travel clinics, and health promotion events throughout the year.

Madam Chairman, this ends my presentation for business unit 32040, Sexual and Reproductive Health.

32080, Physiotherapy,
32120, Occupational Therapy

Sen. Lauren Bell: Madam Chairman, the 2026/27 budget estimates for business 32080, Physiotherapy, and business unit 32120, Occupational Therapy, both on page B-154, are \$1,570,000 and \$1,462,000, respectively. Both budget amounts have increased 22 per cent and 26 per cent respectively over the 2024/25 original estimates.

Within Community Rehabilitation Services, Occupational Therapy and Physiotherapy aim to maximise the functional potential and independence of children with sensory motor delays and individuals with physical movement challenges while preventing avoidable injury complications and loss of function. This rehabilitation service spans the age spectrum and is organised into three teams: early intervention, school-based therapy, and seniors. The staff is comprised of nine registered occupational therapists, eight registered physiotherapists, one coordinator and one team administrative assistant whose services are shared with the speech and language pathology programme.

To strengthen Bermuda's health care workforce and the programme's staffing capacity, an additional trainee post was created. The trainee posts were

introduced to address persistent hard-to-fill vacancies, particular in paediatric early intervention where therapists support babies and young children with more involved developmental and neurological needs including [medically] complex cases that require specialist therapy skills, consistent follow-up, and close family support.

Furthermore, continued investment in professional development remains a priority with staff supported in accessing both virtual and in-person training opportunities. This ensures our clinicians remain current, competent, and confident in delivering effective, high-quality, evidence-informed therapy services.

Madam Chairman, within the early intervention team, dedicated specialist OTs and PTs provide early intervention for babies and young children from birth to age four at risk of developmental delays and/or disability. The OT and PT early intervention service aims to complete a full assessment of referred clients within 20 working days to ensure appropriate intervention is provided and to mitigate delays in functioning. Approximately 90 per cent of referrals received for PT services and 84 per cent for OT services were assessed within the established time frame this fiscal year, while an estimated 91 per cent of clients on the PT caseload and 95 per cent of clients on the OT caseload were making steady progress towards the established goals.

Madam Chairman, assessment clinics are held weekly to promptly identify and address sensory motor delays in babies and young children, thereby enhancing their functional potential and quality of life. These clinics reduce waiting times by expediting children's transition from referral to assessment and by providing a clear plan for support. In addition, parent and multidisciplinary training sessions have been delivered throughout the year helping children get the right support early and reducing both the number of children needing school-based therapy and the intensity of services required later.

Madam Chairman, the school-based paediatric therapy team aims to increase early recognition of sensory motor and developmental delays and to [provide] a more equitable service for school-aged children throughout the year, not just during school terms. The OT and PT school-based service aims to complete a full assessment of referred clients within 20 working days. Approximately 79 per cent of referrals received for PT services and 68 per cent for OT services were assessed within the established time frame, and an estimated 85 per cent of school-aged clients on PT caseload and 84 per cent on OT caseload were progressing towards the established goals.

The OT team experienced a period of reduced staffing that affected assessment timelines. However, through strong coordination and prioritisation the team maintained service impact through consultation, targeted intervention blocks, and practical home and classroom programmes delivered with parents, caregivers, and education staff.

During the current fiscal year, the team successfully conducted sensory motor screenings for each child entering primary one in the government school system. Additionally, during school breaks, therapy services were extended to summer camps and in the homes of school-aged children with complex medical/physical needs. These extended services helped to preserve gains made during the school year, reduce the risk of regression, and maintain participation in daily routines.

The OT and PT seniors-based therapy team aims to support clients in remaining as independent as possible in their own homes. The seniors team conducts home safety and falls risk assessments for all eligible seniors referred, helping to reduce falls at home, prevent injury, and avoid unnecessary hospital visits. In this reporting period, client and [caregiver] training was provided to maximise function and promote ageing in place. In addition, several health promotion and education activities were conducted to further promote healthy ageing in our community.

The OT and PT seniors-based therapy team aims to support clients in remaining as independent as possible in their own homes. The seniors team conducts home safety and falls risk assessments for all eligible seniors referred, helping to reduce falls at home, prevent injury, and avoid unnecessary hospital visits. In this reporting period, client and caregiver training was provided to maximise function and promote ageing in place. In addition, several health promotion and education activities were conducted to further promote healthy ageing in our community.

The OT and PT seniors-based service aims to complete a full assessment of referred clients within 20 working days. Approximately 93 per cent of referrals received for PT services and 91 per cent for OT services were assessed within the established time frame, and an estimated 92 per cent of clients on PT caseload and 95 per cent on OT caseload were progressing towards established goals.

Madam Chairman, this ends my presentation on business units 32080, Physiotherapy, and 32120, Occupational Therapy.

The Chairman: Thank you, Senator Bell. We are at 5:17.

Sen. Lauren Bell: Thank you, Madam Chairman.

32090, Clinical Laboratory

Sen. Lauren Bell: The 2026/27 budget estimate for the Clinical Laboratory listed as business unit 32090 on page B-154 is \$769,000. This budget reflects the Bermuda Government's Clinical Laboratory, or the BGCL, which is registered and approved to operate by the Bermuda Health Council. The 14 per cent budget decrease is due to staffing adjustments.

The clinical laboratory is responsible for diagnostic testing, supporting programmes within the government clinics across the Island. The primary clinic, which is the Hamilton Health Centre, requires testing for their diverse programmes such as the Maternal Health and Family Planning, the Communicable Disease Clinic, the Adult Health Programme, Child Health, and Oral Health. The clinical laboratory also serves as the public health laboratory for Bermuda, assisting with outbreak investigations and public health emergencies.

In the 2026/27 budget year, the BGCL aims to adopt a One Health approach, which is recommended by the World Health Organization. The One Health approach combines humans, domestic and wild animals, plants, and the wider environment, all of which are closely linked and interdependent. The Bermuda Government Clinical Laboratory plans on expanding testing for veterinary and environmental surveillance for the 2026/27 budget year. Additionally, wastewater surveillance remains a priority for 2026/27 as this can provide early warnings of potential public health threats that require action. The Bermuda Government Clinical Laboratory will continue to expand capacity in antimicrobial resistance surveillance using culture, PCR, and whole genomic sequencing.

Laboratory staff, Madam Chairman, remain compliant with the Bermuda Civil Aviation Authority and International Air Transport Association [or IATA] by maintaining certification to transport infectious shipments by air, sea, and cargo to the Caribbean Public Health Agency laboratory or to the UK Health Security Agency.

Currently, the Bermuda Government Clinical Laboratory provides specimen referrals for highly infectious organisms that cannot be tested locally. The BGCL aims to increase the local capacity for disease detection and will continue to rely on assigned reference laboratories if there are limitations with local testing capacity. Moreover, the BGCL will remain intentional with using whole genomic sequencing, developing a system for surveillance, testing pathogens of high priority, and implementing surveillance of antimicrobial resistance.

Madam Chairman, the BGCL maintains accreditation standards under the Commission on Laboratory Accreditation, or COLA, and upholds registration requirements by the Bermuda Health Council. The BGCL currently provides clinical chemistry, haematology, serology and immunology, microbiology, and molecular diagnostics using a robust quality assurance system.

The PCR testing for sexually transmitted infections (such as gonorrhoea and chlamydia) remains to be the gold standard for sexually transmitted infection [identification]. During the 2025/26 budget year, the laboratory expanded the routine STI screening [panel] to include *Mycoplasma* and *Trichomonas* using PCR. The inclusion of both now allows males and females to be

screened as screening in previous years was limited to females only.

BGCL has technological advances such as real-time PCR and will in the future have the capacity to perform whole genomic sequencing benefiting the several sectors within health. The BGCL now offers real-time PCR for influenza A and B, providing subtyping such as H1N1 and H3 at full capacity, transitioning from using point-of-care testing. With increased PCR capacity, the BGCL has remained on standby for testing measles, mpox, or any other emerging threats that can potentially be imported into Bermuda. Meanwhile, COVID-19 testing represents 1.65 per cent of the overall testing. Having local capacity to investigate public health threats has significantly reduced the turnaround time for case management, assisting with epidemiology and surveillance measures.

The laboratory has performed 5,984 sexually transmitted diagnostic tests during the 2024/25 budget year, which is approximately 64 per cent of the overall diagnostic testing provided for the government programmes. For clinical chemistry, [6.7] per cent of testing was performed, doubling the amount of testing from the last budget year.

Madam Chairman, I am pleased to report that the forecast performance measures were achieved. The target goal outcome for communicable disease testing was slightly under the target goal, with testing 6,196 tests. Additionally, the outcome for non-communicable disease testing has been met with 3.1 per cent above the target goal outcome due to the testing for the adult health programme.

As the clinical laboratory continues to expand, the performance measures for noncommunicable disease testing will also be influenced. The Government clinical laboratory continues to enrol in proficiency testing as a quality assurance measure, providing competency and assessing the capacities and capabilities of all who work within the laboratory.

In budget year 2026/27, BGCL continues to expand testing for government programmes using the chemistry analyser and immunoassay analyser. The objective of expanding clinical chemistry testing is to provide diagnostic support for the adult health programme, targeting the uninsured and the underinsured populations. The aim is to make diagnostic testing available to all who require support in health care. To this end, there has been a significant increase in chemical analysis in 2025/26, and the laboratory will continue to expand as it is needed.

Madam Chairman, this ends my presentation for business unit 32090, Clinical Laboratory.

32100, Speech and Language

Sen. Lauren Bell: The 2026/27 budget estimate for Speech and Language services, listed as business unit 32100, on page B-154, is \$2,089,000. This represents

a 6 per cent increase over the 2025/26 original estimate.

The Department of Health's Speech and Language programme provides speech, language, feeding or swallowing assessments, and intervention services across the community. When fully staffed, the programme consists of 14 speech-language pathologists [SLPs], one trainee post, and one programme coordinator. Of these, three SLPs provide early intervention services in collaboration with the Department of Education's Child Development Programme for children from birth to age 4 or 5 years of age.

Eight SLPs are school based, providing services across all levels of the Bermuda government schools ages 4 through 18. One SLP provides services to students with special needs who attend the Dame Marjorie Bean Hope Academy, ages 4 through 18, and one SLP provides services to our adult and senior population.

Two posts were vacant in fiscal year 2025/26, and the recruitment drive is currently active. A recommendation has been made for the trainee to become full-time effective the 1st of April 2026, leaving the trainee post vacant to accommodate another Bermudian in the field of speech-language pathology who needs clinical experience. Following the recruitment drive, interviews and recommendations will follow.

A combined 516 cases were followed for intervention by Speech and Language services this year, an increase of 382 in the previous year. The caseloads vary between 45 to 65 clients per officer.

Speech-language pathologists work closely with parents, school personnel, allied health professionals, and private homes and clinic settings to raise awareness of speech and language delays and disorders, to promote functional communication skills, as well as to prevent life-threatening complications that may occur during feeding and swallowing. The SLP therapy [services] include the provision of prevention and promotion information, screenings and assessments, consultations, as well as interventions. Services also include the delivery and provision of treatment for those identified as needing intervention.

Client improvement, that is, the effectiveness of treatment, is measured by the reduction of severity in the communication or swallowing challenges.

This year the waitlist numbers for early intervention services are still high, but we are happy to report that they are lower than the last reporting period. While current programme time guidelines aim to provide an initial assessment for young children within three months of initial referral, the average wait time is six months or less.

In 2025, Madam Chairman, 51 cases were referred to the school-based programme. All students who were referred received an initial assessment within the programme's timelines of 35 working days. Once identified as needing services, clients were provided with therapy interventions.

Currently, there are no school-based students on a waitlist. Clients are reassessed on a routine basis to assess their status and to measure progress. Services to middle and senior schools have been adapted to be provided through a consultative model where the therapist provides school personnel and parents with the appropriate resources and strategies for clients with complementary direct services.

Madam Chairman, this ends my presentation for business unit 32100, Speech [and Language].

32110, Nutrition

Sen. Lauren Bell: The 2026/27 budget estimates for 32110 Nutrition Services business unit on page B-154 is \$308,000. This is an increase of \$22,000 or 8 per cent, over the fiscal year 2025/26. This increase is justified given the high incidence of diet-related disease in Bermuda. About half of the increase is from salary uplift and regrading, and the remainder is intended to enhance the programme.

The Nutrition programme has two public health nutritionists who support government and nongovernmental organisations in promoting healthy lifestyle behaviours and prevention of chronic diseases through consultative nutrition services across Bermuda's population. Nutrition intervention programmes support the promotion of healthy dietary habits and help reduce food insecurity.

It is important to implement a contingency plan that educates and empowers the community to grow their own produce in the event of import disruptions. To that end, two community-focused programmes supporting this initiative are the Bermuda Parish Gardening Competition and Grow, Eat, \$ave programme.

Gardening programmes, including garden competitions and educational community gardens, are cost-effective health promotion initiatives that encourage increased fruit and vegetable consumption and improved health and well-being. By increasing access to fresh, affordable produce and strengthening food and nutrition literacy, these programmes enable participants to grow and eat more fruits and vegetables, thus increasing sustained improvements in healthy eating behaviours. These initiatives also promote physical activity, mental well-being, and social connection while reducing financial [barriers] to healthy food choices.

Through food sharing and community engagement, gardening programmes strengthen food security and health equity, offering a low-cost preventative health investment with measurable community-level benefits.

This year the Ministry of Health, in collaboration with the Ministry of Home Affairs, expanded the Grow, Eat, \$ave educational programme and secured a pilot location. This initiative supports the Department of Health's goals of scaling the programme across all parishes while advancing the Ministry of Home Affairs' Affordable Bermuda Agenda by promoting food

security, healthy living, and long-term cost-of-living interventions.

The PIVIO lifestyle intervention programme has demonstrated strong demand and meaningful improvements in participant health outcomes, supporting positive changes in nutrition, physical activity, and overall well-being. Participants have reported greater awareness of healthy lifestyle practices and increased fruit and vegetable consumption, which is reinforcing the programme's effectiveness in promoting sustainable behavioural change. However, cost and access to healthy foods were identified as challenges for some participants, underscoring the need for continued investment and supportive interventions to ensure equitable participation. PIVIO was offered to government employees as part of a broader employee wellness initiative aimed at improving health, fostering long-lasting healthy habits, reducing absenteeism, and increasing productivity. Investing in employee wellness strengthens the Government's most valuable asset, which is its workforce, while contributing to improved performance, long-term cost savings, and overall organisational success.

Nutrition Services received 96 medical nutrition therapy referrals across the lifecycle. Eighty per cent of these referrals were generated internally by the Department of Health's practitioners. For example, the launch of the HEARTS preventative clinic contributed to a significant increase in referrals for the clients served.

Nutritional counselling continues to prioritise high-risk individuals who are uninsured or underinsured to advance health equity. Among the clients referred, 72 were adults, 22 were school-age children, and two were infants. No maternity clients were referred.

Nutrition Services completed the annual inspections of both public and private senior care homes to assess compliance with the Code of Practice nutritional standards. Seventy-one per cent of homes met the requirements for providing a nutritious and varied diet to promote good health. Homes that were not in compliance at the time of the inspection received lower scores and were informed accordingly. Nutrition Services also partnered with Age Concern to deliver educational sessions for senior care homes to review expectations for meeting the Code of Practice nutrition standards. Madam Chairman, 15 of the 18 homes attended, and these sessions will be offered again to support follow-up and improved compliance.

Nutrition Services continues to support the Department of Corrections in meeting the requirements for healthy, cost-effective menu planning. Fluctuating food costs continue to pose challenges for both senior care homes as well as the Department of Corrections. Food cost estimates were developed by Nutrition Services for the Department of Financial Assistance to estimate food [card] allowances based on age, gender, sex, and daily calorie requirements. Rising cost-of-living pressures have [prompted] revisions to include a separate cost for essential goods. As a result, Nutrition Services

partnered with the Department of Financial Assistance [DFA] and external consultants to facilitate this task. Additionally, monitoring of the nutrition policy, which mandates the provision of nutritious food options aligned with the EatWell Plate guidelines, indicates that amongst responding schools, 91 per cent are compliant.

Nutrition Services, in collaboration with the World Health Organization, serves as the focal lead for the Baby-Friendly Hospital Initiative. In 2025, meetings were held with the hospital staff to discuss implementation of the Ten Steps to Successful Breastfeeding, and this initiative remains ongoing.

Madam Chairman, this ends my presentation for business unit 32110, Nutrition Services. We are moving to 32130, Adult Health.

The Chairman: Thank you, Senator Bell.

And we have, if I am not mistaken, 13 business units left in Head 22 before we move on to Head 24, Hospitals. Are you still of the opinion that you would like to complete the heads before taking questions?

Sen. Lauren Bell: Yes, that's correct, Madam Chairman.

The Chairman: Mm-hmm. Thank you.

Sen. Lauren Bell: Thank you.

32130, Adult Health

Sen. Lauren Bell: The 2026/27 budget estimates for Adult Health, listed as business unit 32130 on page B-154, is \$621,000. The Adult Health Programme consists of three sub-programmes.

1. Correctional health for medical services to inmates in correctional institutions.
2. Occupational health for the medical assessment of recruits to the uniformed services and occupational health services to government employees in hazardous and high-risk occupations.
3. Forensic services to the Bermuda Police Service and medical supervision of detainees in police custody.

Together these services are integral to protecting public servants, maintaining institutional health standards, and promoting the humane treatment of individuals in custody.

The Adult Health programme continues to play a central role in safeguarding the well-being of individuals within Bermuda's correctional system and supporting essential public sector workforce functions. During the 2025/26 budget period, clinical demand within Westgate Correctional Facility remained significant, with 1,314 inmate physician consultations being conducted. This volume reflects both the complex health needs of the incarcerated population and the

programme's commitment to ensuring timely access to medical care.

Madam Chairman, a critical component to intake health management is the initial medical evaluation provided for individuals entering correctional institutions. The programme maintained a strong performance in this area, with 95 per cent of all newly received inmates receiving an initial medical evaluation. This high completion rate underscores the programme's effectiveness in early identification of medical, mental health, and public health risks, which is essential for both patient care and institutional safety.

Beyond correctional health, the programme also supported government operations through pre-employment medical assessments. In the 2025/26 period, 125 recruitment medicals were completed, ensuring that new hires met required fitness and health standards. These assessments helped reduce long-term occupational health risks and contribute to a healthier, more resilient workforce.

The programme responded to 80 callouts for medical assessments and forensic medical examinations, reflecting its role in supporting law enforcement and judicial processes. These services are often time sensitive and require specialised clinical expertise, further demonstrating the programme's broad operational scope and the need for sustained investment.

Madam Chairman, this ends my presentation for business unit 32130, Adult Health. This also ends my presentation for the Department of Health, section 2201, Community Health. The third Department of Health section that I will present under Head 22 is Oral Health.

32150, Oral Health Control; 32155, Oral Health Administration; and 32160 Oral Health Prevention

Sen. Lauren Bell: The 2026/27 budget estimate for programme 2202, Oral Health, listed as business unit 32150, Oral Health Control; 32155, Oral Health Administration; and 32160, Oral Health Prevention, on page B-155, is \$1,785,000. There are 16 FTEs in this programme.

The oral health programme provides comprehensive public health dental services to Bermuda's children 0 to 18 years of age and seniors age 65 years and older. The oral health services are based on high-quality patient-centred care, including dental examinations, consultations, preventative and dental hygiene appointments, as well as a range of restorative clinical treatments, including extractions and fillings. There is a strong emphasis on preventative care, especially for children and adolescents, and restorative and minor surgical procedures.

Oral health is not separate from overall health. It is a critical component of it. Poor oral health has been linked to a range of systemic conditions, including heart disease and diabetes. For older adults, untreated

dental issues can lead to pain, nutritional deficiencies, and increased risk of chronic illness. In children, dental [problems] can affect growth, school performance, and self-esteem.

By providing accessible, preventative, and restorative care, the oral health programme not only addresses immediate dental needs but also contributes to better long-term health outcomes and reduces the burden on other areas of the health care system. This programme exemplifies the importance of integrated, equitable public health services by prioritising the oral health of our youngest and oldest residents.

[Pause]

Sen. Lauren Bell: Apologies, Madam Chairman.

Of utmost importance is the need to address the personnel needs through human resource development to assure continuity of the full range of oral health services. Following the onboarding of two dentists, the St. George's [Oral] Dental [Clinic], which was suspended for one year, resumed in October 2024. Experience has shown that the dental officer posts are hard to fill. To ensure continuity of care during the closure of the St. George's Clinic, patient treatments were accommodated by transferring all support staff to the Hamilton Health Centre.

Moving forward, it is intended that all dental assistants are cross-trained and upgraded in their skills and knowledge base to enable them to function in any capacity as their job description dictates. This process of retraining has begun through the introduction of one-on-one clinical rotations. It is also intended to introduce and reinforce changes in clinical skills, exposure to new materials, equipment maintenance, and advances in technology. This also [presents] the opportunity for staff to acquaint themselves with different providers as the programme has just onboarded a third dentist in anticipation of the reopening of the renovated Mangrove Bay facility in the months [ahead].

The final quarter of the year saw the onboarding of two temporary relief staff members, both Bermudian, one a male dentist and one a female dentist assistant. The addition of the two officers came at an appropriate time. The dentist has been engaged mainly to treat the population at Westgate Correctional Facility, reducing the backlog of inmates needing dental treatment. This service has been very successful with the experienced male dentist being able to accomplish most of the treatment needs of the population. The addition of the relief dental assistant also came at the appropriate time, substituting for staff on leave due to sickness and vacation. Both new staff are functioning well in their positions.

The school-based programme is an essential part of oral health services. Children in primary schools upon entering grade P1 are examined by the school health team to obtain baseline health status information. The decayed, missing, and filled teeth index

(otherwise known as a DMFT) is used during screenings to document the oral health status of each child. Annual screening using this tool serves to observe trends and introduce appropriate programmes to address oral disease and maintain healthy mouths. Children who are examined and who need urgent care are referred to the clinic or their primary dental provider for immediate attention.

Madam Chairman, in the past, the medical and dental teams made separate visits to the schools to conduct screenings, gather information, and in the case of the medical team, provide other services such as immunisation. This way of operating between the medical and dental teams often presents a distraction for the school, students, and the curriculum itself. However, this school year the oral health and the medical teams have collaborated to provide the health screening on the same days and times. Through this collaborative effort, there has been a minimisation of interruptions and distractions of school schedules.

During the 2025/26 school year, a total of 273 of the 285 children were examined as part of the school health assessment. Sixty-eight per cent of the children had no active tooth decay, which resembled the 2024 experience among the same age group. Of the 36 per cent of children with cavities, 29, or approximately 10 per cent, had one decayed tooth. All children with dental cavities were referred for treatment.

Madam Chairman, the Oral Health Department spearheaded two successful community outreach clinics at the St. George's Clinic. Programme managers within the Department of Health supported the effort, which made for a very comprehensive and holistic delivery of services. Public support was overwhelming, demonstrating the need for care and awareness of the services delivered at the clinic. A combined total of 180 patients in all age groups were attended to by dental, medical, and nursing teams in a collaborative effort demonstrating the all-encompassing nature of primary health services.

The dental team was able to supplement services through the purchase of a mobile dental unit, which augmented the stationary equipment in clinics and allowed for more persons to be treated within the allotted time. At the last outreach held in December 2025, we were able to partner with the private sector for the use of a mobile van, which [proved] to be a great asset to the providers and the clients. The overflow of patients in the waiting area was able to be comfortably accommodated in the van which was welcomed by all.

The Department of Health's Oral Health services provided comprehensive dental care through 2025, servicing a total of 5,193 patients across all age groups with a monthly average of 433 patients. Of the total number of clients served, 1,551 were children up to the age of 18 years, and 965 were adults ages 19 to 64. And 2,677 were seniors [aged] 65 years and older. Services included preventative, restorative, curative

and rehabilitative, and follow-up care services with a strong focus on seniors and underserved populations.

This ends my presentation for programme 2202, Oral Health.

Madam Chairman, the fourth programme I will present under Head 22 is 2203, Environmental Health.

2203, Environmental Health

Sen. Lauren Bell: The 2026/27 budget estimates for Programme 2203, Environmental Health, is that of the Department of Health, listed on page B-155, consists of five funded business units, including 32170, Institutional Hygiene; 32171, Public Health Nuisances; Population and Outbreak Control, 32175; Environmental Health Administration; 32190, Vector Control; and 32270, Occupational Safety and Health.

The combined operational programme estimated budget is \$4,778,000. This represents an increase of 13 per cent over the 2025/26 original estimate and incorporates an increase in recruitment for some vacant posts. The Environmental Health Programme consists of 48 full-time equivalents.

Based on the long-held principle that prevention is better than cure, the Environmental Health Programme delivers a broad range of essential functions designed to protect and promote public health. These responsibilities include regulating business activity, conducting environmental monitoring, controlling disease vectors, enforcing public health legislation, investigating potential offences, and offering guidance and support to both businesses and the wider community.

Madam Chairman, the programme's remit is extensive, covering food safety, nuisance control, workplace safety and health, tobacco control, drinking and bathing water quality, and housing standards. Environmental Health officers and vector inspectors are effective problem solvers whose work is vital to safeguarding the well-being of our residents and preserving Bermuda's reputation as a safe jurisdiction for business and tourism.

A new Chief Environmental Health officer was appointed in January 2025, and the programme has entered a period of modernisation. A new case management system has already been implemented, and in the coming year, the programme will seek to digitalise its application [and] inspection processes to improve efficiency and service delivery. They will also expand their use of social media and other communications tools to better engage with the public and the business community, ensuring that accurate information is shared widely and encouraging positive behaviours that protect public health.

The work carried out by environmental health officers and vector inspectors is both varied and rewarding, touching the lives of every Bermudian and every person who visits or works in our Island home. To ensure the sustainability of the profession, plans are underway to support a pipeline of qualified Bermudian

environmental health officers through trainee posts, scholarships, and practical placement opportunities.

32170, Institutional Hygiene
32171, Public Health Nuisances, Pollution and
Outbreak Control
32175, Environmental Health Administration

Sen. Lauren Bell: The 2026/27 allocation for 32170 Institutional Hygiene; 32171 Public Health Nuisances, [Pollution,] and Outbreak Control; and 32175 Environmental Health Administration are \$922,000, \$62,000, and \$1,422,000, respectively. Managing a complex mix of reactive and proactive responsibilities, these business units form the backbone of the Environmental Health programme.

In the year ahead, they anticipate licensing approximately 2,000 businesses. While the majority of these are expected to be food-related establishments, their remit extends far wider. It includes pest control operators, hotels, and a range of businesses that provide high-risk services to the public, such as tattooists, barbers, hairdressers, skin piercers, and cosmetologists.

Madam Chairman, in addition to their duty to safeguard public health, our Environmental Health officers also play a crucial role in supporting the local economy by offering expert advice and guidance to business owners, helping to ensure that their operations remain safe, compliant, and successful. These same officers respond to a wide range of environmental health complaints, including concerns related to air quality, drinking and bathing water quality, pollution incidence, noise, odours, and numerous other potential nuisances. These matters are highly emotive and must be approached with professionalism, sensitivity, and fairness. When left unaddressed, such issues can significantly affect the well-being of those impacted, making the officers' role in resolving them both essential and deeply valued.

Madam Chairman, this ends my presentation on business units 32170 Institutional Hygiene; 32171 Public Health Nuisances, Pollution and Outbreak Control; and 32175 Environmental Health Administration.

32190, Vector Control

Sen. Lauren Bell: Madam Chairman, the 2026/27 budget estimates for 32190, Vector Control, is listed as cost centre 32190 on page B-155. The allocated budget is \$1,992,000.

The Vector Control programme is charged with safeguarding Bermuda from the serious public health threats posed by diseases spread by rodents and mosquitoes. Illnesses present a significant risk to our Island. Even a small number of cases could place considerable strain on our primary and secondary health care services, disrupt the economy, and damage Bermuda's hard-earned reputation on the global stage. Through extensive surveillance and robust

interventions, the Vector Control programme maintains a highly visible and reassuring presence across our communities, providing expert advice to residents and businesses alike. Day in and day out, our vector inspectors are in the field inspecting land and buildings, treating mosquito breeding sites, clearing vegetation, and baiting and trapping rodents. The tactics, techniques, and procedures they employ reflect best practices and are comparable to world-class vector management standards.

Beyond their operational duties, the Vector Control programme also invests in outreach and education. Through wellness fairs, career days, school visits, and public events, they raise awareness about the importance of controlling mosquito and rodent populations and offer practical guidance on how every member of the public can play their role. This vital work helps to prepare future generations of Bermudians and builds stronger, better-informed communities that are resilient to the risk posed by vector-borne diseases.

Madam Chairman, in the current year, Vector Control is scheduled to receive replacement vehicles, ensuring that inspectors have the tools they need to carry out their duties more effectively and efficiently. Additionally, recruitment will remain critical to the programme's continued success, particularly as several long-serving vector inspectors are due to retire after many years of dedicated service to Bermuda.

Modernisation efforts will also continue at pace. Vector inspectors are already equipped with tablets to [support] field work, streamlining data collection, enhancing operational efficiency, and improving the quality of service provided to the public. These investments, both in people and in technology, will strengthen Bermuda's capacity to manage vector-borne threats and protect the health of our communities.

Madam Chairman, this ends my presentation on the business unit 32190, Vector Control.

32270, Occupational Safety and Health

Sen. Lauren Bell: The Occupational Safety and Health was allocated \$380,000 for 2026/27. As Bermuda's regulator for workplace safety and health, this unit carries a critical mandate to conduct inspections across workplaces Island-wide, investigate serious workplace [accidents,] and advances the well-being of our workforce through the development of modern polic[ies], standards and procedures.

In September 2025, a new Safety and Health Inspector was welcomed into the service. His intervention has already produced tangible improvements in workplaces that might otherwise have gone unaddressed. Over the past year, the business unit also facilitated additional employee asbestos training programmes, which is an important step given the scale of ongoing development across the Island. Additionally, for the first time, businesses were able to submit their

annual accident data online, making compliance both more efficient and more accessible.

Looking ahead, work is underway to refresh the Advisory Council for Safety and Health, ensuring it remains both effective and fully representative of Bermuda's evolving workforce. Equally, accelerating the ticketing of safety and health offences will remain a priority in fiscal year 2026/27, enhancing compliance and supporting safer working environments across the Island.

Finally, recruitment for [an] additional Safety and Health Inspector will take place in the year ahead. This appointment will effectively double the capacity to safeguard Bermuda's workers, enhancing the unit's ability to prevent harm, uphold standards, and champion safe and healthy workplaces for all.

Madam Chairman, this ends my presentation on the business unit 32270, Occupational Safety and Health. And this also ends my presentation on programme 2203, Environmental Health.

[Pause]

2204, Central Government Laboratory

Sen. Lauren Bell: The fifth section I will present under Head 22 is the Central Government Laboratory. The 2026/27 budget estimate for the Department of Health's programme 2204, Central [Government] Laboratory consists of business units 32200, Forensic Analysis and 32220, Water and Food Analysis on page B-155.

The estimates for the business units are \$1,268,000 and \$700,000, respectively, for 2026/27. This represents a 19 [per cent] and 17 per cent increase, respectively, from the 2025/26 budget. The drivers for these increases are uplifts in salaries, increased callout remuneration for fast-tracked cases, additional funds for laboratory supplies and lab gases, import duties, preventative maintenance contracts for equipment, and increased electricity bills. The Central Government Laboratory programme consists of nine full-time equivalents.

32200, Forensic Analysis

Sen. Lauren Bell: The Forensic Analysis programme performs seized drug analysis and toxicology analysis. In 2025, the total number of exhibits that were processed was 6,645. The laboratory continues to manage very large case submissions with the largest ones being intercepted via the airport, cruise ships, and washing up along our shore lines. The drugs identified were cannabis and cannabis products totalling 628 kilogrammes, cocaine totalling 52 kilogrammes with an average purity of 61 percent, and one kilogramme of MDMA, also known as Ecstasy. Heroin submissions have decreased and are being replaced by more dangerous drugs such as fentanyl and pink cocaine, which consist of MDMA and ketamine mixture. Most worrying

was the first submission to the laboratory of carfentanil. Carfentanil is a compound that was developed as a tranquillizer for large animals such as elephants and has not been approved for human use. It is 100 times more potent than fentanyl and carries a very high risk of overdose and death when taken.

The laboratory continues to receive submissions of these dangerous compounds, confirming that the drug use landscape in Bermuda is changing. There is a need to maintain and keep abreast with the analytical equipment required to correctly identify these substances. Many pieces of the current equipment are nearing their 15-year life expectancy and require replacing. Equipment that is requiring imminent replacement includes the high-performance liquid chromatography machine and the Fourier transform infrared machine.

Toxicology analysis is performed on coroner's cases, cases of driving under the influence, and urine analysis for stakeholder agencies. The compounds that are routinely tested are for common drugs of abuse in Bermuda, which include cannabis, cocaine, heroin, ecstasy, and fentanyl. There continues to be a steady year-on-year increase in cases submitted to the laboratory, and the previous year has been no different. The laboratory processed 367 cases as noted in the performance measures. Fifty-four cases have been processed from the previous backlog with 156 that were being worked on. The drug submissions are now being reflected in the toxicology case results. There were three toxicology cases that recorded fentanyl at fatal levels.

The increase in cases is requiring a marked increase in laboratory supplies and maintenance of analytical equipment. There is also a need for sustainable human resources as this area is very technically specialised. In this regard, the laboratory has hired two Bermudian scientists—one as a bursary student and one as a trainee. Both students are following a trainee path that will contribute to the sustainability of the laboratory. Nevertheless, there is still the need to engage a dedicated toxicologist and a further trainee to ensure successful succession planning in this technically specialised area. Additionally, the organisational structure and staffing in the lab are being reviewed to ensure entry-level positions for Bermudian scientists with clear growth and succession pathways.

Madam Chairman, this ends my presentation for business unit 32200 Forensic Analysis.

32220, Water and Food Analysis

Sen. Lauren Bell: The Water and Food Analysis programme performs analytical testing of potable (drinking) and non-potable water samples, dairy products, and food. It is primarily a laboratory support service to the Environmental Health programme with the results used to proactively identify bacteriological and chemical risks to both human and animal health. It is through

this collaboration that the Department of Health maintains a low incidence of water and food-borne diseases.

Potable drinking water analysis includes samples from Works and Engineering, Watlington Water, ROCON Ltd., L. F. Wade International Airport, hotels, private dwellings, restaurants, and care facilities. Non-potable water samples include seawater, sewage effluent, and water from animal habitats.

There was a total of 4,719 water samples tested during this reporting period, less than 100 samples tested compared to the previous year. This positively signals that less follow-up testing was required and guidance to the public was brought to bear. The affordability of quality water testing undertaken by this programme allows a substantive savings to the public when compared to private entities. It is noteworthy that the water quality of our main bathing beaches continues to meet the United States Environmental Protection Agency's guideline value every week through our routine seawater testing.

Local milk samples are now being analysed bi-monthly to determine whether they meet legislated limits as set out in the Public Health (Milk and Dairy Farm) Regulations 1952. Milk samples that do not meet the legislated limits cannot be used for supply and are referred to the government's veterinary for assistance and intervention.

This programme continues to excel with respect to its performance measures. Turnaround times of 5 to 10 days for disseminating water, dairy, and food testing results were achieved 99 per cent of the time, and the programme is on target to accomplish the same for the upcoming year. Achieving short turnaround times affords timely intervention and remediation.

As indicated on [page] B-163 of the Budget Book, there were fewer dairy samples analysed, and this decline was due to the shortage in human resources. The number of food samples tested remains low as Bermuda continues to maintain a low instance of foodborne disease. Ninety-one per cent of external quality assessment scores met the international standards, demonstrating the high standards to which our team produces results.

The World Health Organization recommends that governments ban the production and use of partially hydrogenated oils, or PHOs, as an ingredient in food products. Testing and enforcing compliance with policies is critical to maximising and sustaining health benefits, and to this end, the Water and Food Analysis programme is working diligently towards building local laboratory capacity to test food for these oils. Our goal is to have testing capacity in May 2026. A legislative order to ban these oils in food in Bermuda and a communication plan for various stakeholders is imminent. This project is supported by the United Kingdom Health Security Agency.

Lastly, this programme is collaborating with the Bermuda Government's clinical lab, Department of Environmental and Natural Resources, and the Office of

the Chief Medical Officer to test for Salmonella Mississippi and avian flu in our local feral chicken population. Our goal is to have tested 100 feral chickens by the 31 March 2026 for both microorganisms.

Madam Chairman, this ends my presentation for business unit 32220 Water and Food Analysis. This ends my presentation for programme 2204 Clinical Laboratory.

Capital Development

Sen. Lauren Bell: The Capital Development estimates for fiscal year 2026/27 for the Department of Health found on page C-5 totalled \$2,040,000. Allocations have been made for the Sylvia Richardson Care Facility in the amount of \$450,000, the refurbishment of parish clinics in the amount of \$890,000, [and] Lefroy House Care Community in the amount of \$500,000, [with] \$200,000 for minor works expense incurred for the repair and maintenance of the Department of Health facilities.

Capital Development Acquisitions

Sen. Lauren Bell: The Capital Development estimates for the Department of Health found at page C-5 totalled \$2,040,000 for the refurbishment of parish clinics and the development of Sylvia Richardson Care Facility and Lefroy House care facilities.

The Capital Acquisition estimates for the Department of Health, found at page C-12, total \$43,000, for Lefroy House furnishings.

Madam Chairman, that concludes my presentation for Head 22, Department of Health.

HEAD 24—HOSPITALS

Sen. Lauren Bell: Head 24, Hospitals, is found on pages B-166 and B-167 of the [Budget Book] and page C-5 Capital Development and page C-18 of the Grants and Contributions.

Madam Chairman, I am pleased to present the budget for Head 24, Hospitals, found on pages B-166 to B-167 of the Budget Book.

Mission

Sen. Lauren Bell: The mission of the Bermuda Hospitals Board [BHB] is to provide safe, high-quality hospital care delivered efficiently and aligned with Bermuda's evolving health financing framework.

The Bermuda Hospitals Board delivers emergency, critical care, acute care, chronic care, long-term care, learning disability, substance abuse, and mental health services. BHB is the only provider of a 24-hour health care services in Bermuda, seven days per week. BHB services are delivered from the King Edward VII Memorial Hospital, the Mid-Atlantic Wellness Institute, and the Lamb Fogggo Urgent Care Centre campuses,

as well as various group homes and community settings.

BHB serves Bermuda's resident population as well as the many visitors who come to the Island each year. BHB has the second largest number of employees in Bermuda, with about 1,600 full-time staff and 200 on-call and locum staff.

BHB's mandate is set out in the Bermuda Hospitals Board Act 1970 and its amendments. The Act defines what services BHB is required to offer, and the only services provided outside of that mandate are long-term care and intellectual disability services, which are delivered by BHB as directed by the Ministry of Health.

2401, General
34000, King Edward VII Memorial
34010, Mid-Atlantic Wellness Institute

Sen. Lauren Bell: A total of \$211,146,000 has been allocated for Head 24 Hospitals for 2026/27, which represents an increase of 19 per cent or \$34,005,000 over the budget of the previous year. This constitutes 70 per cent of the total budget allocated to the Ministry of Health for 2026/27, compared to 72 per cent of last year's budget.

Grants and Contributions

Sen. Lauren Bell: [The] Head 24 budget comprises a hospital patient subsidy in the amount of \$112 million for youth, the aged, and indigent. BHB further receives [\$55,550,000] for payment of outstanding debt, and this allocation will support the BHB in meeting time-bound statutory, contractual, and operational obligations as well as address its immediate cash flow pressures.

In addition, the BHB has been allocated \$937,000 in operational grants for 2026/27. This allocation includes support for salary and expenses of the BHB tumour registry in the amount of \$143,000 and funding to support costs associated with the ambulance service from the Lamb Foggo Centre. Of the total expenditure estimate for Head 24, [a] \$42,161,000 allocation was made for the Mid-Atlantic Wellness Institute for its operational expenses, which is equivalent to last year.

Revenue

Sen. Lauren Bell: Madam Chairman, BHB receives funds from the following sources:

1. The Ministry of Health's budget [for] the upcoming fiscal year amounts to \$211,146,000.
2. A fixed payment from the Mutual Reinsurance Fund [MRF] for all services included under the Standard Health Benefit [SHB] since BHB's funding model was changed to a block grant in June of 2019. This portion of BHB revenue is not a budgeted line item in the Budget Book, but it is a significant portion of

BHB's overall revenue. For this fiscal year, total funds from the MRF for SHB services are budgeted at \$172,800,000, a slight increase compared to the previous year. The overall revenue funding basis for the MRF and government funding between 2019 and 2026 has been relatively flat and has formed over 90 per cent of BHB's total revenue.

3. Out-of-pocket expenses by individuals who do not have insurance and non-residents who need urgent or emergency health care services while on Island. This comprised about 4 per cent of BHB's total revenue in the last fiscal year. This revenue is expected to grow further this fiscal year given the 300 per cent fee adjustment for inpatient reimbursement rates. There is also a short list of services under section 4b of the fee schedule that BHB is able to charge for such things as specialist services like urology

4. Donations through the Bermuda Hospitals [Board] Charitable [Foundation] totalled \$400,000 in fiscal year 2025/26.

5. The Hospital Auxiliary of Bermuda has also allocated \$400,000 for BHB in the upcoming fiscal year.

Financial Update—Expenditure/Revenue Overview

Sen. Lauren Bell: Madam Chairman, several factors including high medical inflation have contributed to the significant financial strain for BHB. BHB has no cash reserves and owes \$55 million—\$13 million in overdraft and \$42 million in loans. BHB is currently maximising utilisation of its credit facilities, which is used for operational expenses month to month, and does not have cash for major projects. By the end of December 2025, BHB had recorded a net loss of \$15,200,000, and this is, however, \$10,700,000 better than the projected loss of \$25,900,000 due to cost savings and government concessions. Government concessions amounted to approximately \$7,200,000.

Net revenue is slightly above budget by \$1,800,000, and expenses are \$9,000,000, or 3 per cent below budget. BHB is looking to find different revenue opportunities outside of the government funding and is hopeful that alternatives will materialise in the next fiscal year. BHB will also seek to introduce limited charges for services where the costs are driven by external local forces, international markets, and overseas vendors, for example specialist drugs and medical [supplies], and when the activity is directed by external providers.

Regarding the auditing process, BHB has audited financial statements now up until 2023, and all audits have been unqualified. The 2021, 2022, and 2023 annual reports have been submitted to this Honourable House and published, and the auditing process for the financial statements for the 2024 fiscal year will be completed this year. Work on the 2025 fiscal year audit is currently underway, and BHB is expected to be in compliance with audit reporting going forward.

Investments in Upgrades and Improvements: Clinical and Operational Improvements

Sen. Lauren Bell: Investments in repairs, maintenance, and upgrades have been limited to only what is essential. This ensures the basic safety of equipment, technology, and the facility and ensures BHB keeps pace with international standards of care but does not allow for more proactive activity and planning. Nevertheless, despite a financially pressured year, BHB has continued to focus its vision on pursuing excellence through improvement to make Bermuda proud.

Diagnostic Imaging Upgrade

Sen. Lauren Bell: In March 2025, BHB announced a replacement and upgrade programme for its diagnostic imaging equipment. Throughout the year, nearly all of its ageing equipment has been replaced or upgraded. The \$12 million, five-year investment, includes a comprehensive package of replacements, upgrades, installations, and ongoing services. Modalities replaced and upgraded under the programme so far include X-ray, CT, MRI, nuclear imaging, and ultrasound at King Edward VII Memorial Hospital. The X-ray equipment at the urgent care centre is currently in the process of being replaced and will reopen in March 2026.

As the only 24/7 emergency diagnostic service in Bermuda, BHB sees some of the most complex illnesses and diseases on the Island. Such patients require the best equipment with the best possible quality images. The new equipment is faster and uses less contrast and radiation, which are important for patient safety and well-being. This upgrade project means BHB has the safest, most advanced equipment in Bermuda for its patients.

Sterile Processing Department Upgrade

Sen. Lauren Bell: Madam Chairman, the Bermuda Hospitals Board successfully completed its \$4,500,000 sterile processing department upgrade project in August 2025. Work included the installation of state-of-the-art washers and sterilisers, infrastructure modernisation, and new flooring and furniture, ensuring safer, more reliable services with expanded capacity. This investment directly addressed the risk of ageing sterile processing equipment and infrastructure, much of which was over 15 years old. Sterile processing is critical for surgical safety and sterilising vital equipment and tools used across the hospital.

New Hip Replacement Procedure

Sen. Lauren Bell: Starting at the beginning of last year, the BHB became part of the US Food and Drug Administration's clinical study for a new orthopaedic implant hip replacement procedure. The Polymotion Hip Resurfacing [Device] is a new hip replacement device that will

be used in men and women under the age of 65 as part of a clinical study. The first hip replacement surgeries using the polymotion implant took place in KEMH in January of 2025. Over 200 patients are expected to be enrolled in the study, which will run for at least two years. About 20 Bermudians in total are expected to be enrolled in the study.

Launch of New Human Resources and Payroll Systems

Sen. Lauren Bell: Madam Chairman, BHB rolled out new payroll and human resource systems this year as the previously used systems were no longer supported by the vendor. The four-year implementation process has a cost of about \$5 million. There are future phases to this project, but the main implementation is complete.

Digital Health

Sen. Lauren Bell: Madam Chairman, the National Early Warning Score 2 (or NEWS2) is a standardised tool used in hospitals to identify and respond to patients who are at risk of clinical deterioration. NEWS2 helps in the early identification of patients who are becoming critically ill. As an early warning dashboard in PEARL, the electronic medical record system, was formally launched in 2025 and is currently in use. Based on clinician feedback, BHB is currently modifying PEARL to make the NEWS2 score available within patient charts. There are several other updates to PEARL, including a clinical AI digital assistant, which was implemented in PEARL as an artificial intelligence scribe for physicians.

BHB also rolled out the physician mobility application, which allows physicians to better access PEARL from their mobile devices. This speeds up and provides better access to physicians when off site and on call.

Finally, the Data Lake project, which allows for the storage of data from various sources, including databases, logs, and social media images and video to be stored, has continued. This project picked up at the end of 2025 and will continue until the upcoming fiscal year.

Madam Chairman, 24 new medical administration carts [MACs], also known as workstations on wheels, were purchased for inpatient units at BHB at a cost of \$250,000. MACs are mobile workstations and used to carry medication, supplies, and a computer workstation, allowing for the update and access to patient electronic medical records on PEARL at the bedside. The new units have a longer battery life and are more ergonomic than the previous units that were purchased 15 years ago.

Facilities

Sen. Lauren Bell: The renovation of Keepers Cottage was completed this year costing \$1,150,000. The

renovation of this standalone building at MWI's site was required as the building was ageing and the facility needed to be made appropriate for intellectual disability clients with behavioural issues. The first client has already moved in.

The demolition of Archlyn Villa is scheduled for March 2026. Although it was a historic building, it had fallen into such disrepair that it could not be maintained. The building was not only a safety hazard but also detrimental to the neighbouring properties and an eyesore for neighbours. BHB retains ownership of the site and is hopeful that it will be the site for future staff accommodations. BHB was advised of the retention of some elements from the building, including a plaque and tiles that are of historic significance.

Community Outreach

Sen. Lauren Bell: This past fiscal year BHB had a presence at numerous health fairs, provided community education presentations, and offered training and screening. The mental health services have been particularly active, making presentations, undertaking regular interviews, and attending fairs to help reduce stigma and share information about mental health and the services available for those who need them. Moreover, the MindFrame PhotoVoice exhibit took place in September 2025, helping to foster understanding and insight into the people who use MWI services through art, photography, and poetry.

In September's Recovery Month, Turning Point undertook interviews with clients telling their stories, and they led to a purple sock day in honour of persons recovering from addiction.

During Stroke Week, along with education around stroke awareness, free screening was also offered in partnership with the Bermuda Diabetes Association and Evolution Healing Centre. And BHB has supported the Evolution survey of stroke survivors to help gather data on rehabilitation experiences in order to identify service gaps, unmet needs, and improve care.

Regarding charity, the BHB made a medical supply donation of sterile, single-use needles, gloves, masks, surgical gowns, and coveralls to Jamaica following the devastating impact of Hurricane Melissa. The supplies went to help equip Black River Hospital in St. Elizabeth, Jamaica.

Performance Quality Audit and Improvements

Sen. Lauren Bell: In the previous fiscal year and as part of the Johns Hopkins Medical International LLC clinical affiliation agreement contract, BHB underwent a quality audit. BHB's external measure of quality is usually through accrediting bodies, but there are also monthly quality metrics that are reviewed by leadership and the board from hand hygiene to falls and pressure

injuries. Improving these metrics and meeting international benchmarks is a constant driver, and to facilitate this process, Johns Hopkins sent hospital quality specialists from its own network to work with BHB. This work has begun, and BHB not only shares its results with Johns Hopkins but also is updating how it shares its metrics internally. Subsequently, action plans are drafted and implemented to address any of the areas that need improvement.

Greenlight Procedure for Prostate Hyperplasia

Sen. Lauren Bell: Nearly two years ago, BHB introduced green light laser prostatectomies through the kind donations from Argus and Chubb through the Bermuda Hospitals Charitable Foundation. Used to treat benign prostatic hyperplasia, a common condition affecting men as they age, this treatment means men no longer require a surgical intervention, including a hospital stay after treatment. Data released this year shows that in the first 18 months after it was established, 46 men underwent the green light procedure, and none needed an overnight admission. This translates to safer, faster recoveries and freed up hospital capacity. In fact, the new procedure avoided about 138 patient days, which are disruptive to patients' lives and costly to the health care system. Financially, this meant BHB avoided about \$370,000 in inpatient costs, reduced nursing demands, and auxiliary services resulted in additional savings.

Emergency Department Performance

Sen. Lauren Bell: As we continue the presentation of Head 24 Hospitals, it is important that we speak candidly about one of the most significant operational and financial pressures facing our health system, and that is the ongoing strain on the emergency department at the Bermuda Hospitals Board.

This year has been extremely challenging for the emergency department. A high number of medically fit for discharge patients at King Edward VII Memorial Hospital has caused long wait times for patients awaiting admission to inpatient units. Those awaiting beds remain in the emergency department and in turn, the emergency department itself becomes filled beyond capacity. This is not merely an operational issue, it is an ongoing matter that affects patients, families, health care workers, and the sustainability of our health care system. Misuse of the emergency department at King Edward VII Hospital is contributing significantly to overcrowding, placing pressure on the hospital's ability to deliver timely, high-quality care. The emergency department is designed for urgent, life-saving care for serious illness and injury requiring immediate intervention. However, the increasing use of emergency services for non-urgent matters contributes to long wait times, inefficiencies, and delays for those who genuinely require acute medical attention.

Recent data shows that acute hospital beds are occupied by medically fit for discharge patients for an average of 49 days, and in some cases, more than 300 days. This creates system-wide blockages. It prevents incoming emergency patients from accessing beds, limits surge capacity in the event of major incidents, and delays elective surgeries. From a budgetary perspective, this represents a high-cost use of acute hospital resources for care that could and should be delivered in a more appropriate, lower-cost community setting.

This is not about assigning blame; it is about fairness, efficiency, and responsible stewardship of public funds. There are complex social and financial factors that influence when and where people seek care, and we recognise that this is a reality. However, we must also recognise the broader implications for the cost and efficiency of the health system. To ensure the emergency department operates within its mandate of acute care, it is critical that non-emergency conditions are directed to general practitioners or urgent care facilities. Appropriate use of care setting improves patient experiences, whilst preserving hospital capacity.

The government investment alone cannot resolve this issue. Partnership is essential. Families must remain engaged when loved ones are admitted and collect them promptly when medically cleared. Homes must be prepared where appropriate. Necessary financial assistance for long-term care applications must be pursued in a timely manner. Where private resources exist, they should be utilised responsibly, rather than defaulting to extended hospital stays. Care homes and community providers must also play their role by avoiding unnecessary transfers to the emergency department for non-emergent matters, and by accepting residents back promptly once medically cleared. As a community, we must all work together to protect the acute hospital capacity for true emergencies.

Despite this reality, outside of patients waiting for an inpatient bed, the majority of people are seen and discharged from the emergency department faster than international benchmarks. This was highlighted in performance data collated as part of the Emergency Services Day in May 2025.

Furthermore, between April 2024 and March 2025, the emergency department recorded approximately 29,105 visits involving about 18,123 individuals, 96 [per cent] of whom were Bermuda residents. Among them, 1,188 patients presented with life-threatening conditions such as heart attacks, major trauma, or severe respiratory distress that required immediate high-priority care.

About 15,000 other attendances involved urgent but not immediately dangerous conditions, which still required significant resources such as tests, imaging, and consultations to diagnose and manage. Despite the high volume, the emergency department team consistently delivered timely care. The median time from arrival to triage, which is the initial nurse

assessment, was just 14 minutes. And patients who did not require admission typically spent around three hours and eight minutes from registration to treatment to discharge. About 12 per cent of patients were admitted to the hospital for further care, while the remainder were safely treated and discharged. It should be noted that internationally, most public emergency departments aim to keep the median time between registration and discharge within four hours.

While this performance is commendable, it should be noted that just under half of these patients are in the lowest two levels of [acuity], meaning they have conditions or injuries that do not require emergency care. These patients should have been seen by their family doctor or, if it is the weekend, go to the Lamb Foggo Urgent Care Centre or other community urgent care centres.

Keeping patients informed has been a key focus for the BHB. Patients in the waiting room can now see a large display that includes the wait times. It also advises how many low, medium, and critical care patients there are and how many are waiting in the department for a bed. A KEMH performance data snapshot report is also published every month on the BHB's website statistics page with a day-by-day summary of wait times, admissions, outpatient appointments and surgeries.

Human Resources Pay

Sen. Lauren Bell: Madam Chairman, increases in the cost-of-living increases are putting salary budgets under pressure. In [April] 2025, the Bermuda Industrial Union [BIU] staff received a 4 per cent salary [increase] and related retroactive payments. The BHB and BIU look forward to completing negotiations for a new collective bargaining agreement effective the 1st of October 2025.

Additionally, the Bermuda Public Services Union [BPSU] and the BHB agreed on a cost-of-living adjustment, or COLA, from 1 April 2022 to the 31 March 2028. Subsequently, the BPSU staff were given an 18.23 per cent increase, bringing wages in line with COLA from the last increase in 2018 to the 2025 levels, maintaining COLA increases through 2028. BPSU nurse employees will receive back pay in the total amount of \$38 million, supported by the Government, and will be paid in two instalments of \$19 million in January and April 2026.

Notably, there are other groups including physicians and directors who also have not had a pay increase, some since before 2018. And BHB is working on a process to review salaries for these groups and the BIU negotiations are also underway for the current three-year period and should conclude in this fiscal year.

Recruitment

Sen. Lauren Bell: Attracting and retaining local and global professionals remains a key focus for BHB. This is most keenly felt in the nursing workforce where there is intense global competition. It is hoped that BPSU salary increase will help in attracting staff. BHB's current overall vacancy rate is 12 per cent, slightly above its 10 per cent target. The nursing vacancy rate is also 12 per cent, including critical areas of speciality nursing that remain a key focus, as globally there is even a shorter supply than general registered nurses such as surgical and oncology nurses.

Health Care Workforce Strengthening

Sen. Lauren Bell:

The Bermuda Hospitals Board employed 45 local students who were selected from 141 applicants. They were between the ages of 20 and 29 and were studying in the health care field or related fields during the summer of 2025. Students worked in departments related to their specific field of study, including clinical areas like nursing, the lab, imaging services, and mental health services, information technology and finance. Twelve of the 45 students were medical students, 7 were studying nursing, and the remaining students were pursuing studies in a variety of other fields.

Following the successful partnership with BHB's Intellectual Disability Programme in the previous year, BHB also allowed five of their clients to be part of a rotation for the summer student programme. This provided these promising young people with an equal opportunity to be acquainted with and gain workforce experience. Among the summer students, BHB welcomed five general scholarship recipients who were given first-hand preference in placements. In 2025, BHB awarded a total of \$191,000 in scholarships to 14 local students; 13 students each received a BHB general scholarship in their speciality area valued up to \$15,000 for one year; six of the general scholarship recipients were medical students and received BHB medicine scholarships. One student was awarded the Dr. Keith Cunningham Medical Technologist scholarship in the amount of \$15,000 for one year. Nursing students received one year awards and BHB Allied Health scholarships and a BHB Pharmacy scholarship of \$15,000 was also awarded for one year.

Challenges and Responding to These Challenges

The Chairman: Senator Simmons [*sic*] . . . Senator Bell, sorry, just letting you know that you have 10 minutes left.

Sen. Lauren Bell: Thank you, Madam Chairman.

Bed Capacity

Sen. Lauren Bell: By far, the most difficult challenge faced by BHB this year has been bed capacity at KEMH

and MWI, and both for a similar reason. People who are fit for discharge remain in hospital longer than needed, often due to care issues at home or transitions to nursing homes.

At KEMH, the evidence of this plays out in the emergency department. The emergency department has become overcrowded because people are waiting admission to beds in the inpatient units that are occupied by clients who are no longer required at hospital level care. This leaves emergency care to be delivered in corridors where there's little privacy and compromises patient confidentiality. However, this is not an issue about the number of acute care beds at KEMH. There are regularly well over 40 medically fit for discharge patients in the 90 acute care beds.

BHB activates several responses when surges occur, including doubling up rooms in the Acute Care Wing, opening up the FastTrack service on weekend evenings in a separate area of KEMH to reduce the number of people who are waiting in the emergency department for care. Moreover, an additional 12 bed public ward space is opening in the General Wing to help alleviate the pressure when surges occur. These all come with added cost to the BHB, including extra staffing, shifts, supplies and support services for every additional patient.

However, solutions that will truly make a difference are more long-term and require continued partnership with the Ministry and the community. In the interim, BHB remains indebted to the staff who are managing these surges and working around the clock to ensure our community always has safe quality and available emergency acute care.

Oncology

Sen. Lauren Bell: The staffing of the BHB oncology service has been an area of challenge in the previous year. Unexpected staff shortages in this area are not easily remedied, as there's a global shortage of oncology nurses and general oncologists. Extensive outreach to partner hospitals and nursing agencies has not resulted in quick or easy solutions.

Nevertheless, the BHB is pleased to have hired new oncology nurses, one of whom has arrived in Bermuda already. The BHB is already in the process of recruiting another oncologist and has one of the current oncologists who will be leaving later this year. Local arrangements are being made to cover the recruitment process as lead time for recruiting this speciality area can be more than six months.

Hyperbaric Chamber Staffing

Sen. Lauren Bell: The staffing of the hyperbaric chamber is currently being addressed through recruitment of new patient chamber assistants. These assistants need to be medically trained as emergency medical technician intermediates or nurses in order to take the

specialised training to function in the hyperbaric chamber.

There has been additional outreach to the diving community who are most impacted by the hyperbaric downtime. As a chamber is being used to treat diving accidents, it is critical for the chamber to be operational so that recreational professional dives can take place safely.

The BHB is the holder of some of the most personal and sensitive information on the Island. As such, [ahead of] the Personal Information Protection Act 2016 becoming fully [operative on 1] January 2025, the BHB took its compliance obligations seriously and made the necessary investment in resources to prepare for the operative date. The ongoing obligations of PIPA will continue to require BHB to invest in additional resources including advisory resources to address matters as they arrive, assessment of appropriate policies and procedures, ongoing training, and processes to audit and review who is [accessing] information.

BHB will also be enhancing its data privacy impact assessment processes to ensure that as new technologies are introduced to improve patient care, their personal information is always protected. The impact assessment will also ensure the protection of medical records that can be accessed by the community users of PEARL [Patient Electronic and Administrative Records Log].

Disaster Responses.

Sen. Lauren Bell: There were two hurricanes in the fiscal year and while neither had major impacts on the Island, BHB still had to undergo lockdown response to ensure services were maintained. These are costly responses to the BHB, and due to cost of bringing staff in and paying overtime, they represent about \$500,000 in additional cost for each storm.

Health care does not stop at hurricanes, and inpatients and residents must continue to receive quality care while emergencies and births must be responded to. Two babies were born during Hurricane Imelda in October 2025, highlighting the importance of the BHB having appropriate medical and support staff available during the storm.

Projective Activity

Sen. Lauren Bell: BHB is currently in the process of developing strategic plans for the years 2026 to 2030 called Vision 2030. This piece of work is critical to BHB's continued evolution and growth. It picks up the baton from the previous strategic plan that ran from 2021 to 2026.

The process for developing a plan has relied heavily on the framework set by BHB's accrediting body. Accreditation Canada surveys BHB across every service and support areas every four years, testing it against thousands of patients' safety standards which

include leadership, planning and decision-making. At the heart of all these processes is a drive for hospitals to focus on people-centred care. And for strategic planning, this means the early involvement of multiple stakeholders to provide feedback in developing goals and actions. For this process, there has been extensive involvement of staff through leadership and staff focus groups and feedback sessions, as well as the results of an employee feedback survey in which 71 per cent of the 1,800 staff members participated. All this information informs the strategy.

External stakeholders have been involved. Two community surveys mean that there are over 700 individual responses to questions about how BHB can improve and do better. Individual meetings with external health stakeholders have also taken place to more deeply probe the needs and opportunities within the community.

Capital funding has been granted to the BHB for the renovations of the Reid Ward and the Devon Lodge at MWI. This will give BHB 31 additional long-term care beds to improve bed flow. Reid Ward currently has 19 beds for long-care patients who have mental health needs, and this will be increased by 11. Devon Lodge previously had beds for long-term mental health patients without medical needs, but the ward has been vacant for some time as a result of group homes opening in the community. An additional 20 beds can now be made available by renovating Devon Lodge. The Reid Ward beds could come online within the upcoming fiscal year, and Devon Lodge within 12 to 18 months.

Additional supplies and staff recruitment will be needed to bring the services online, which would bring additional costs beyond the renovation cost. However, by transferring some of the patients currently in long-term stay ward at KEMH, the hospital will have capacity to improve patient flow as well as create a six-bed space dedicated to patients in need of stroke rehabilitation.

In addition to an extensive survey of BHB patient safety and quality standards across the whole hospital every four years, different areas and services get specialised accreditation. The Turning Point [Substance Abuse Programme] is accredited by the Commission on Accreditation of Rehabilitation Facilities [CARF]. Imaging Services is accredited by the American College of Radiology and Pathology, which includes the Lab and Blood Donor Centre, is accredited by the Joint Commission International. The Primary Stroke Centre at KEMH, which is operated with the support of Johns Hopkins, undergoes a special distinction certification process with an Accreditation Canada that is specific to stroke services.

A mock accreditation services was undertaken in November 2025 to help BHB prepare for the full survey, which will take place in June 2026. The stroke service is incredibly important to Bermudians. Before 2020, stroke patients often stayed in the hospital for 10

to 15 days. Very few were able to receive lifesaving treatments like clot busting medications. And half of the stroke patients developed aspiration pneumonia.

However, BHB's collaboration with Johns Hopkins on the stroke programme has helped us shift to delivering world-class services during the emergency phase of stroke care, ensuring that everyone in Bermuda benefits from the best possible response when every second counts. The results of the Primary Stroke Centre with John Hopkins—

The Chairman: Thank you, Senator Bell. That's your time

Sen. Lauren Bell: Thank you, Madam Chairman.

Madam Chairman, I move that Heads 21, 22, and 24 be approved as printed.

The Chairman: Thank you.

Is there any objection?

Hearing none, the heads are so moved.

[Motion carried: The Ministry of Health, Heads 21, 22, and 24 were approved and stand part of the Estimates of Revenue and Expenditure for the year 2026/27.]

The Chairman: Minister Caesar.

Sen. the Hon. Crystal Caesar: Thank you, Madam Chairman.

Madam Chairman, I move that the following heads be approved as printed:

- Non-Ministry Departments, Heads 1, 2, 5, 56, 63, 85, 92, 98, and 101.
- Cabinet Office and Digital Innovation, Heads 9, 13, 18, 32, 43, 51, 61, and 60.
- Ministry of Justice, Heads 3 and 4.
- Ministry of Finance, Heads 10, 11, 28, 38, 49, and 58.
- Ministry of Education, Head 41.
- Ministry of Health, Head 91.
- Ministry of Economy and Labour, Heads 44, 14, 27, 29, 60, 94, and 99.
- Ministry of Public Works and Environment, Heads 81 and 82.
- Ministry of Tourism and Transport, Culture and Sport, Heads 34, 35, 48, and 52.
- Ministry of National Security, Heads 83, 6, 7, 12, 45, and 88.
- Ministry of Home Affairs, Heads 93, 89, and 97.
- Ministry of Housing and Municipalities, Heads 90 and 53.

The Chairman: Thank you, Minister.

Is there any objection to the moving of those heads?

Hearing none, those heads are so moved.

Sen. the Hon. Crystal Caesar: Madam Chairman, I move that the Capital Accounts Estimates be approved and stand as part of the Bill.

The Chairman: Is there any objection?

No.

Sen. the Hon. Crystal Caesar: I move that clauses 1 through 6 of the Bill, together with Schedules A to C, inclusive, be approved and stand as part of the Bill.

The Chairman: Are there any objections to that movement?

No. So moved.

Sen. the Hon. Crystal Caesar: Thank you.

I move that the preamble be approved.

The Chairman: Are there any objections?

No. So moved.

Sen. the Hon. Crystal Caesar: I move that the title stand as part of the Bill.

The Chairman: Are there any objections?

No. So moved.

REPORT OF COMMITTEE

APPROPRIATION ACT 2026

ESTIMATES OF REVENUE AND EXPENDITURE FOR THE YEAR 2026/27

Sen. the Hon. Crystal Caesar: I move that the report of the Committee on the Bill entitled the Appropriation Act 2026 be adopted by the Senate.

The Chairman: Are there any objections to that movement?

No. The Bill is adopted by the Senate.
That is moved.

[Motion carried: The Appropriation Act 2026, along with the Estimates of Revenue and Expenditure for the financial year 2026/27 were considered by a Committee of the whole Senate and passed without amendment.]

The Chairman: That concludes Committee of the Whole [Senate].

Thank you, Minister. Do you need anything else from me?

Sen. the Hon. Crystal Caesar: No, I believe Madam President is trying . . .

The Chairman: Madam President.

[Laughter]

The Chairman: We are now out of Committee of the Whole [Senate] and thank you to the listening audience who stayed with us for this informative debate.
Madam President.

[Pause]

Senate resumed at 6:58 pm

[Sen. the Hon. Joan E. Dillas-Wright, President, presiding]

The President: Senators, I move that the Bill be now read a third time.
Is there any objection?

[Crosstalk]

The President: Sorry about that.

Sen. the Hon. Crystal Caesar: Madam President, you want a turn?

[Laughter]

Sen. the Hon. Crystal Caesar: I'm kidding, okay.

The President: She's got it here, though.

Sen. the Hon. Crystal Caesar: Okay.
Madam President, I move that the Bill be now read a third time.

The President: Is there any objection to that motion?
No objection.

BILL

THIRD READING

APPROPRIATION ACT 2026

Sen. the Hon. Crystal Caesar: Thank you, Madam President.

I move that the Bill entitled the Appropriation Act 2026 do now pass.

The President: Is there any objection to the passage of the Bill?

The Appropriation Act 2026 is passed.

[Motion carried: The Appropriation Act 2026 was read a third time and passed.]

The President: Thank you, Senators. Thank you, Minister, first of all, and thank you to all Senators who participated today. And you've all done well.

We will now move on then with the next item on our agenda.

MOTIONS

The President: There are none.

CONGRATULATORY AND/OR OBITUARY SPEECHES

The President: Would any Senator care to speak?
Hearing none . . . Minister Wilkerson.

ADJOURNMENT

Sen. the Hon. Kim Wilkerson: Madam President, I move that the Senate do now adjourn until Monday, March 30.

The President: Would any Senator care to speak on the motion to adjourn?
First of all, I call Senator Victoria Cunningham.
You have the floor.

BUDGET DEBATE APPRECIATION

Sen. Victoria Cunningham: Thank you, Madam President. This will be brief. I just wanted to . . . this is my second budget in almost a year into the Senate, and I just wanted to thank my colleagues across the aisle for what I thought, on the whole, was a successful budget debate.

And I think me and my colleagues feel that we asked a lot of questions and hopefully gave the listening audience something to think about and more information as we delved into the numbers. So, I just wanted to thank them, and I'm looking forward to a restful weekend.

The President: I'm sure you are.

Sen. Victoria Cunningham: But yes, thank you very much.

The President: Thank you, Senator Cunningham.
And Vice President John Wight, you have the floor.

BUDGET PRESENTATIONS—A DISSERVICE IS DONE TO THE PUBLIC WHEN MINISTERS/JUNIOR MINISTERS FAIL TO ALLOCATE TIME FOR QUESTIONS BY SENATORS

Sen. John Wight: Thank you, Madam President.
I'll be brief as usual, just to concur with what Senator Cunningham said. I would add, though, the last Ministry, which was a very important one for Senators and the listening audience, I think we do a disservice to the listening audience and to the budget process when we allocate four hours to an important Ministry, and there's no time allocated for any type of debate, no

questions. This isn't the intent of a Senate budget debate when we aren't allocated any time.

So, I understand that the script was done for this, but I think we do the listening audience, especially, a great disservice when we operate in this fashion.

So, thank you, Madam President.

The President: Thank you, Senator John Wight.

Would any other Senator care to speak?

Yes, Senator Tarik Dunbar Smith, you have the floor.

BUDGET DEBATE APPRECIATION

Sen. Tarik Smith: Thank you, Madam President. I do concur to the same sentiments of the Opposition Senate Leader Cunningham. I would like to thank Junior Minister Mischa Fubler and Junior Minister Lindsay Simmons for an interesting question and answer debate. I appreciate it. I've been sweating about this for quite a while, and I'd like to thank that special person who helped me, especially on Tuesday, to be prepared for today. It means a lot, and I thank you very much for your help.

And to all my fellow Senators, I'll see you on Monday. God spares life.

The President: Thank you.

Would any other Senator care to speak on the motion to adjourn?

Hearing none . . . Senators, the Senate stands adjourned until Monday the 30th. Thank you all for your hard work today. You've all been exceedingly busy. Enjoy your weekend [of] relaxation.

Thank you.

[At 7:03 pm, the Senate stood adjourned until 10:00 am, Monday, 30 March 2026.]

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