Report on the Assessment of the Situation of Children in Bermuda
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The Assessment of the Situation of Children was commissioned by the Advocacy Sub-committee of the Inter Agency Committee for Children and Families to assess the situation of children in Bermuda with a view of using the results to craft a National Children's Agenda. A key aspect of developing this initiative was the conduct of an assessment of the situation of children so as to create a comprehensive and evidential foundation for future action.

The IAC was established in 1997 to provide a collective platform whereby providers can maximize service provision and advocate on behalf of children and families in Bermuda. Ultimately the goal is to facilitate the creation of a fully accessible continuum of services that supports and enhances the wellbeing of children in Bermuda.

The over-arching premise of this assessment is that the absence of a comprehensive approach to the fulfillment of the rights of Bermuda’s children creates a situation where there are disconnections in the continuum of care. The result is that some children and families are not able to claim the levels of benefits and services which they need and are entitled to. There is the recognition that all children are vulnerable however there are some who are more vulnerable than others and whose plights are exacerbated because of inherent and persistent historical, emotional, social and economic barriers.

A small committee consisting of volunteers was created to drive the process forward and to ensure that the process fully takes on board any special circumstances of Bermuda and that a rigorous process was employed. In general the study applied a human rights lens and sought to explore the question of whether or not children in Bermuda were adequately cared for. Data collection was done through documentary review of existing reports and books, statistical compilation of relevant existing statistical data and the conduct of interviews and focus groups discussions with various stake holders. Comparative analysis, capacity analysis and strategic analysis were some of the key tools used to pulling together the key information.

Results of the findings indicate that for the most there is a framework in place across various Ministries and Departments such as the Department of Child and Family Services, the Ministry of Health, the Ministry of Education, the Ministry of Justice and the Police Service as well as non-governmental organizations aimed at securing the welfare of children in Bermuda. There is a range of programmes that seek to meet the needs of children in general and to address some of the needs of children who are especially vulnerable in society. In addition there exists a comprehensive network of legislation which effectively safeguards the rights and wellbeing of children. In some instances the legislation surpasses the commitments agreed to in the CRC and in a few instances some fall short. However, overall it was highlighted that there some notable gaps as it relates to capacity, funding, programming, coverage and legislation across the board.

Further the report showed that children and families experiencing multiple deprivation were among the most vulnerable as they tended to suffer from ill health, low educational attainment, unstable homes, involvement in violence as victims and perpetrators of violence against each other, as well as increased vulnerability to abuse, neglect and hunger. From a life span perspective the findings showed that younger children were more vulnerable than older children and that vulnerability to certain types of dangers vary based on age. It was pointed out that addressing issues at an earlier age significantly reduces the impact in human and financial terms.

Broadly speaking it was found that improving the plight of children hinged on the largely on the following:

- Early identification and interventions (especially in Health and Education);
- Strengthening capacity (human resource, processes/procedures, financial) of organizations to fulfil their mandate;
- Strengthening the social safety net available to children and families;
- Improving and expanding mechanisms to protect children against all forms of child abuse and violence;
- Expanding and solidifying inter-ministerial / cross-ministerial linkages/cross-sectorial linkages (public sector and Civil Society);
- Buttressing the alternative/adult education sector or training programmes for children/young people who opt out of the formal education system to facilitate re-engagement;
- Improve resilience of at risk youth
- Enhance surveillance and reporting on key child welfare indicators.
Based on the findings of the Situational Analysis, the IAC Advocacy Subcommittee identified 10 priority areas that are critical to address. We believe these are critical to achieving our vision where all children are positive, contributing members of Bermudian society and are happy, healthy, secure, empowered and self-sufficient.

These include:

**Survival Rights**

**PRIORITY A:** Bermudian children and families live healthy lifestyles within the context of healthy social norms

**PRIORITY B:** Bermudian families have options that can afford them an adequate lifestyle and a sufficient social safety net

**Protection Rights**

**PRIORITY A:** Bermudian children and families feel secure and safe across all spheres of the life of the child (school, home, community)

**PRIORITY B:** Bermudian children have access to the support necessary to recover and build resiliency from trauma.

**PRIORITY C:** Bermudian children and families live in a nurturing and restorative culture

**Development and Participation Rights**

**PRIORITY A:** Bermudian children and families have the education and skills necessary to secure a job that allows them to earn a living wage

**PRIORITY B:** Bermudian children fulfill their greatest potential (with creativity and following one's passion)

**PRIORITY C:** Bermudian families have equal opportunity as evidenced by an inclusive, active and progressive plan to mitigate the effects of historical, political and institutional barriers that inhibit equal opportunity

**PRIORITY D:** Bermudian parents have positive parenting tools and techniques that prepare and encourage children

**PRIORITY E:** The Bermudian community is empowered and participates in key decisions.

The report analyses the data across these main categories of rights, namely Survival Rights, Protection Rights, Development and Participation Rights. The following provides a detailed summary of the key findings in these areas.

**SURVIVAL RIGHTS**

**ACHIEVEMENTS**

Bermuda has a fairly advanced Health System developed around a system of Private Insurance and supported by a rigorous network of legislative and regulatory instruments. Basic health care and some secondary health care services are available and accessible to those who are most vulnerable (inclusive of children) and are subsidized by the Government. Although there remains some unevenness in the level of coverage across selected areas observed, trends indicate that immunization has significantly improved since 2001. Bermuda's health profile reflects one of a developed society where infectious diseases are under control.

For the most part the majority of the population has access to healthful foods and wide open space necessary for healthful living. Infant mortality Rates (IMR) and Maternal Mortality Rates (MMR) on a whole have remained relatively low over the years. Chronic malnutrition has been virtually eliminated. The introduction of universal screening for HIV/AIDS for pregnant women in 1998 has resulted in mother to child transmission rates being reduced to zero. In addition, teenage fertility in Bermuda has declined significantly, dropping by 50% since the 1990s. The health profile of older children has remained relatively stable overtime. Alcohol consumption by teens has also dropped noticeably.
Generally the standard of living of Bermudians has improved significantly, with the greatest strides occurring since 2000. In particular, steady gains have been realized in terms of per capita income and disposable income. A reliable foundation for social protection and the delivery of social services has been developed and key services are available to those who need special assistance through these mechanisms. Informal structures are already in place to facilitate cross-sectoral cooperation and collaboration so as to enhance resource and information sharing and to allow organizations to benefit from complementarities.

KEY CHALLENGES

- Ballooning cost of health care in Bermuda could inhibit health seeking behaviors - increase in personal expenditure on health care as a percentage of personal income in the past 10 years (increased from 8.7 in 2004 to 11% in 2012);
- Insurance coverage for all children – 2% of children has basic insurance coverage and 6% has no coverage at all, 89% of Bermudians covered by Insurance, low coverage for unemployed Bermudians;
- Limited development in structures for cross sectoral collaboration and cooperation;
- Weak systems of reporting on indicators on infant/child health;
- Reluctance or inability of some mothers to continue breast feeding beyond a couple months;
- Neonatal deaths reflect 50% of deaths of infants;
- Emerging trend of low birth weight babies;
- Emerging patterns of childhood obesity as approximately one in four children can be categorized as overweight – (overweight child more likely to be between 5-10 years of age, a girl, from low income household and black);
- Growing manifestation of chronic non-communicable diseases in children and adults (childhood diabetes) and limited country specific information available on this subject;
- Deaths of young males in the 14-19 age category (due to assault and traffic accident);
- Males 14-19 hospitalized due to injury and poisoning (50% of hospitalizations);
- Females 14-19 hospitalized due to pregnancy (41% of hospitalizations);
- Teenage pregnancy rate 17.7 per thousand adolescent females;
- Data on teen pregnancy not readily available;
- Lack of sufficient information on reproductive health and life skills;
- Early sexual initiation and high proportion of sexually active teens (25% of 11-18 year olds sexually active and 50% 16 year olds and over sexually active);
- Poor attitudes and behaviors of parents identified as one of the key risk factors for anti-social behaviors among young people, (parental attitudes favorable to anti-social behaviors. Poor family management, gang involvement, Parent’s attitudes to drugs and alcohol and poor academic performance);
- “Attack and harm” identified as the most prevalent anti-social behavior among students in Bermuda;
- High level of experimentation of students with alcohol, marijuana, inhalants and cigarettes (76% reported experimenting with at least one drug);
- High dependence of low income families on social assistance;
- High cost of food;
- Families with children, especially single parent households (400 households) and seniors vulnerable to poverty;
- Increase in the phenomena of the working poor or persons not being able to earn a living wage;
- Change in the profile and proportions of persons requiring financial assistance from 76% of beneficiaries being seniors and disabled in 2011/2012 and 24% to able bodied individuals (unemployed and employed) to 50% being paid to bodied individuals (unemployed and employed) and 50% seniors and disabled in 2012/2013;
- Social protection or social safety net review or assessment not conducted in recent times and lack of effective targeting of social protection;
- Frayed capacity of agencies tasked with the delivery of key services or benefits;
- Affordable housing remains a significant challenge. Housing remains the highest expenditure item on households’ budget (rent, mortgage, land and house Tax and Insurance).
Priority A: Bermudian children and families live healthy lifestyles within the context of healthy social norms

Priority B: Bermudian families have options that can afford them an adequate lifestyle and a sufficient social safety net- I think it should move to survival rights

CRITICAL OUTCOMES

• Further minimize the impact of the high cost of health care on the most vulnerable;
• Reduce the number of children not fully covered by health insurance to zero and increase the proportion of Bermudians covered by some form of insurance from 89% to 100%;
• Enhance Capacity by formalizing “Ministry to Ministry”\(^1\) cooperation with a view off creating long term partnerships across sectors;
• Strengthen Child Health Information System (CHIS) and enhance reporting on key indicators of child health such as infant and child mortality rates at all levels;
• Reduce neonatal deaths;
• Continue to promote breastfeeding among new mothers and increase breast feeding rate;
• Reduce the incidence of low birth weight babies by exploring causal factors and improving maternal health;
• Significantly decrease the proportion of children in Bermuda considered overweight or obese;
• Create baseline information of childhood Diabetes and other non-communicable illnesses and devise strategies to reduce such among children;
• Reduce the likelihood of deaths of males in the 15-19 age cohort due to assault and traffic accidents;
• Lessen the teenage pregnancy rate;
• Improve reporting on teen pregnancy;
• Strengthen Reproductive Health Education Programmes for teens and intensify life skills programmes;
• Augment protective factors for students who are most at risk for anti-social behaviors;
• Further address the main anti-social behaviors exhibited by students and other young people;
• Reduce the number of children experimenting with illegal drugs;
• Strengthen and expand the bridges between beneficiaries and key support services to reduce “life-time membership” to the social safety net programmes. This is so as to ensure that social transfers not only provide support for the disadvantaged but that they also allow for the poor to transition into the productive economy;
• Improve access to affordable and nutritious food;
• Fine tune targeting mechanisms e.g. and improve effectiveness of social assistance programmes e.g. Conditional cash transfers, Proxy means test (PMT), Community Based Tests (CBT), ans Social Categorical tests.
• Build resilience of families with children especially single parent families, against poverty, hunger and ill-health;
• Broaden services available to the working poor so as to help stymie the widening inequality between the rich and the poor; e.g. training and retooling; maintaining the job ladder; minimum wage review; looking at impact of seasonal employment and reduced hours;
• Strengthen support for the unemployed extending beyond financial assistance; (e.g. Developing database with jobs and improving Labor market information system;
• Address the issue of multiple-deprivation;
• Examine factors contributing to the changing profile of persons accessing financial and other social assistance;
• Strengthen social safety net; (Social Safety Net Assessment)
• Enhance the capacity of agencies to deliver needed social assistance and services looking specifically at institutional environment, organizational performance, inter- institutional linkages and human resource management and processes;
• Develop a comprehensive policy on Affordable Housing or strengthen existing affordable housing Policy;

\(^1\) “Based on the premise that in principle the two ministries are equal partners, with a common interest in engaging in peer dialogue on policy and practice, in learning from one another and in jointly tackling key issues and problems in the further development of their systems.” *Inter-ministerial cooperation: A model for Capacity Development*, NORAD, 2006 p3
PROTECTION RIGHTS

ACHIEVEMENTS

For the most part children in Bermuda are protected within functional and loving families. Legal and practice mechanisms are in place to facilitate this. Bermuda has instituted a system which absorbs those children who face difficulties in family or community settings either through specially run homes, over-seas residential programmes, foster care or adoption. Further a network of care professionals such as social workers, counsellors, financial assistance officers, psychologists, child advocates and psychiatrists has been developed to ensure that the welfare of children in Bermuda is protected and that children are able to bounce back after a crisis. Often this is done in tandem with health care professionals, educators and police officers. Specific charities such as Centre for Abuse, Family Centre, SCARS, The Women Centre and the Coalition for the Protection also play an role in safeguarding children in adverse circumstances.

The problem of child abuse has been receiving increased attention at all levels and this has filtered down to impact and inform practices, attitudes and policies leading to a deliberate and conscientious approach to matters of this nature. There is a general body of laws and regulations to protect children. A Family and Youth Court has been established which seeks to preserve the best interest of the child. Alongside this, detention/training facilities for young persons who find themselves on the wrong side of the law have been created. Further there is growing appreciation of the plight of the victims and abhorrence for acts of violence and abuse committed against children and young people. This is helping to shape the dialogue around the subject and to highlight the impact of the generations of trauma on Bermudian society.

KEY CHALLENGES

- Noticeable increase in reported instances of child abuse - 2010 was one of the most notable years with 637 reported cases of abuse;
- Main types of Abuse reported in Bermuda are Neglect, Physical abuse and sexual abuse;
- Limited information available regarding the main characteristics, incidence, nature, severity and causes of child abuse;
- Proliferation of violence and abuse against children and youth;
- Culture of silence surrounding abuse against children in families and across society;
- Culture of discipline centered around punishment and not instruction or training;
- Children and teenage girls are at risk sexually, they are sexually abused at home or in the community, in relationships with older men where power is unequally distributed, exposed to STDs and the consequences of unplanned pregnancy,
- Increase in cases of child sexual exploitation using technology;
- Growing acknowledgement of the long term impact of abuse and other trauma on Bermudians;
- Increase in the number of families in crisis and children living under difficult conditions;
- Increase in number of children placed in foster care or other alternative care solutions;
- Limited arrangements made for children who are ageing out of alternative care options e.g. foster or residential care;
- Age of criminal responsibility is low compared to other developed countries;
- The profile of young people who come into contact with the juvenile system is changing. While the court has always dealt with children as victims in need of care and protection however there are now more and more juveniles presenting as offenders of the law having perpetrated very serious crimes;
- Adolescent boys and young men are increasingly involved in the gang sub-cultures of drug trafficking, abuse, organized crime and violence;
- Juvenile justice system is not youth friendly;
- The presence of a social services system which is over-burdened and has limited capacity to fully meet the broad-based needs of the most vulnerable.

CRITICAL PRIORITY AREAS
Priority A: Bermudian children and families feel secure and safe across all spheres of the life of the child (school, home, community)

Priority B: Bermudian children have access to the support necessary to recover and build resiliency from trauma.

Priority C: Bermudian children and families live in a nurturing and restorative culture

CRITICAL OUTCOMES

- Reduction in the number of children being abused in Bermuda;
- Reduction in all types of abuse – neglect, physical abuse and sexual abuse;
- Conduct a detailed Study on Child Abuse in Bermuda in the near future;
- Promote a comprehensive approach to addressing child abuse by creating a child abuse response framework and developing a National child abuse plan immediately;
- Reduce level of violence against children and youth in general and Bermudian males in particular;
- Break the culture of silence surrounding child abuse;
- Encourage appropriate child discipline practices;
- Strengthen the protection for young girls so as to reduce their level of exposure to sexual abuse;
- Foster the responsible use of technology;
- Break the cycle of abuse or violence on individuals, families, communities;
- Address the impact of untreated multi-generational trauma;
- Expand support for families in crisis and enhance alternative care options;
- Facilitate the creation of mechanisms to smooth the transition from alternative care to independent living;
- Review the age of criminal responsibility;
- Strengthen the resilience of boys and young men against the gang sub-culture and other anti-social behaviors closely associated with violence and abuse;
- Augment the juvenile justice system so that it is more youth friendly such that youth receive the highest level of protection and rehabilitation where necessary;
- Improve the effectiveness and efficiency of social services and enhance capacity to deliver;

DEVELOPMENT AND PARTICIPATION RIGHTS

ACHIEVEMENTS

A strong infrastructure for educating the nation’s children has been built up over time as the Education System has had to be flexible and fluid to accommodate key changes. Primary and secondary education is offered free of charge to students in the public system and the fees are heavily subsidized for Bermuda College. Nominal fees are also charged by alternative education providers. Access to education and availability of the opportunity to attend school has been realized. There is a strong drive to improve the quality and relevance of educational offerings so that Bermuda could be further inserted into the Modern Global Economy in such a way that there is greater benefit to all but particularly those who are experiencing multiple-deprivation and increased vulnerability to poverty, hunger and ill-health. The introduction of the Cambridge Curriculum in core subjects starting from primary school upwards creates a unique opportunity for continuity of learning as children are able to build on familiar concepts as they transition to different phases of their educational lifespan.

KEY CHALLENGES

- Outcomes from the Middle school system seem to be unsatisfactory;
- The implementation of the Cambridge International Curriculum is still relatively new and there are many uncertainties and pass rates in all three core subject areas remain low since the first sitting of the exams in 2011.
- No indication that there is a long term strategic plan (10 – 15 years) or articulated vision for the Education Sector in Bermuda which would then inform actions in the short-term and mid-term plans to guide decisions
that are made now and drives the system to the realization of that long time goal. (Blue Print for Education – is a 5-year plan, College has a 10 year plan)

- Children spend an average of 12 years in the education system which is 4 years lower than their counterparts in the United States, UK and Canada. This reduces the potential for attaining higher standards of living or making long-term gainful contributions in the local economy.

- The expenditure on education as a percentage of GDP is 2.6%. This is significantly below the OECD average of 6.2% and the US average of 5.4%

- Net enrollment at the secondary level while on an increasing trend is still too low. At the highest net enrollment in 2011, 27% of secondary aged children are not accounted for.

- The progression rate of males to secondary schools is at an unacceptable level. 25% of males do not progress to secondary school.

- Students feel that the educational system overlooks their psycho-social and emotional needs. To some students school is seen as an inhospitable environment with unfair practices and which subjects them to a fair degree of indignity.

- Behavioral and psycho-social challenges are addressed too late in the school life cycle of the child.

- Across the board, the programs catering to early childhood are too fragmented lacking any central communication, resulting in stretched resources and lack of direction or synergy.

- Lack of proper regulation in Pre-School/Day-Care

CRITICAL PRIORITY AREAS

Priority A: Bermudian children and families have the education and skills necessary to secure a job that allows them to earn a living wage

Priority B: Bermudian children fulfill their greatest potential (with creativity and following one’s passion)

Priority C: Bermudian families have equal opportunity as evidenced by an inclusive, active and progressive plan to mitigate the effects of historical, political and institutional barriers that inhibit equal opportunity

Priority D: Bermudian parents have positive parenting tools and techniques that prepare and encourage children

Priority E: The Bermudian community is empowered and participates in key decisions.

CRITICAL OUTCOMES

- Intensify the transformation programme for the Middle School System based on open dialogue and participation;

- Institute measures to increase the percentage of persons who receive “C” and above passes in Cambridge Examinations;

- Strengthen and provide increased support for the Alternative education and Adult Education Sector;

- Develop a long term Strategic Plan for Education Sector which minimizes adhoc changes to the education System and puts in place a framework for important and incremental change, over the short term and medium term;

- Develop strategies to increase the number of years spent in the education system to be on par with or exceed that of non-Bermudian counterparts. This must include promoting life-long learning for all and promote and provide opportunities to post-secondary learning.

- Develop a culture of entrepreneurship via the education system from an early age. This should include technical and business management skills.

- Commit to investing more in the education system. This investment must align with long-term strategies and must increase the share of education expenditure as a percentage of GDP. This percentage must be closer to those of competing countries.

- Account for the missing children from the secondary school system, clarify why they are missing. Increase student retention rates and progression rates.

- Increase the percentage of males who transfer from primary school to secondary school. Devise methods to ensure that 100% of males progress to secondary level training.
• Improve the learning environment of schools being mindful of the unique needs of at-risk students. Implicit here is the need to treat everyone equally.
• Strengthen existing programs providing early identification of challenges and promote early interventions. This may entail increase utilization of the Child Development Programme. There is also an urgent need to strengthen the capacity of this programme.
• Provide a forum among early childhood programs for central communication, leadership, action, regulation, measurement and evaluation.
• Finalize the preparation of the regulation on Day-Care initiated in the Ministry of Health

LEGISLATIVE FRAMEWORK

ACHIEVEMENTS

Bermuda had a well-developed and comprehensive regime relating to the protection and enforcement of children’s rights. This project will go some way towards identifying any lacunae therein vis-à-vis the Convention. There are various criminal sanctions which exist in Bermuda to protect the lives and safety of everyone. Further there are noted detailed regimes contained in the Children Act 1998, the Education Act 1996 and the various social services which are administered by the government and supported by relevant entities.

CHALLENGES

• A glaring omission in the regime protecting children is the absence of a general welfare requirement under the Young Offenders Act 1950 in respect of young persons or children charged with, or convicted of, criminal offences. This is in stark contrast to the position in England & Wales as enshrined in section 44 of the UK’s Children and Young Persons Act 1933 which provides as follows:
  o “Every court in dealing with a child or young person who is brought before it, either as an offender or otherwise, shall have regard to the welfare of the child or young person and shall in a proper case take steps for removing him from undesirable surroundings, and for securing that proper provision is made for his education and training.”
• Bermuda’s age of criminal responsibility is quite low compared to other advanced democracies, where the age of criminal responsibility varies from 10 to 16. See http://en.wikipedia.org/wiki/Defense_of_infancy#Ages_of_criminal_responsibility_by_country. (Note, however, that the ‘doli incapax’ presumption ending at 14 is consistent with some jurisdictions, such as Australia and South Africa. England & Wales abolished the presumption in 1998.)
• Section 2(1) of the Young Offenders Act 1950 defines a “child” as a person under the age of 16, but does also make provision for a “young person” as being someone 16 or older but not yet 18. The full protections of the Act do not apply to those aged 16 and 17, even though mental and emotional development of young people of this age is not the same across the board.
• Detention at Her Majesty’s Pleasure in need of reform. There should at least be statutory provisions which flesh this out some more. E.g. adults are no longer imprisoned at Her Majesty’s Pleasure.
• The International Labor Organization’s Minimum Age Convention, 1973 (ILO no 138), 26.06.1973 (http://www.ilo.org/ilolex/cgi-lex/convde.pl?C138) has not been incorporated to Bermuda
• Bermuda’s Constitution is unique in the Western World in that it applies only to Bermudians. In all other Western Countries the constitution, written or unwritten, applies to all legal residents irrespective of nationality. http://www.bermuda-online.org/legal.
• There is no specific aspect of the law which speaks to family reunification and there is currently a Limited proportion of children reunited with families once entered into the foster care system; approximately 17%.

CRITICAL OUTCOMES

• Review, update and amend relevant legislations
FULL REPORT ON THE SITUATION OF CHILDREN IN BERMUDA

Across the Ages: Building a Future for our Children

METHODOLOGY

A collaborative and engaging process was utilized to carry out this assessment and to ensure that the current situation of children was mapped out and that a clear way forward was articulated. The conduct of the interview involved the following:

A: Documentary Review – review of all relevant existing reports and books and the systematic analysis of data relevant to children and families;

B: Statistical Analysis: - involved the collection, collation and analysis of all relevant statistics from National and International Sources;

c. Qualitative Methodology: - Semi-structured interviews were conducted with key persons who provide services to children then categorized and analyzed. A number of Focus group session were also conducted.

LIMITATIONS

The study was hampered by the lack of availability of up to date statistical data on some key social issues as the information was either not available or the data was from several years prior to the conduct of the study. In some instances reference to current situation were made with much caution.

ORGANIZATION OF REPORT

This report is organized as follows, Section B which follows immediately after this section explores the conceptual framework that anchors and informs the research as well as the analytical framework through which data was interpreted and applied. Section C examines the key findings by applying the main tenets of the conceptual framework while outlining the main achievements, challenges and proposed recommendation under each sub section. At the end of the document you have the main references itemized and appendix attached.
C. CONCEPTUAL AND ANALYTICAL FRAMEWORK

I. A RIGHTS-BASED PERSPECTIVE

Historically social welfare provisioning has operated from a needs based perspective and has aggrandized the “top down”, hand-out, patron-client relationship. In this scheme of things clients are not necessarily accorded rights or entitlements. However as norms and values are internationalized, as countries engage in more legally binding relationships and multi-lateral agreements and citizens become more exposed to information the need to adhere to a rights based perspective has become more of an imperative. These obligations have created a platform for the rights basis of entitlements in social development. The extent to which rights are realized is a function of the extent to which Governments shoulder their obligations and the people understand their rights and responsibilities.

At the most elemental level rights are promises made by the Government to ensure that persons are treated fairly and equally. The United Nations Child Rights Convention (CRC) is a key instrument outlining the obligations of all stakeholders to children. For the state the main objective is to act on behalf of its citizens to ensure that they have access to basic and essential services. The Modus operandi of states in meeting their obligations is a matter for close scrutiny. Not only has there been created a framework for states to act but also the space has been carved out for NGOs, other civil society organizations and individuals to hold the state accountable for fulfilment of its obligations. Enshrined in the CRC are not only civil and political rights but also economic, social and cultural rights as well intimating the need for an integrated and multidimensional approach to the realization of rights.

A rights based perspective calls for an immediate paradigm shift. Recognition that the realization of rights goes beyond simply meeting needs is pertinent as it speaks to rights being protected, respected, facilitated and fulfilled. The CRC hinges on four main foundational principles, namely:

- **Non-discrimination** (Article 2):
  - This purports that all children are imbued with equal rights to develop their potential regardless of race, color, gender, caste, language, opinion, origin, disability, birth and any other characteristic.

- **Best interest of the child** (article 3):
  - This is at the heart of all actions pertaining to the child. It supports a child centered approach. This consideration holds true regardless of the level at which decisions are being made. Be it at the governmental level, administrative or judicial authorities or families. Laws and practices allows one to evaluate the extent to which this principle is embraced.

- **Life Survival and Development** (Article 6 and 27):
  - This pertains to every aspect of a child’s life whether it is physical, emotional, psychosocial, cognitive, social or cultural. The state is the most powerful player here however some NGOs have evolved significantly and have shouldered some of the responsibilities which were once the sole domain of the state.

- **Respect for views of the child** (Article 15):
  - Children have a right to participate in decisions concerning their lives. They also are entitled to having their opinions heard and taken seriously.

Translating these principles into action presents its own set of opportunities and challenges. Understanding that children rights are Human Rights is critical. Threaded through the CRC are the guiding principles of the human rights of participation, accountability, indivisibility and universality. These are further elaborated below in Box 1.
### Table 1: Human Rights Guiding Principles

<table>
<thead>
<tr>
<th>Guiding Principles</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participation</strong></td>
<td>Participation is a right. All have the right to participate in, contribute to and enjoy social, economic and cultural development.</td>
</tr>
<tr>
<td><strong>Accountability</strong></td>
<td>Children are right bearers. Various other stakeholders are duty bearers and are therefore accountable for meeting their obligations to children. The family is the primary protector of the child’s rights. Governments are obligated to promote, respect, and protect the rights of women and children. States are also beholden to support families.</td>
</tr>
<tr>
<td><strong>Indivisibility</strong></td>
<td>All rights are interrelated and indivisible and are on the same plane. Interventions must be prioritized based on urgency and resource availability.</td>
</tr>
<tr>
<td><strong>Universality</strong></td>
<td>Rights apply to all children, all the time in every situation. Of Paramount concern are disparity, exclusion and injustice. Reaching marginalized children requires aggressive and concerted effort.</td>
</tr>
</tbody>
</table>

**Box 1: Human Rights Guiding Principles**

II. A LIFE CYCLE APPROACH

Over the past four generations humans have experienced an unprecedented expansion in lifespan resulting mainly from improvements in living conditions. In particular, research on longevity indicate that the main dynamics which cause life expectancy at birth to go up are tied to medical advancements, better housing and sanitation, better nutrition, higher education and overall improvement in environmental factors. The quality of one’s life however at a later stage in one’s life-span is dependent on the success enjoyed in a previous stage.

Rapid changes and the magnitude and scale of issues faced by modern societies coupled with intensified environmental degradation, obesity and the impact of non-communicable and communicable chronic illnesses have created a landscape of uncertainty and may be on route to reversing this trend of improvement in life span and overall quality of life. A key question faced by countries such as Bermuda especially during this period of uncertainty and transition is how to consolidate gains achieved in previous eras while at the same time maintaining acceptable levels of progress for all in society.

Another consideration speaks to how to more effectively and efficiently deploy scarce resources across all sectors, both in financial terms and human capital terms. Yet another challenge within this context centers on how to create and maintain a society for all Bermudians, where all enjoy the fruits of development and progress. Lastly, as these questions are pondered some thought must also be given to whether the country can address key issues via a spectrum of perspectives, laws, regulations, policies and programs without carefully addressing the peculiarities of each stage of life which the citizens go through.

As this discourse is specifically concerned with the plight of persons in the earlier stages of life ranging from early childhood to adolescence the discussion would center on these stages. Generally the life cycle approach’s salience stems from the fact that it allows one to assess the age specific needs and vulnerabilities of a child and to identify a comprehensive path to addressing these needs. Through this approach one is also able to chart those critical transitions as an individual moves from one stage of life to the next that could act as a barrier or stepping stone to healthy development. For that matter it highlights issues of problem manifestation and root cause analysis, thus promoting a more systematic and coherent response from parties concerned. Please see Figure 1 below for a description of the continuum of development over the life span.

The United Nations Children’s Fund (UNICEF) maintains that addressing issues from a life cycle perspective lays a foundation for successive life stages given that the effect of interventions are cumulative. It is postulated that interventions in one life stage brings benefits to following stages. Essentially, getting “it” right in each stage is a
significant success factor. Creating a model of development where a child is able to consistently build on successes achieved in earlier stage of life without any hindrances natural or manufactured is a matter which ought to assume prominence as consideration is given to the development of a National Children’s Agenda for Bermuda.

**Figure 1: Continuum of development over the Life Span**
Source: Adapted from UNICEF, 2006

IV. **DEPRIVATION AND RISK**

Both anecdotal and research evidence underscore the fundamental reality that poverty is more than a lack of money. As such income alone does not necessarily alter life outcomes. This is especially true of persons and families trapped in the grips of inter-generational poverty. Families facing deprivation battle a complex cocktail of circumstances that are far removed from those who make decisions concerning their welfare. As such understanding what traps families in deprivation as well as being familiar with their experiences provide a good launching point to breaking this destructive cycle.

Deprivation as defined by the Macmillan dictionary refers to a situation where people do not have the basic things they need to live a comfortable life. Deprivation may have multiple dimensions which means that addressing one issue may not solve the problem as individuals or families may be facing instances of multiple deprivation. Multiple deprivation occurs when more than one factor intersect and impact negatively on an individual’s, family’s or community’s welfare. Poor health, lack of education, high unemployment, high levels of crime, barriers to housing and services, degraded living environment and low income are all dimensions of deprivation. Concentration on deprivation of necessity casts a broader
net than poverty since deprivation reflects a lack of resources of all kinds not just financial and zeroes in on individual’s living condition and not just money. Specifically, poverty signals the absence of the financial means to cover basic needs. It is important to note that some people who experience some level of deprivation may not all have low incomes however individuals experiencing multiple forms of deprivation are more likely to have low income and limited access to resources.

Community outlooks which comprise of attitudes, values and aspirations of neighborhoods along with the differences in rents, tenure, labor markets determine the severity of the deprivation. At the individual and community levels community attitudes could determine whether or not educational or employment opportunities are taken up. The challenge here is that persons who are less affluent are not as able to select where they live as compared to those who are particularly well off.

Overall, addressing deprivation involves addressing individual factors as well as factors at the community level. For that matter where in practice the importance of community development has waned evidence suggests that more attention may in fact need to be placed on community development as a means of addressing deprivation. This is needed as building strong relationships and strengthening social capital becomes more and more important to development outcome. A haunting question lingers as to why address deprivation? In the final analysis, deprivation is damaging to the overall wellbeing of individuals and harmful behaviors are associated with it. Nurturing resilience in children and families counteract the impact of deprivation and assists children and families in overcoming hardships.

V. ECOLOGICAL SYSTEMS MODEL

The Ecological Systems Model developed by Urie Bronfenbrenner purports that transition is often viewed as an ecological concept. This ecological model he explained consists of a series of layered or intertwined structures (microsystems) which are linked together in a network (mesosystem) and influenced by the wider society (macrosystem). This theory concentrates on the impact the environment has on the growth and development of an individual.

The value of examining Bronfenbrenner’s theory is to provide some structure for conceptualizing the many, many influences on a child’s socialization. Some of those influences have a direct effect on the child (through the Micro and Mesosystems) and some of those influences have an indirect effect on the child as they trickle down through the individuals and relationships in the child’s immediate environments. In this model Bronfenbrenner outlined five structures in his theory namely microsystem, mesosystem, exosystem, macrosystem and chronosystem. Fabian and Dunlop 2002 in detailing Bronfehbrenner’s thesis explains each structure as follows:

❖ The Microsystem

“The microsystem refers to the environment in which an individual lives. This system includes family members, peers, religious communities, neighborhoods and others whom the individual has regular interaction and direct contact with. The microsystem is the system in which an individual encounters the most social interactions. The individual is not simply observing or having things happen to them, but helping to create and construct the experiences they have.”

❖ The Mesosystem

“The mesosystem is described as the interactions between the microsystems. The mesosystem could include experiences at home related to experiences at school, or experiences at school related to experiences at church. Much like the microsystem, the individual is not simply observing the things happening to them, but are playing an active role in helping create the experiences they have.”

❖ The Exosystem
“The exosystem is a system in which the individual plays no role in the construction of experiences, but these experiences have a direct impact on the microsystems the individual is part of. An example of an exosystem could include a husband being laid off and this lack of employment having a direct impact on the family's financial state that could affect their day-to-day lifestyle and the stress level in the home.”

**The Macrosystem**

“The macrosystem is influenced greatly by the culture and society in which a person lives. The belief systems and ideology of the individual's culture influence the person directly, however, the individual does not necessarily have as much freedom in determining his or her surroundings. Some examples of these influences could include political or religious norms of the culture.”

**The Chronosystem**

“The chronosystem reflects the cumulative experiences a person has over the course of their lifetime. These experiences include environmental events, as well as major transitions in life. Some notable transitions include transitions through different levels of school, divorce, marriage or the birth of a baby. These transitions are major experiences in an individual's lifetime.”
D. SITUATION OF CHILDREN IN BERMUDA

Although a total of 41 Articles were outlined in the CRC, rights interact together to form a cluster of integrated rights across four main themes. The situation of children will be discussed in relation to Survival rights, Development rights, Protection rights and Participation rights. This analysis proceeds on the premise that children and families face a complex set of circumstances which affect their wellbeing. Historical, structural, cultural, ideological, behavioral and political factors intersect to influence outcomes and processes. It recognizes that out of the gate there are some children and families that are more vulnerable than others and are placed at a disadvantage as compared to others who do not encounter similar challenges. Cross cutting issues such as gender, diversity and deprivation are also taken on board.
Focus Group – Ages 9 – 12 years of age (11 children, 5 boys, 6 girls)

All the children agreed that it was important to assess the situation of children and get a sense of how they were faring. They felt that it was important that children’s health and development should be protected and not damaged in anyway. There was unanimous agreement among the children that children must be protected from violence, abuse, exploitation and neglect. Child abuse was defined and viewed the following way by the children:

- “When daddy takes anger out on you and beats you.”
- “When parents say something mean to you.”
- “You feel sad and mad because they are supposed to take care of you”
- “It can happen over and over”
- “Parents need to snap out of it”

When asked about education they felt that it was important however they question how relevant some components of the education system was to them and outlined a need for more free time to play. They all agreed that parents should be provided with adequate and necessary support to help them perform their parenting roles and that the government was key in this regard. It is their opinion that making ends meet meant “being able to pay the bills, provide food for your children, having enough money to pay the rent and phone bills”. Some of the participants admit to knowing that their parents struggle with some of these things and 5 out 11 children were familiar with social assistance. The majority (8) felt that children should have a say in their own lives while (3) had no difficulties submitting to their parents’ guidance because they felt parent knew best.

On a whole they did not feel that the Government was doing a good job in providing social services especially in the area of education. When asked what they felt the Government could do better they felt that the Government could make education more fun.

When asked how safe they felt in their neighbourhood half indicated that they felt safe and that they could play outside freely. The other half had concerns for their safety when they played outside or even when they were in their homes. They described the dangers as fires being set regularly, presence of wild dogs and shootings.

- “Every 24 seconds somebody gets shot!”
- “I ride and hide!”
- “I see people stealing and my house got robbed once.”
- “I worry that someone was going to jump through my window.”

The children noted that they felt happy when their parents took care of them, when they can be with their family members and because of the fact that they are alive to see another day. Others felt happy when they are able to play games and ride their bikes.

Cont’d
The participants identified the following as the things that would make their lives:

1) Being able to do better in math
2) Better education
3) Less violence
4) Getting money
5) More math
6) Liking my school

When asked what keeps you up at night/what worries you they responded as follows:

1. Someone is going to jump in my window
2) Someone tries to come in my window
3) What is going to happen to me- if someone comes in my window and shoots me
4) Someone killing my family members
5) People arguing
6) Violence
7) People using weapons
C1. SURVIVAL RIGHTS

Articles 6, 24, 26 and 27 of the Convention on the Rights of the Child (CRC) detail the obligation of the state to children to ensure the Survival Rights of the child. Essentially survival rights encompass the child’s right to life, and having fulfilled those basic needs critical to its survival such as nutrition, shelter, and adequate standard of living and health services.

HEALTH CARE

A central tenet of survival rights hangs upon the state’s provision of health care services and ensuring access there to by children and their families. Over the years the Government of Bermuda has laid a solid foundation for the delivery of health services to its citizenry and have a range of services available which seek to meet the health requirements of children and their families. While not explicitly guaranteed in the Constitution the right to health services is supported by a network of legislative and regulatory mechanisms starting with the Public Health Act of 1949.

The Bermuda health system which is highly regulated is a blend of public/private offering with a mature insurance sector built up around it. Private provisioning is at the heart of the delivery of primary health care to the populace. While the health system is heavily subsidized there is a parallel pay as you go system underpinned by the national or private insurance schemes. It is compulsory that an employed or self-employed individual is covered by insurance. According to 2010 Census findings, indicated that 82%

(50,729 persons) of the population had major medical health insurance coverage, 2% (1349 persons) reported basic coverage and 5% (3,233 persons) had no coverage at all. 89% (9001) of all children were covered by major medical insurance, 1.4% had basic insurance coverage and 6% had no insurance coverage at all. Further the findings of the Household Income and Expenditure Study, 2012 indicated that increased expenditure on Health insurance fueled the increase of health costs as a percentage of personal income. Expenditure on health moved from 8.7% of personal Income to 11% of personal income. Average household expenditure on health in 2012 was $10,300.

The high cost of health care in Bermuda continues to be an inhibitor of health seeking behavior. Findings from the “Bermuda Health Disparities Report 2012-2013 underscores this trend and points to the fact that costs become that much more ominous when individuals are experiencing some level of deprivation and are faced with high co-payments or lack of insurance resulting in behaviors that increases their vulnerability to ill health and other negative health outcomes. See Box 2 below detailing some of the key findings of this report as outlined in the Annual Bermuda Health Council Report 2012/2013.

It follows that the extent to which low income families are alienated from the health system could have adverse effects on children in those families.
It is more likely that children who have not yet entered the formal education system would see a decline in their contact with the health system along with the erosion of the situations of their families. However, there are subsidies available to families who utilize the free services offered by the health system at Community Health Clinics. Subsidized hospitalization is available to children of school age as well as indigent individuals.

The Government of Bermuda provides a raft of services for children and adolescents through its Child and adolescents Services Department. A major aspect of these services is the outreach element, to schools, households and communities. At the delivery of primary health care options to the communities health professionals tend to come into contact with many high risk clients with high risk lifestyles. Many of these persons are economically depressed and lack the information necessary to access much needed resources. The Ministry of Health plays a pivotal role in terms of linking individuals to needed information and other crucial services either within that sector or outside of the health sector.

There are informal but consistent mechanisms which allows for cross-sectorial dialogue and collaboration. Periodical interagency meetings are conducted which facilitates the exchange of experiences and information regarding clients who experience the services across the board. This allows the Ministry of Health to tap into available resources which are available through other agencies and to better hone its approach to addressing thorny issues.

KEY FINDINGS OF THE HEALTH DISPARITIES REPORT - 2013

This report examined inequality in the health system as related to four main areas: namely health outcomes, access to health care, health related behavior and health expenditure.

Health Outcomes: It was revealed that individuals with lower education and levels of income experienced poorer physical and mental health lower life satisfaction, less social support and suffered from more incidents of chronic diseases, disability and obesity.

Access to healthcare: Access to care was significantly influenced by a person’s insurance, employment status and level of income.

Health Related Behavior: This was closely associated with levels of income. Persons with higher levels of income and education were less likely to smoke, more likely to eat healthily and less likely to engage in risky sexual behavior.

Health Expenditure: Households with lower income were less likely to be insured, have poorer health, spent less in dollar terms on health care but a greater proportion of income on health.
### Box 2: Health Services Available for Children and Adolescents

<table>
<thead>
<tr>
<th>Services</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Child Health Services</strong></td>
<td>Provides services for infants and children up to five years of age (preschoolers). Services provided include immunizations, assessment of growth and development of infants and children, discussions with parents and care givers regarding any problems with feeding or behavior. Advice is provided on illness and injury prevention and referrals are given to other agencies or specialists as required.</td>
</tr>
<tr>
<td><strong>2. School and Adolescents Health Services</strong></td>
<td>Advice is provided to school aged children and adolescents and their parents in a confidential, non-judgmental environment. Information is provided on illness and injury prevention, nutrition, guidance on preventing pregnancy and sexually transmitted disease and promoting healthy lifestyles. A review of their immunization status is done. Students are given an opportunity to discuss emotional and physical health matters that concern them and referrals are given to other agencies or specialists, as required.</td>
</tr>
<tr>
<td><strong>3. School health Services</strong></td>
<td>Community health nurses visit primary, middle, senior and private schools on a regular basis. They conduct screenings for vision, hearing and scoliosis. They also offer health assessments, immunizations, information and health education to the school population. They serve as a resource for the Department of Health.</td>
</tr>
<tr>
<td><strong>4. Occupational Health Services</strong></td>
<td>The Department of Health provides health supervision for prisons inmates, police, and prison and fire officers.</td>
</tr>
<tr>
<td><strong>5. Dental Health Services</strong></td>
<td>To promote the dental health of Bermuda’s children and of those institutionalized persons eligible for care so as to provide Bermuda with a population which has experienced a minimum of dental diseases.</td>
</tr>
<tr>
<td><strong>6. Health Promotion Office</strong></td>
<td>Develops and coordinates activities and programs to promote lifestyles, environments and policies that are conducive to well-being and health. The Health Promotion Office encourages the community to take the lead in improving health, and conducts population health surveys. The Department of Health provides lectures and presentations, on request, to schools PTAs, clubs and organizations on a variety of health related topics. The emphasis is on preventive health services and health education.</td>
</tr>
<tr>
<td><strong>7. Health Visiting Service</strong></td>
<td>Promotes individual and community health by providing and coordinating health services for families, including home visits to new mothers and the elderly. They provide health education and counselling to patients/clients, their caregivers and the general public. Their role is multifaceted.</td>
</tr>
<tr>
<td><strong>8. Maternal Health and Family Planning</strong></td>
<td>Provides counselling and evaluation of women of childbearing age on matters of reproductive health. This includes family planning, pregnancy care, prevention of sexually transmitted infections, pap smears and breast exams.</td>
</tr>
<tr>
<td><strong>9. Nutrition Service</strong></td>
<td>Promotes optimal nutrition and fitness through the provision of accurate nutrition information to the public. Provides assessment and counselling of referred individuals.</td>
</tr>
<tr>
<td>10. Community Physiotherapy Service</td>
<td>Promotes functional independence by providing assessments and individualized programmes and education for seniors and physically challenged individuals, at home or in residential care facilities. Young children with severe delays in normal motor development, who do not have access to physiotherapy at other facilities, may be serviced via medical referral.</td>
</tr>
<tr>
<td>11. Speech Language Service</td>
<td>Provides speech, language and hearing assessments and services to children from the age of two.</td>
</tr>
</tbody>
</table>

Health Financing

“Public sector financing represents: direct financing of health promotion and prevention; financing of public health services and primary care provided by the Department of Health; grants and subsidies for secondary care; health administration financing by the health authority (the Ministry of Health); funding for the administration of the Health Insurance Department; financing of the various grants and subsidies to non-profit organizations.”

BHeC, 2012

HEALTH FINANCING

Health financing is a complex beast and provides a challenge as governments endeavor to maintain their level of provisioning and provide quality health care options while keeping costs manageable. The level of investment into the health sector has been consistent signaling Bermuda’s commitment to aggressively pursue the goal of optimum wellbeing for all. According to the National Health Accounts 2012 per capita expenditure on health increased from $9,734 in 2010 to $10,570 in 2011. On a whole total Health Expenditure in 2011 represented 11.8% of 2010 nominal Gross Domestic Product (GDP).

The system is financed by a mix of public and private financing reinforced by the compulsory insurance arrangement. Statistics further indicate that 32% of the financing comes from the public sector and 68% from the private sector. Of the contributions by the private sector almost half or 47% go towards subsidies. While it is not easy to pinpoint the percentage of health expenditure that is earmarked for child and adolescent service, generally youth subsidies accounted for approximately 16% of total subsidies to the Ministry of Health.

Ministry of Health Subsidies by categories of Expenditure

- Source: National Health Accounts 2012, Bhec, pg. 7

Graph 1: Ministry of Health Subsidies by categories of Expenditure
HEALTH STATUS OF CHILDREN

The body of knowledge on Early Childhood Development points to the fact that the first few years of life are critical to a child’s health, development and behavior and has follow on implications for adult health, education and behavior. The examination of child health indicators and maternal health provides tangible insights into survival rights of the child.

INFANT MORTALITY

UNICEF defines infant mortality as the probability of dying between birth and exactly one year of age as expressed per 1000 live births. The loss of a child is devastating for a family and as one contemplates the loss of potential regret strikes even harder at the heart. A breakdown in the health system usually creates a burden upon the most vulnerable, namely women and children. The health and wellbeing of infants and mothers are a direct reflection of the level of care and the economic, social and environmental conditions under which they live. Infant mortality rates are a measure of both mother and child health. If these groups are healthy there is every possibility that other groups who are less vulnerable are faring well also. Not only does this provide an indication of overall population health it also sheds light on those segments of the population who may be vulnerable also.

Infant mortality rates for Bermuda over the years have generally been low with some mild fluctuations manifesting over the period 2005 to 2009. In 2005 the infant mortality rate stood at 2.4 per 1000 live births. (GOVBDA/BHeC, 2011) In reporting on the Health of the Americas PAHO statistics revealed that infant mortality rates for Bermuda moved from 3.8 deaths per 1000 live births in 2006, to 4.7 in 2007, 4.9 in 2008 and 1.2 in 20092. The infant mortality rate which was on an increasing trend between 2005 and 2008, peaked in 2008 and fell off in 2009 the year for which the latest data is available. Comparatively in favorably some of the countries which registered the lowest rates namely Iceland (2.2 per 1,000), Finland (2.3), and Japan (2.3). The following provides a graphical presentation of mortality data for Bermuda for the period under consideration.

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The PAHO report also indicated that for the period under consideration the five main causes of deaths in infants stemmed from the following:

- Respiratory and cardiovascular disorders specific to the perinatal period,
- disorders related to length of gestation and fetal growth,
- sudden infant death syndrome,
- congenital anomalies, and
- Maternal complications in pregnancy.

More than 50% of infant deaths over this period occurred in the first 27 days, the neonatal period. Although this is high it falls below the global average of 75% of infant deaths.

**UNDER-FIVE MORTALITY RATE**

Definitions for under-five mortality rate refer to the probability per 1000 live births of a baby dying before reaching five years of age. According to World Health Organization (WHO) under-five mortality is the foremost indicator of child health and development in a country. It is proffered that child deaths are needless and many die from causes that are at once treatable and preventable. The right to survive is owed to every child therefore ensuring that life-saving and effective action is supported at each stage of a child’s life from the womb and WHO.

Between 2006 and 2009 there were two deaths in the under-five category (deaths from 0-1 years of age were not included) as noted in the 2011 Health in the America’s Report. Fever and respiratory symptoms and gastroenteritis were
Article 26 - **Social Security**

Children, either through their guardians or directly, have the right to help from the government if they are poor or in need.

**Article 27 – Ensuring an adequate Standard of Living**

Asserts that children have the right to a standard of living that is good enough to meet their physical and mental needs. Governments should help families and guardians who cannot afford to provide this, particularly with regard to food, clothing and housing.

...the most reported ailments plaguing children under 5 years of age. Hospitalization in this age cohort were attributed mainly to respiratory illnesses and external causes such as injury and poisoning.

**CHILDREN 5 – 14 YEARS OF AGE**

The 2011 Health in the Americas report also provided mortality data on this age cohort. From 2006 to 2009 there were three deaths in the 5 – 14 age group. Deaths were found to ensue from metabolic disorders, disease of the digestive system and assault.

**MATERNAL MORTALITY**

Over the years maternal mortality has been negligible in Bermuda with rates at or about 0.00 per thousand. The main aim of the provision of maternal health care services is to ensure that every expectant mother maintains good health, has a normal delivery, and bears healthy offspring. The range of maternal health services has expanded over time to include, prenatal or antenatal care (care during pregnancy), labor and delivery, post-partum care (care given in the period immediately after delivery); and inter-conception care (care given between pregnancies). It is noted that “safe motherhood” is a key watchword and there is the recognition by Government that having a positive birth experience had broad scale implications which redound to the benefit of the wider society. The key issue in the provision of maternal health services is to ensure that quality care is not compromised and that babies continue to be delivered in a safe environment.

There is some level of dissatisfaction with delivery at the hospital and this has resulted in persons exploring alternative birthing options and persons choosing to birth their children overseas especially where the pregnancy and delivery are considered especially risky. Some mothers are opting for “home births” or alternative birthing options which raises the alarm for health care providers at the hospital regarding the safety of these practices.
IMMUNIZATION

There is general agreement that it is more prudent to prevent disease than to treat it. The Government of Bermuda encourages routine immunization of children. Immunization is defined as the process whereby a person is made immune or resistant to an infectious disease typically through vaccines. It is a key tool for controlling and eliminating infectious diseases as well as protecting child health. Box 1 outlines Bermuda’s immunization schedule.

At the very minimum it is advised by the World Health Organization that on a national basis that 95% of children be immunized against diseases which are preventable by immunization and targeted for elimination or control. While there is rudimentary child health information available As such the ensuing analysis uses information from the World Health Organization statistical portal to which national experts regularly submit relevant data on required indicators system in place which is available.

Bermuda’s Immunization Schedule

- 2 mths: Diphtheria, Tetanus, Acellular Pertussis, Haemophilus Influenza Type b, Polio, Pneumococcal Disease
- 4 mths: Diphtheria, Tetanus, Acellular Pertussis, Haemophilus Influenza Type b, Polio, Pneumococcal Disease
- 6 mths: Diphtheria, Tetanus, Acellular Pertussis,

Haemophilus Influenza Type b, Polio, Pneumococcal Disease
- 7 mths: Hepatitis B
- 8 mths: Hepatitis B
- 12 mths: Hepatitis B
- 15 mths: Measles, Mumps, Rubella
- 15–18 mths: Diphtheria, Tetanus, Acellular Pertussis, Haemophilus Influenza Type b, Polio, Pneumococcal Disease
- 24 mths: Chickenpox
- 4–6 yrs: Diphtheria, Tetanus, Acellular Pertussis, Haemophilus Influenza Type b, Polio, Measles, Mumps, Rubella
- 11–18 yrs: Diphtheria, Tetanus, Pertussis
- 12–50 yrs: Human Papillomavirus (optional)
- 6 mths–100 yrs: Influenza (optional)

Box 1

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3 WHO Immunization (Internet )
Accessed September 24, 2013
Since 2001 there has been an observed increasing trend in the proportion of targeted population covered by immunizations in Bermuda. However coverage for each of the diseases included in the immunization thrust continue to fluctuate with varying levels of coverage displayed in each category. Coverage of the DTP3 vaccine moved from 64% in 2001 to 85% in 2005, to 95% in 2008 peaking at 100% coverage in 2010 but fell off in 2011 to 98%. The proportion of persons covered with the MMR1 vaccine climbed from 75% in 2002, to 96% in 2005, then declined to 89% in 2008, stabilizing briefly over 90% between 2009 and 2010 only to fall again to 87% by 2011. Coverage with the MMR2 vaccine reflects the greatest levels of fluctuations moving from 57% in 2007 down to 53% 2008, rising steadily to 80% by 2010 and dropping to 69% in 2011. About 98% of the targeted population was covered by Hib3 vaccine by 2011 up from 94% in 2007. Figures for the Hep3 vaccine has been uneven with coverage ranging from a low of 78% in 2008 to a high of 93% in 2010 and falling off again in 2011 to 90%. The OPV3 Vaccine enjoyed a coverage of 96% by 2011 a marked improvement over 2001 figured which stood at 34%. Apart from 2005 when it dipped to 85% coverage has been relatively stable registering above 90% consistently.

There is still work to be done to even out the coverage of persons against dangerous infectious diseases and to raise the level to at or above the 95% minimum bench mark and eventually achieve 100% coverage across the board. When compared to OECD countries such as the United States, Canada and the United Kingdom, Bermuda compares favorably in terms of coverage of the DTP3, the Hib3, and OPV vaccines but lags significantly in coverage by the MMR1, MMR2 and Hep3 vaccines.

Graph 3: Immunization - MMR and OPV3
Immunization provides protection for the individual and can provide protection to the wider unvaccinated population. Herd immunity therefore can occur when the significant proportion of the population provides a measure of protection for individuals who have not developed immunity.

Graph 4: Immunization - DTP3 and MMR1

Table 2: Immunization Coverage of Select Vaccines - 2001-2011 (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>DTP3</th>
<th>MMR1</th>
<th>MMR2</th>
<th>OPV3</th>
</tr>
</thead>
<tbody>
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<tr>
<td>2011</td>
<td>98</td>
<td>87</td>
<td>69</td>
<td>96</td>
</tr>
</tbody>
</table>

*Table 1*

Source: PAHO Health Information Platform – Immunization coverage (Internet) Accessed September 24, 2013
NUTRITION

The right to food is a fundamental human right. Conventional wisdom purports that realizing the right to food underwrites the fulfilment of other rights, most significantly the right to health and its attendant benefits. (UNICEF, 2013) There is growing acknowledgement that health status is a product of the interplay of three factors, food, health and care. It is maintained further that “…optimal nutritional status occurs when children have access to affordable, diverse, nutrient rich foods; appropriate maternal and child care practices; adequate health sanitation and a healthy environment…” UNICEF, 2013

At the other end of the spectrum malnutrition according to John Hopkins Centre for Children refers to a condition that develops when the body is deprived of vitamins, minerals and other nutrients essential for maintaining healthy tissue and organ functioning. This transpires in people who are either undernourished or over-nourished. At the most basic level if persons are not fully able to utilize the food they eat they are undernourished and alternatively if they consume too many calories they are over-nourished.

Natural body capacities such as growth, resisting infections, recovering from illnesses, learning, physical work, lactation and pregnancy are significantly reduced in both instances. (UNICEF, WFP) More specifically malnutrition at an early age leads to reduced physical and mental development during childhood. The main manifestations of malnutrition are as follows: stunting, underweight, wasting, severe malnutrition, overweight and low birth weight.

Global targets for 2025

In May 2012, the World Health Assembly adopted a resolution (WHA 65.6) that endorsed the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, which includes six global targets for 2025 (WHO, 2012):

i. 40% reduction in childhood stunting;
ii. 50% reduction in anemia in women of reproductive age;
iii. 30% decrease in low birth weight;
iv. 0% increase in childhood overweight;
v. An increase in the rate of exclusive breastfeeding in the first 6 months to at least 50%;
vi. A reduction in childhood wasting to less than 5%.
Experiential and research evidence point to the fact that from a life cycle perspective it is most critical that a child’s nutritional needs are met within the first 1000 days inclusive of the period of pregnancy and ending with the child’s 2nd birthday. In utilizing this window of opportunity one is able to apply interventions when it is more likely to have long term effect. (WHO, 2013). Critical to delivering appropriate, effective and sustainable solutions and adequately meeting the needs of the most vulnerable people is the understanding of the immediate and underlying causes of undernutrition in a given context. (UNICEF, 2013) The World Food Program contends that ultimately eliminating malnutrition involves sustaining the quality and quantity of food a person eats, as well as adequate health care and a healthy environment.

LOW BIRTH WEIGHT

It is contended that low birth weight contributes to 60-80% of neonatal deaths. Children born below 5.5 lbs. ounces or 2500g are considered low birth weight babies. Being small for gestational age along with pre-term birth contribute to low-birth weight in babies. Newborns who weigh less than 5.5 lbs. are said to be at risk for behavioral and health problems later on in life. Moreover low birth weight infants face higher rates of infant mortality, developmental challenges and long term disability. Complications in pregnancy and age of the mother are some of the factors associated with low birth. Low birth weight is important as an indicator as it is linked to the health status of the mother, prenatal care and the future health status of the child. (GOVBDA/BHeC, 2011)

For Bermuda low birth weights moved from 5.27 in 2005 to 4.39 in 2006 and then to 6.52 in 2007. (GOVBDA/BHeC, 2011) The issue of Low birth rate is an emerging and worrying trend. While the data is not alarming and compares favorably with other developed countries it still begs the question as to whether or not the percentage should be that high. It is purported that a closer examination is warranted of the causes of this as it relates to the local dynamics.

Anecdotal evidence provided by healthcare professionals indicate that there are some pregnant women who fall in the lower income brackets who find it difficult to eat healthy foods during their pregnancy. In the instances where they present to the health facilities

“LOW BIRTH WEIGHT IS IMPORTANT AS AN INDICATOR OF CHILD HEALTH AS IT IS LINKED TO THE HEALTH STATUS OF THE MOTHER, PRE-NATAL CARE AND THE FUTURE HEALTH STATUS OF THE CHILD.”

GOVBDA/BHEC, 2011
every effort is being made to connect them to services through which they can obtain assistance. Further attempts are being made to bridge any informational gaps and to teach these women how to prepare cost effective nutritious meals.

At the level of policy, the Department of Health introduced Breastfeeding Guidelines in 2011. These guidelines were designed such that simple and consistent messages could be communicated to new mothers and to empower women to breastfeed successfully for the first six months of their babies’ lives. This is predicated on the premise that breast feeding benefits both mother and infant. Experts contend that breastfeeding has been associated with reduced infant mortality, lower rates of chronic diseases such as Diabetes, inflammatory bowel diseases and with improved neurocognitive development in children. (Heymann, 2012) The benefits to mothers are also well documented.

"Women who breastfeed have longer intervals between births and, as a result, a lower risk of maternal morbidity and mortality, as well as lower rates of breast cancer, potentially lower risks of ovarian cancer, osteoporosis and coronary heart disease.”

Jody Heymann et al, 2012

International agencies such as the World Health Organization recommend exclusive breastfeeding for the first six months of a child’s life. Breastfeeding rates vary from 1% to 86% worldwide. In Bermuda exclusive breastfeeding rates for the first 6 months of a child’s life stood at less than 1% in 2011. Workplace policy and commercial influence were cited as two key factors which affect rates of exclusive breastfeeding in Bermuda.

CHILDHOOD OBESITY

An alarm has been raised regarding the level of obesity in Bermuda as approximately two thirds (2/3) or 67% of Bermudians have been categorized as overweight and obese. Given the proven links to diseases such as diabetes, cardiovascular diseases, disability and generally decreased quality of life obesity levels in Bermuda have been viewed as a worrying trend. Poor eating habits and a sedentary lifestyle along with other behavioral risk factors have significantly boosted this trend. In particular childhood obesity has been highlighted as a major challenge as percentages remain high across various categories such as age, sex and race.

In 2006 when the Health Survey of Adults and Children in Bermuda was completed it was found that on average 24% of children in Bermuda were overweight or had BMI results ranging from 84th percentile and above.5 For the most part an overweight child in Bermuda is more likely to be between the ages of 5-10 years of age (36%), girls (28%), from a low income household (33%) and Black (29%). Findings from the report indicated that even though obesity could start as early as from the womb the percentage of children who can be classified as overweight increased as age increased. Chart 2, displayed below provides an opportunity for a closer look at obesity figures for children in Bermuda.

4 Statistics quoted by Minister of health Zane De Silva at the launch of the Breastfeeding Guidelines in August, 2011 in an interview with the Royal Gazette.

5 BMI
Graph 5: Overweight

Source: 2006 Health Survey of Adults and Children - Bermuda
Children who are overweight or obese have increased risks of developing cardiovascular disease, type 2 diabetes as well as psycho-social problems. Until the rapid increase in obesity, some ailments such as type 2 diabetes were rare in children now they are relatively common place. Evidence suggest that once obesity is developed it is very difficult to cure and is challenging for healthy body weight to be maintained. (Wang, F & Lobstein, T, 2006) As such an obese child is more likely to grow into an obese adult. The extent to which children are affected by type 2 diabetes in Bermuda is undetermined and requires more research. It is posited further that pediatric obesity has follow on effects on mortality and morbidity. Addressing the problem of childhood obesity calls for a multi-pronged approach which spans across various sectors. For that matter Wang and Lobstein maintain that childhood obesity prevention will require a much better understanding of various environmental risk factors which influence behavior, and the social and cultural drivers, which shape these risk factors and which can be used to underpin anti-obesity strategy.

Currently there are several measures which have been put in place to promote healthy eating habits among Bermudians in general and children in particular. A Nutrition Services department has been established within the Department of Health geared towards promoting optimal nutrition and fitness through the provision of accurate information to the public. Additionally, in 2012 Eat Well Bermuda - Bermuda’s Dietary Guidelines was launched as a result of collaborative work between the Department of Health, Bermuda Diетicians Association and The Bermuda Hospital Board. Primarily the goal of these guidelines is to expand the knowledge of the healthy options that exist with a view of providing the necessary tools to support a healthier lifestyle for all Bermudians from 2 years of age and up. Coupled with the guidelines is the Eat Well plate which provides a recommendation for each meal based on plate size.

The Government of Bermuda endorsed the Food and Nutrition Policy for Government Schools in support of “keeping students healthy”. This policy advocates that all stakeholders inclusive of students themselves, teachers, parents, community and school encourage healthy eating habits among students. Ultimately, it is envisioned that all foods consumed on school property would contribute to the health and well-being of the students. While the policy has been in force since 1998 it was mainly applied to nurseries and pre-schools. It was more recently rolled up to other level and covers students from P1 to S4. This was galvanized by the introduction of the Healthy Schools Award in 2007. By 2012 90% of schools were in compliance with the healthy Schools agenda (BDA Sun, 2012)

In the thrust to create healthy schools information is being provided to all stakeholders about nutrition, healthy alternatives have replaced sodas and snacks in school vending machines, and cafeteria service providers are being educated to provide healthier meals for the students. In addition, charities who provide school lunches are encouraged to follow the guidelines. Further as of 2012 PE teachers in the public system were to commence collecting information about student’s health and fitness. It is felt that with more information available through continued advocacy and education effort there has been some positive changes at all levels but that there is still more to be done.
HIV/AIDS

The HIV/AIDS disease was first recognized in Bermuda in 1982. A prevalence rate of 0.46 was estimated for Bermuda by the end of 2010. Since the introduction of universal screening for all pregnant women in 1998 there has been no mother to child transmissions. (DOH, 2012) There are services available to provide prenatal and antenatal treatment for prevention of mother to child (PMTCT). These are covered by the personal health insurance or the Department of Health when necessary.

HEALTH STATUS OF 11-19 YEAR OLDs

Statistics indicate that between 2006 and 2010 there were approximately 10 deaths in the 14-18 age cohort. (PAHO, 2011) All of the deaths recorded were of males. The primary causes of death in these instances were road traffic accidents and assaults. Males were mainly hospitalized for external causes such as injury and poisoning (50%). Females in this age bracket on the other hand were mainly hospitalized due to pregnancy (41%).

![Graph 6: Reasons for Hospitalizations Among 15-19 year olds by sex](image)

TEENAGE PREGNANCY

Unplanned pregnancy is viewed as being at the heart of a number of public health issues and social challenges. Adolescent pregnancy in particular is dangerous for both mother and child and could have consequences that are detrimental to the health and survival of both. It also imposes undue burden on the young mother’s immediate family and has the potential to impair her ability to reach her full potential. Official sources indicate that the number of teenage pregnancy reported in Bermuda has halved since the early 1990’s. Statistical evidence quoted suggest that the number of pregnancies which stood at 140 for 1990 had declined significantly to 71 by the period April of 2009 to March of 2010. This is commensurate with the global downward trend attributed to improvement in education of girls especially sex education.
Further confirmation of this trend is also provided by the office of Teen Services which provides sexual and reproductive health services to Bermuda’s Teens. Teen Services has acknowledged a significant decrease in teenage pregnancy rates in Bermuda and this is reflected in the number of teen mothers who access their services. Yearly total of teen clients has declined from approximately 40 to just under 20. United Nations figures indicate that Bermuda recorded a teenage pregnancy rate of 17.7 per thousand teen girls in 2009. There was a 20% decline in first time pregnancies for persons under 20 years of age with a movement from 26% in 2000 down to 22% in 2010. Approximately 8% of males reported fathering their first child under 20 years of age. Despite declines in teen pregnancy rates over the years it still remains a matter of serious concern to society. There is no data immediately available regarding abortion as abortion except approved by a special committee for therapeutic reasons, remains illegal, governed under the Criminal Code Act of 1907 with non-disclosure stipulations.

Data from the “Teen Pregnancy Prevention Campaign Survey” noted in the National Youth Development Framework (2007) indicate that one quarter (25%) of students aged 11-18 were sexually active and one half (50%) of 16 year olds were sexually active. It was revealed further that of those who were sexually active one tenth did not use birth control and were most likely to engage in risky sexual behavior when under the influence of alcohol.

**YOUTH VIOLENCE**

There are immediate and long-term health consequences of youth violence. According to the World Health Organization youth violence is one of the most visible forms of violence in society as youth are at once both victims and perpetrators of violence. Demonstrably homicide and non-fatal assaults involving young people significantly add to the overall burden of premature death, injury and disability and has negative impacts on families, communities, health costs and social services. Moreover it is posited that youth violence also reduces productivity, disrupts some essential services and undermines the very fabric of society.

Violence involving youth is also connected with other anti-social behaviors such as truancy, school dropout, substance abuse, compulsive lying and increased participation in risky behaviors. (WHO.) Further it is proffered that Children and adolescents who are exposed to violence in the home or to physical or sexual abuse may be conditioned to view violence as an acceptable means of resolving conflict. A mix of risk factors contributes to an individual’s potential to engage in violent behavior ranging from individual factors, relationship factors, community factors and societal factors. Risk factors are “characteristics in the community, family, school, peer, and individual’s environments that are known to increase the likelihood of a student engaging in one or more problem behaviors.” (DNDC, 2011)

Results from the 2011 Bermuda School Survey revealed that when the risk factors for anti-social behaviors were examined low scores were tallied for the minority of students in most categories. Essentially this meant that in actuality high percentile\(^6\) scores were received for the following categories, namely Parental attitudes favorable to anti-social behaviors – 93%, Poor Family management – 92%, Gang Involvement – 92%, Parental attitudes favorable to alcohol, tobacco and other Drugs – 91% and Poor Academic performance – 89%. Details of the findings are outlined below in Table 2.

---

\(^6\) Percentile scores range from 0 to 100. For example, a score of 75 indicates that 75% of respondents reported a lower score and 25% reported a higher score. It is better to have lower risk factor scale scores
Table 3: Overall Percentile Score of Middle and High School Students in Selected Risk Categories

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Percentile Score</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lower score</td>
<td>Higher Score</td>
</tr>
<tr>
<td>Low Neighbourhood attachment,</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>Community Disorganization,</td>
<td>12%</td>
<td>88%</td>
</tr>
<tr>
<td>Transitions and Mobility,</td>
<td>46%</td>
<td>54%</td>
</tr>
<tr>
<td>Perceived availability of drugs,</td>
<td>12%</td>
<td>88%</td>
</tr>
<tr>
<td>Perceived availability of handguns,</td>
<td>31%</td>
<td>69%</td>
</tr>
<tr>
<td>Laws and norms favorable to drug use and handguns,</td>
<td>32% &amp; 52%</td>
<td>68% &amp; 48%</td>
</tr>
<tr>
<td>Family history of Anti-social behavior</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>Poor Family management,</td>
<td>8%</td>
<td>92%</td>
</tr>
<tr>
<td>Family Conflict,</td>
<td>37%</td>
<td>63%</td>
</tr>
<tr>
<td>Parental attitudes favorable to anti-social behaviors,</td>
<td>7%</td>
<td>93%</td>
</tr>
<tr>
<td>Parental attitudes favorable to Alcohol, tobacco and other drug use,</td>
<td>9%</td>
<td>91%</td>
</tr>
<tr>
<td>Poor academic performance,</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Lack of commitment to school,</td>
<td>11%</td>
<td>89%</td>
</tr>
<tr>
<td>Rebelliousness</td>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>Gang Involvement</td>
<td>8%</td>
<td>92%</td>
</tr>
</tbody>
</table>

Source: National School Survey, 2011, Department National Drug Control

The Youth Survey (2011) also examined the prevalence of selected anti-social behaviors among middle and high school students. It was found that “Attacking and causing harm” (21%) was the most prevalent anti-social behavior exhibited by students. School suspension was also very prevalent among this group as upwards of 16% of students had been suspended at one point during the school year. Very small proportions reported either carrying a handgun to school (1.4%) or carrying a handgun at some point (2.9%). Table 3 below further details scores in various categories. Overall 4% of students reported having been arrested in 2011.
Table 4: Proportion of middle and high school students engaged in anti-social behavior

<table>
<thead>
<tr>
<th>Anti-Social Behavior</th>
<th>Percentile Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attacking someone to cause Harm</td>
<td>21%</td>
</tr>
<tr>
<td>Sold illegal drugs</td>
<td>5.10%</td>
</tr>
<tr>
<td>Reported taking gun to school</td>
<td>1.40%</td>
</tr>
<tr>
<td>Carried a handgun</td>
<td>2.90%</td>
</tr>
<tr>
<td>Arrested</td>
<td>4%</td>
</tr>
<tr>
<td>Suspended from School</td>
<td>16%</td>
</tr>
</tbody>
</table>

Source: National School Survey, 2011, Department National Drug Control

SUBSTANCE ABUSE

The 2011 Student Survey showed that Bermuda students continue to experiment with alcohol, marijuana, inhalants and cigarettes with a high proportion (76%) of youth indicating having experimented with at least one illegal drug. However when compared with the results for the 2006 survey, it was discovered that there has been a decline in the prevalence of use of a number of substances. Binge drinking for example declined by 47%. (DNDC, 2011) Alcohol use while still prevalent declined from 66.6% in 2006 to 54.9% in 2011, cigarette use fell by approximately 50% down to 10.7%. Chart 5 below illustrates reported drug use rates among middle and high school children. Cigarette and marijuana use was more prevalent among male students while alcohol and inhalants were used more widely by female students.

Graph 7: Reported Drug use among Middle and high School Students - 2011
MENTAL PROBLEMS

Research indicate that young persons with undiagnosed behavioral problems may tend towards drug use and other anti-social behavior. Overall youth fell within the 36 percentile range on the depression scale.

STANDARD OF LIVING

As noted in an earlier section, conventional wisdom suggests that considerations of poverty extend beyond mere income aspects, as it also encompasses social, political and cultural dimensions as well. It is believed that poverty plays a significant role in undermining human rights across the board, social, economic, political and cultural. Sane, P (2001)

Some thought must also be given to the fact that to a large extent there are many variables such as power, social structure and roles which are outside the individual’s control but which impact significantly on their welfare.

<table>
<thead>
<tr>
<th>Economic</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>The right to work and have an adequate income;</td>
<td>Access to quality health care and education;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Political</th>
<th>Cultural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freedom of thought, expression and association;</td>
<td>The right to maintain one’s cultural identity and be involved in the community’s cultural life.</td>
</tr>
</tbody>
</table>

Figure 4: Human Rights Dimensions

PERSONAL INCOME AND EXPENDITURE

Generally, since the 2000 Census there has been a significant increase in the personal income earned by the population. The annual median income rose by 51% during the inter-censal period, increasing to $108,502. This represented an increase to 50% of households in 2010 as compared to 27% of households in 2000,
A closer look at data on income drawn from the 2010 Census indicates that for the most part Bermudians depend on a narrow band of sources for their income namely, main job, rental income and financial assistance. Most households in Bermuda derive their main source of income from their main job, accounting for up to 80% of total income. (DOS, 2012) Rental income comprise only 9% of total income and seniors are the ones who benefit most significantly from rental income. While financial assistance accounted for only 1% of total income of all households in Bermuda, there was a heavy reliance on financial assistance by those who received it. Financial assistance made up 35% of total income of those who received this benefit. The median income of those who received financial assistance stood at $31,829 in 2010.

On a whole persons in the 34-44 age cohort had the highest median income while males out earned women in every age category except the 24 to 34 and 34 to 44 age categories. Given the role of earnings from main jobs employment strategies must therefore be a strong component in any attempt to address poverty and to strengthen resilience of those who are most vulnerable. Attention must also be given to broadening the income streams of Bermudians. It is also not immediately clear what role savings and investment play in this scenario.

The 2012 Household and Expenditure Survey 2012 findings indicate that the food bill for the average family as a proportion of household income has declined slightly over past decade moving from 13.7% of income ($210.61) in 2004 to 12.69% ($229.33) last year. This decline does not however negate the consistently high cost of food in Bermuda and it does not explain whether households are of necessity shifting expenditure from food to other areas. The results also indicate that Bermudians are also spending more of their earnings on fuel and power costs. For that matter in 2004 the sector took up 2.94% of the household budget, rising to 4.16% in 2012. The increase was due explained as being mainly to a 70 percent increase in spending on electricity.

**LOW INCOME THRESHOLD**

In 2007, Bermuda settled on an agreed methodology for determining how the low income households will be differentiated from the high income households. The measure agreed upon was the use of a Low Income Threshold (LIT). The LIT speaks mainly to net household income rather than individual income. While it captures the number of households or individuals within households who fall below the low income threshold it also provides an adequate tool to allow for the assessment overtime of whether the number of people in poverty is falling or rising and also to indicate which groups are more prone to be in poverty than others. The Low Income Threshold (LIT) in developed countries is set much higher than in less developed countries.

It is contended that while the exchange of goods, investments, human resources, information and knowledge is accelerated, newly-created wealth is unfairly distributed, aggravating inequality and poverty. (Sane, 2001) According to a Study of Bermudian Households conducted in 2007 approximately 11% of all households or 3,100 households fell below the LIT. It was noted that shelter or housing accounted for upwards of 60 percent (%) of an average household’s budget and is considered the main reason Bermuda’s low income threshold is more than double that of the USA. Food and healthcare were the next two most expensive outlays following on from housing.

Overall, families with children and seniors living alone were among the most vulnerable and more likely to be in poverty. The incidence of low income was the highest for single-parent households with one child, accounting for roughly 14% or about 400 households. In 2007 when the study was conducted, the Low income guideline for a single adult in Bermuda was $27,046 per annum compared to a threshold of $10,787 per annum in the United States. The food threshold amounted to $2,989 per year or $8.19 per day. This represents the minimum expenditure needed to fund a nutritionally adequate diet for one adult. Approximately 11% of two-parent households with one child fell below the Low income guideline of $57,511 for that category of families. Adult couple households were the least prone to low income with only 6% falling below the LIT of $39,118.
Table 5: Expenditure by Low Income Threshold and household Type

<table>
<thead>
<tr>
<th></th>
<th>Single Adult</th>
<th>Adult Couple</th>
<th>Single parent and 1 child</th>
<th>2 parents, 1 child</th>
<th>2 parents, 2 children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Expenditure</td>
<td>$27,046</td>
<td>$39,118</td>
<td>$45,770</td>
<td>$57,511</td>
<td>$76,235</td>
</tr>
<tr>
<td>required (Food plus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Low Income</td>
<td>12%</td>
<td>6%</td>
<td>14%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Households</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Source: Low-income thresholds: A Study of Bermuda households in need (2008) pg. 12*

On a whole the 2007 Low Income Threshold report for Bermuda provides a snapshot of the number of households which falls below the low income threshold and looks at various categories of household types which are prone to fall below the threshold. It does not explore fully the severity and extent of disadvantage experienced by households. Further it does not lift the lid off households to allow for exploration of who were within those households and crosscutting variables such as gender and age were not explored. In addition while the report indicated that the cost of housing was a relatively high expenditure item for households it was not clear what were the major causes of poverty in Bermuda.

A 2011 documentary entitled “Poverty in Paradise” sought to explore the experience of poverty in Bermuda and to put a face to the most vulnerable. It is purported to examine the widening wealth gap in Bermuda. (Bermuda Sun, 2011) The documentary which consisted of interviews by 16 women who were living in disadvantaged circumstances highlighted a number of issues which not only underpinned the situation of these women but also looked at the impact of policies and procedures on their ability to cope and build resilience.
“Poverty in Paradise”

This is a 32 minute documentary commissioned by the Coalition for the Protection of Children. It seeks to explore the causes and consequences of the widening gap between Bermuda’s wealthy and poor, the struggles families face in providing for its members, especially children and the consequential spiral in crime plaguing the society. It is a qualitative piece based on face to face interviews with 16 single women facing difficult circumstances.

Key Issues Highlighted:
- The other faces of homelessness (Women and children as opposed to older men);
- The phenomena of the Working poor;
- Problem of affordable housing and high rental cost;
- Rising Cost of living;
  - Inadequate Financial Assistance;
- Unpaid Child Maintenance;
- Expenditure transfer within households (Electricity or Day care? Grocery or Rent? Health Insurance or Transport?)
- Government’s budgetary allocations and budget cuts to social services;
- Underground economy (Drugs)
- Unsustainable personal Debt

Voices of the Women:

“My oldest, the father owes $78,000. The father of the youngest three owes $30,000 and I’m threatened to go to jail for $450? It’s not right.”

“We look around and watch rent go higher, electricity and water go higher, everything you need, laundry, go higher. Everything is rising above us except our wages.”

“Telling someone they have to work for $400 a week, eight hours a day when they can make $400 in two hours… most people are going to be like, ‘I’m not doing that, that $400 is not going to take care of my mom or my child’s mom’.”

“I had to find places to sleep — caves, public bathrooms, beaches — until I was seven months pregnant,”
FINANCIAL ASSISTANCE

The year 2005 saw the merging of two programmes the Social Assistance Programme and the Housing Allowance Programme into the Financial Assistance Programme. To qualify for financial assistance a family’s income must be less than its living expenses. This is calculated by subtracting their income from their expenses. In 2011/2012 76% of those receiving assistance comprised the aged and disabled while 24% were able-bodied individuals either employed or unemployed. The profile of beneficiaries have shifted over the span of a year and this ratio has now moved to approximately 50% seniors and disabled and 50% able bodied unemployed and employed men and women. It is likely that this shift occurred as a result of the number of persons who became unemployed during that period.

On average the number of persons receiving financial assistance has increased steadily since 2005 registering 145.1% increase between 2005/06 and 2012/13. The increase in beneficiaries on the programme witnessed in 2012/13 was the largest ever since the inception of the programme, with 375 new entrants. The average amount of the benefit claimed has also increased steadily moving from $1110.00 in 2005/2006 to $1855.00 by 2011/2012. However the increase in numbers has meant the examination of the carrying capacity of the programme at a time when demand is increasing but resources are severely stretched. Not only have there been budgetary cuts but the average number of clients managed by each officer stands at over 100 and is ever increasing.

Graph 8: Break down of Main Beneficiaries of Social Assistance

Source: Departmental Statistics
In addition to general financial assistance, some 390 families received child day care allowance of up to $775 per month. In 2011 the threshold which qualified families to claim this benefit was reduced from annual income of $70,000 to annual income of $50,000. Additionally individuals who owned a home or who sold their homes in the five years prior to this legislative change were also disqualified from the programme. A raft of cost saving measures have been introduced by the Ministry of Youth, Families, Sports and Community affairs and eligibility criteria was tweaked to tighten the Ministry’s targeting mechanism.

**HOUSING**

It is argued that having access to stable, adequate shelter is essential to the health and wellbeing of families, and children in particular. Proper shelter provides a safe environment which enhances the likelihood of participation in social, educational, economic and community areas of their lives. (Australia Gov., 2010) On the other hand studies point to the fact that poor housing can lead to 25% higher risk of experiencing ill-health and disability before reaching middle age. In addition studies also link poor housing conditions to offending where 50 % of persons who break the law would have been either homeless or spent significant time in deplorable housing conditions in their earlier years. (UK,  )

Speaking in relation to the circumstances in Bermuda surrounding housing the Sustainable Development Report identified the lack of sufficient affordable housing as being at the root of many social problems given the high level of stress associated with finding affordable housing on a tight budget. It is seen as contributing to stress, resentment and xenophobia and leaving many Bermudians feeling disenfranchised and marginalized when they are unable to meet that need adequately. The Income and Expenditure Report for 2012 identified housing as the highest item in household budgets. The share of household income spent on housing remains high despite a decline from 2004 levels. It is purported that the average household spends 28.75% of its income - $519.57 per week – on shelter as compared to 33% of household income _$511.86 per week - in 2004.
Anecdotal evidence suggests with the deterioration in economic conditions housing choice has become even more limited for many families. Multiple families and generations of families are said to share small dwellings living in overcrowded and cramped conditions. 2010 Census data highlighted that fact that while approximately 50% of Bermudians lived in owner occupied residences the other 50% of households depended on the vagaries of the rental market. Rental prices skyrocketed over the inter-censal period 2000-2010 increasing by 67% moving from $1,021 in 2000 to $1700 in 2010. Further whereas in 2000 close to half of households paid less than $1,000 per month in rent by 2010 that proportion had decline by two thirds and 55% paid a monthly rent of $1500 or more. Please see graphs below which indicates the percentage of rent paying population by category of rental costs:

Graph 10: Comparison of rent paid in 2000 and 2010 by category

Source: Bermuda Population and Housing Census Report - 2010

While the income of Bermudians increased significantly between 2000 and 2010, home ownership rose by only 3% over the inter-censal period. According to Census findings median mortgage payments increased by 61% increasing significantly, from $2,168 in 2000 to $3,500 in 2010. By 2010 over 50 percent of persons with mortgages paid over $3,000 per month. This trends testifies of the difficulties which the average Bermudian may face in terms of homeownership. It is not quite known as to what percentage of Bermudian children are experience some type of housing disadvantage.

DISABILITY

Article 23 is specifically concerned with disabled children, in recognition of their vulnerability to segregation and discrimination. It also posits that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community. They often require special care and that assistance be ‘designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child’s achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development…’

While it is not known the percentage of children and young persons who were considered disabled the 2010 Census findings revealed that upwards of 5% (3,174) of the population suffered from some form of long term illness which
severely impaired their everyday lives. The majority of the disabled were 40 years or older showing a trend where the older ones got more likely to experience some form of disability. The three most frequently reported disabling conditions affecting Bermuda’s residents were: seeing difficulties/seeing difficulties with lenses, complete blindness, high blood pressure and arthritis representing a change from back or spinal problems, arthritis and respiratory illness reported in 2000.

It was noted that the number of disabling conditions reported increased in all categories from 2000 to 2010 with the exception of learning/remembering/concentration difficulties and gripping/holding difficulties. The primary impacts of persons’ disabling health conditions were identified as limited activities at home or school, reduced ability to work and not being able to work altogether. Only 9% of the disabled were not covered with any type of insurance.

The Government operates a contributory and non-contributory Social Insurance disability benefit scheme. The rate of the benefit depends on your contribution record. Long Term Disability has a 90 day waiting period and is equal to 60% of base salary (max monthly benefit is $6,000.00) up to a maximum age of 65.

Bermuda College offers disability support services for disabled students especially those with learning or comprehension disabilities. In the 1980s there was a move to develop an inclusive policy especially in school towards children with special needs however it is noted that this has been fraught with difficulties as an appropriate framework within which this inclusive approach was to be implemented. A discussion paper was developed in 2013 which spoke to re-thinking and reshaping the whole idea of inclusive and special education. Policy proposals were developed following consultation aimed at driving the modernization of inclusion and ensuring that Bermuda has a broad and comprehensive approach to special education that meets and will hopefully one day exceed modern-day standards.

The National Office for Seniors and the Disabled is the government of Bermuda’s main arm in treating with and caring for persons with physical disabilities. The main service they offer are as follows:

- Provides information and referrals to resources on accessibility;
- Assistance with technology/adaptive equipment;
- Provides information on and/or assists with education, employment, health care, housing, community resources and transportation;
- Recommend strategies for action to individuals, businesses, community, organizations and government.

The Department of Health also offers Speech language Services for children from birth to 18 years of age. There are a number of other agencies and associations geared towards enhancing the welfare of persons and children with disabilities or special needs. This include the Association of the Deaf, Bermuda Autism Support and Education Society (BASE), Bermuda Overcoming learning Differences, Association for the Mentally handicapped of Bermuda, Amputee Association of Bermuda, Committee of 25 for Handicapped Children, Community Rehabilitation, Occupational Therapy and Physiotherapy Services, Meals on Wheels and Multiple Sclerosis Society of Bermuda. Project Action provides free transportation for persons with disabilities across the island.

ASSESSMENT

ACHIEVEMENTS

Bermuda has a fairly advanced Health System developed around a system of Private Insurance and supported by a rigorous network of legislative and regulatory instruments. Basic health care and some secondary health care services are available and accessible to those who are most vulnerable (inclusive of children) and are subsidized by the Government. Although there remains some unevenness in the level of coverage across selected areas observed, trends indicate that immunization has significantly improved since 2001. Bermuda’s health profile reflects one of a developed society where infectious diseases are under control.

For the most part the majority of the population has access to healthful foods and wide open space necessary for healthful living. Infant mortality Rates (IMR) and Maternal Mortality Rates (MMR) on a whole have remained relatively
low over the years. Chronic malnutrition has been virtually eliminated. The introduction of universal screening for HIV/AIDS for pregnant women in 1998 has resulted in mother to child transmission rates being reduced to zero. In addition, teenage fertility in Bermuda has declined significantly, dropping by 50% since the 1990s. The health profile of older children has remained relatively stable overtime. Alcohol consumption by teens has also dropped noticeably.

Generally the standard of living of Bermudians has improved significantly, with the greatest strides occurring since 2000. In particular, steady gains have been realized in terms of per capita income and disposable income. A reliable foundation for social protection and the delivery of social services has been developed and key services are available to those who need special assistance through these mechanisms. Informal structures are already in place to facilitate cross-sectoral cooperation and collaboration so as to enhance resource and information sharing and to allow organizations to benefit from complementarities.

KEY CHALLENGES

- Ballooning cost of health care in Bermuda could inhibit health seeking behaviors - increase in personal expenditure on health care as a percentage of personal income in the past 10 years (increased from 8.7 in 2004 to 11% in 2012);
- Insurance coverage for all children – 2% of children has basic insurance coverage and 6% has no coverage at all, 89% of Bermudians covered by Insurance, low coverage for unemployed Bermudians;
- Limited development in structures for cross sectoral collaboration and cooperation;
- Weak systems of reporting on indicators on infant/child health;
- Reluctance or inability of some mothers to continue breast feeding beyond a couple months;
- Neonatal deaths reflect 50% of deaths of infants;
- Emerging trend of low birth weight babies;
- Emerging patterns of childhood obesity as approximately one in four children can be categorized as overweight – (overweight child more likely to be between 5-10 years of age, a girl, from low income household and black);
- Growing manifestation of chronic non-communicable diseases in children and adults (childhood diabetes) and limited country specific information available on this subject;
- Deaths of young males in the 14-19 age category (due to assault and traffic accident);
- Males 14-19 hospitalized due to injury and poisoning (50% of hospitalizations);
- Females 14-19 hospitalized due to pregnancy (41% of hospitalizations);
- Teenage pregnancy rate 17.7 per thousand adolescent females;
- Data on teen pregnancy not readily available;
- Lack of sufficient information on reproductive health and life skills;
- Early sexual initiation and high proportion of sexually active teens (25% of 11-18 year olds sexually active and 50% 16 year olds and over sexually active);
- Poor attitudes and behaviors of parents identified as one of the key risk factors for anti-social behaviors among young people, (parental attitudes favorable to anti-social behaviors. Poor family management, gang involvement, Parent’s attitudes to drugs and alcohol and poor academic performance);
- “Attack and harm” identified as the most prevalent anti-social behavior among students in Bermuda;
- High level of experimentation of students with alcohol, marijuana, inhalants and cigarettes (76% reported experimenting with at least one drug);
- High dependence of low income families on social assistance;
- High cost of food;
- Families with children, especially single parent households (400 households) and seniors vulnerable to poverty;
• Increase in the phenomena of the working poor or persons not being able to earn a living wage;
• Change in the profile and proportions of persons requiring financial assistance from 76% of beneficiaries being seniors and disabled in 2011/2012 and 24% to able bodied individuals (unemployed and employed) to 50% being paid to bodied individuals (unemployed and employed) and 50% seniors and disabled in 2012/2013;
• Social protection or social safety net review or assessment not conducted in recent times and lack of effective targeting of social protection;
• Frayed capacity of agencies tasked with the delivery of key services or benefits;
• Affordable housing remains a significant challenge. Housing remains the highest expenditure item on households’ budget (rent, mortgage, land and house Tax and Insurance).

CRITICAL PRIORITY AREAS

Priority A: Bermudian children and families live healthy lifestyles within the context of healthy social norms

Priority B: Bermudian families have options that can afford them an adequate lifestyle and a sufficient social safety net

CRITICAL OUTCOMES

• Further minimize the impact of the high cost of health care on the most vulnerable;
• Reduce the number of children not fully covered by health insurance to zero and increase the proportion of Bermudians covered by some form of insurance from 89% to 100%
• Enhance Capacity by formalizing “Ministry to Ministry” cooperation with a view off creating long term partnerships across sectors;
• Strengthen Child Health Information System (CHIS) and enhance reporting on key indicators of child health such as infant and child mortality rates at all levels;
• Reduce neonatal deaths;
• Continue to promote breastfeeding among new mothers and increase breast feeding rate;
• Reduce the incidence of low birth weight babies by exploring causal factors and improving maternal health;
• Significantly decrease the proportion of children in Bermuda considered overweight or obese;
• Create baseline information of childhood Diabetes and other non-communicable illnesses and devise strategies to reduce such among children;
• Reduce the likelihood of deaths of males in the 15-19 age cohort due to assault and traffic accidents;
• Lessen the teenage pregnancy rate;
• Improve reporting on teen pregnancy;
• Strengthen Reproductive Health Education Programmes for teens and intensify life skills programmes;
• Augment protective factors for students who are most at risk for anti-social behaviors;
• Further address the main anti-social behaviors exhibited by students and other young people;
• Reduce the number of children experimenting with illegal drugs;
• Strengthen and expand the bridges between beneficiaries and key support services to reduce “life-time membership” to the social safety net programmes. This is so as to ensure that social transfers not only provide support for the disadvantaged but that they also allow for the poor to transition into the productive economy;

7 “Based on the premise that in principle the two ministries are equal partners, with a common interest in engaging in peer dialogue on policy and practice, in learning from one another and in jointly tackling key issues and problems in the further development of their systems.” Inter-ministerial cooperation: A model for Capacity Development, NORAD, 2006 p3
• Improve access to affordable and nutritious food;
• Fine tune targeting mechanisms e.g. and improve effectiveness of social assistance programmes e.g. Conditional cash transfers, Proxy means test (PMT), Community Based Tests (CBT), ans Social Categorical tests.
• Build resilience of families with children especially single parent families, against poverty, hunger and ill-health;
• Broaden services available to the working poor so as to help stymie the widening inequality between the rich and the poor; e.g. training and retooling; maintaining the job ladder; minimum wage review; looking at impact of seasonal employment and reduced hours;
• Strengthen support for the unemployed extending beyond financial assistance; (e.g. Developing database with jobs and improving Labor market information system;
• Address the issue of multiple-deprivation;
• Examine factors contributing to the changing profile of persons accessing financial and other social assistance;
• Strengthen social safety net; (Social Safety Net Assessment)
• Enhance the capacity of agencies to deliver needed social assistance and services looking specifically at institutional environment, organizational performance, inter- institutional linkages and human resource management and processes;
• Develop a comprehensive policy on Affordable Housing or strengthen existing affordable housing Policy;
In committing to the task of protecting the rights of children it is required that children are safeguarded against all forms of abuse, neglect and exploitation. This extends to protection for children in the criminal justice system; safeguards for children in employment; protection and rehabilitation for children who have suffered exploitation or abuse of any kind and to all children who are in a disadvantaged or vulnerable position.

In keeping with this commitment the Government of Bermuda and all key stakeholders are obligated according to Article 4 of the Convention on the rights of the Child to—

“…take all available measures to make sure children’s rights are respected, protected and fulfilled…to review their laws relating to children…This involves assessing social services, legal, health and educational systems, as well as levels of funding for these services … to take all necessary steps to ensure that the minimum standards set by the Convention in these areas are being met… help families protect children’s rights and create an environment where they can grow and reach their potential. In some instances, this may involve changing existing laws or creating new ones…”

The Department of Family Services in Bermuda promotes and protects the best interest and well-being of children and families with a view of enhancing their social functioning and their quality of life. It coordinates activities across a number of services as well as with the Police and Non-governmental organizations. In particular, the Department of Child and Family Services provides a number of family services namely; Child and Family Protection, Residential Care, Day Care, and Bermuda Youth Counselling Services. The main programmes cover child abuse, foster care, adoption, and day care for children with special needs, as well as rehabilitation services for adolescents and young adults.

In addition to the foregoing the Child and Adolescent Services offered under the umbrella of the Bermuda Hospital Board also provides some safeguards for children and families in Bermuda through the provision of interdisciplinary assessments and treatment of child, adolescent and family problems. The interdisciplinary team consists of a Clinical Social Worker, Child Psychiatrist, Child Psychologist, Occupational Therapist and a Clinical Nurse who is specially trained to work with children and teenagers. Such services are critical to treat with children who are in crisis.

SAFEGUARDING CHILDREN’S RIGHTS

VIOLENCE AGAINST CHILDREN
Violence against anyone is unacceptable and imposes tremendous costs to individuals, families, communities and the society in general. Women, children and young men are among the main victims of violence. More specifically violence against children is at once unjustifiable and preventable. (UNICEF, 2006)

Child maltreatment by parents and caregivers and violence which occurs in community setting are the two main types of violence perpetrated against children and young people. Younger children are more prone to suffer physical violence while older children more so those who have reached puberty are more likely to suffer sexual violence. Unfortunately according to the United Nations Children Fund (UNICEF) violence against children often goes “unseen, unheard and unreported” leaving millions of children scarred each year. Not only does the trauma of violence inflict physical wounds but it leaves mental scars on children as well, affecting their physical and emotional health and compromising their ability to learn and socialize and to function into adulthood.

Further it is maintained that higher levels of vulnerability to violence are frequently associated with children with disabilities, who are orphaned, indigenous, from ethnic minorities and other marginalized groups. Other risks for children are associated with living and working on the streets, living in institutions, detention and living in communities where inequality, unemployment and poverty are highly concentrated. Overall some children are simply more vulnerable because of their race, nationality, socioeconomic status.

On a global scale upwards of 40 million children are abused each year. (WHO 2001) A seminal study titled “An End to Violence Against Children” published by UNICEF in 2006 underscored the fact that the impact and scale of violence is becoming more visible and the imperative to act has grown more urgent for a number of reasons, namely:

1. Despite states signing on to international agreements committing to eradicate violence against children, many children still suffer and inadequate measures have been put in place to prevent children from being hurt;

2. The profile of some forms of violence have been raised and children are testifying of the difficulties they experience;

3. Recognition of the long term impact and trauma child victims of violence experience that impose substantial social and economic costs on society;

4. Acknowledgement that prevention of violence against children requires a coordinated response that cuts across sectors – health, education, justice and social services, governmental and nongovernmental.

Violence in itself is a complex phenomenon and as such definitions which capture the full extent of its intricacies are critical to our understanding and prevention of same. Article 19 of the CRC defines violence as “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.” The “World Report on Violence and Health (2002)” also proffers a definition for violence as the “intentional use of physical force or power, threatened or actual, against a child, by an individual or group that either results in or has a high likelihood of resulting in actual potential harm to a child’s health, survival, development or dignity.” The Bermuda Police Services defines child abuse as intentionally causing injury or series of injuries, neglect, sexual molestation or emotional abuse of a child.

**CHILDREN “AT RISK” AND IN NEED OF SPECIAL PROTECTION**

“We owe our children – the most vulnerable in society – a life free from violence and fear. In order to ensure this we must be tireless in our efforts not only to attain peace, justice and prosperity for countries, but also for communities, and members of the same family.”

Nelson Mandela (WHO 2002)
It is contended that in 2010 Bermuda recorded the highest number of reported cases of child abuse since the system for reporting was put in place at the department for Child and Family Services. Of the 637 cases of abuse reported 234 were substantiated and 259 were proven to unsubstantiated or suspected case of abuse. On a whole the range of cases were categorized as serious physical or sexual abuse, including rape, as well as neglect. Child neglect was the most prevalent form of abuse reported and confirmed accounting for just about 52% of the substantiated claims. The incidence of Sexual abuse against children reflected 20% of cases proven. Physical abuse cases were approximately 20% of substantiated case. While emotional abuse represented a small fraction of substantiated cases of abuses it was noted that this was an observed growing trend and is particularly linked to the occurrences of gun violence in communities in the presence of children. The graph below provides a breakdown of the reported cases of Child Abuse in 2010.

**Graph 11: Reported Cases of Child Abuse**

*Source: Child and family Services via Bermuda Sun (April 12, 2011)*

**AGE AND SEX OF CHILD VICTIMS**

The data is not broken down by age or sex. Hence it is not possible to say who was the most vulnerable to abuse whether it is boys or girls nor speak to the ages categories. Experts suggest however that on average one (1) in four (4) girls and one (1) in six (6) boys are abused before their 18th birthday. Assault was cited as one of the main factors contributing to the deaths recorded for children 10 – 14. In addition of all the deaths recorded in the 14-18 age cohort all were males and assault was one of the two main factors contributing to this trend. Hospitalization records revealed that males in this age category were mainly hospitalized due to external causes such as injury and poisoning (50% of total hospitalizations) and females in this age bracket on the other hand were mainly hospitalized due to pregnancy (41% of total hospitalizations).

The Bermuda Police Service highlighted the fact that up to 95% of child abuse cases are either ignored or not reported. Many times children do not report abuse and this makes them vulnerable to further abuse and manipulation by abusers. Further they seldom receive the type of help they require to deal with this violation.

**BEHIND THE STATISTICS**
It was pointed out by the officers of Child and Family Services however that relatives were the main perpetrator of violence against children. Table 6 below allows one to look more closely at the overwhelming impact of abuse on children. The main reasons proffered to explain abuse against children in Bermuda were as follows:

- Effects of the recession;
- Overworked parents and parents working more than one job;
- Overcrowded households with increased exposure of children to adult situations and risky conditions;
- Unemployment of parents/guardians;
- Children living in certain neighborhoods;
- Stress of making ends meet;
- Reactive system providing support for families in crisis;
- Predatory adults;

**CHILD DISCIPLINE**

In its original form discipline was defined as instruction. The Free online Dictionary defines discipline as training which is expected to produce a specific character or pattern of behavior, especially training that produces moral or mental improvement. Overtime discipline has evolved to mean punishment for many individuals which negates the value of instruction and example. Disciplinary methodology for children in homes, schools and in other social institutions has been heavily invested in the use of corporal punishment. This is seen more as a means of enforcing obedience. There is the strict belief by parents and many in society in general that a generation of children bent on doing their own thing can only be made to toe the line through physical punishment. The core biblical principle of “do unto others as you would have them do unto you” is subsumed under much rhetoric which fails to acknowledge that the modern day parent’s disciplinary tool kit has a number of other tools which can help children develop appropriate behaviors, habits and socialization patterns.

Parents, key school administrators, alternative care setting still retain the right to use “reasonable” force “by way of correction” in Bermuda. In some settings such as the schools the range of personnel who can administer corporal punishment has been reduced. Whereas some agencies advocate for the repealing of laws which permit this practice there is still strong parental and societal support for the use of corporal punishment. The Family Centre is one of the key agencies which has in more recent times stepped out to have some dialogue about child discipline and to offer tips to parents about alternative paths of socialization and discipline for children.

**CHILD SEXUAL ABUSE**

There is limited up to date information about child sexual abuse in Bermuda. Further insight is needed into this phenomena. Who comprise the 20% of Sexual abuse cases and who are the main perpetrators. Essentially, questions as to whether commonly held stereotypical views surrounding the incidence, descriptions of common perpetrators and victims, and explanations of child sexual abuse hold true in the Bermudian context need to be answered promptly. This highlights the need for prevalence studies and ongoing surveillance regarding child welfare and protection.

There is a worrying trend where victims of sexual abuse are becoming younger and may be of either sex. Although there is currently no evidence to suggest this in Bermuda this is a trend that must be borne in mind. With the growing level of instability in conjugal relationships, where the mother’s current partner may not necessarily be the parent of all the children but live or is in a trusted position in the family, there may be more windows open for young girls/boys to be at increased risk for molestation or sexual abuse.
Further anecdotal evidence suggest that Bermuda may not necessarily take a hardline towards older men who engage in sexual relations with young girls. Some young girls are engaged in “consensual” relationships with older men and where pregnancy occurs arrangements are made for child support. Explanations for this is that teenage pregnancy is seen more than just a social problem but also as a public health issue as young girls must feel free to seek medical care without having to protect their partner at the same time. Research show that having an older partner is associated with early sexual debut. Age difference between a young female and her partner (especially those between ages 15 and 17 year of age) is said to also influence contraceptive use. A young girl involved with someone more than two years her senior is less likely to use condoms thus increasing her risk of pregnancy and contracting STDs. Ultimately the female bears the difficulty of an unplanned pregnancy or other health issues. Females are said to more easily contract STDs than the males. This therefore raises issue with respect to the reproductive health of the young female as well a public health issues connected to STDs.

From a policy perspective it is critical to bear in mind that traditional models of educating young females about safe sex and abstinence may not be as useful where females are in relationships with men who are significantly older or more street savvy. Evidence such as outlined in the earlier paragraph is important to public health intervention which suggests a twofold response: focus on helping educate young persons regardless of age and sex about choosing age appropriate partners and identifying interests and asserting decisions and secondly providing important information regarding sexual and reproductive health coupled with outreach to adult males. (Kaestle, Morisky, Wiley, 2002)

**CHILD SEXUAL EXPLOITATION**

With the advent of the information age and the proliferation of technological gadgets it is of no surprise that exploitation of children through this medium is on the rise. Pornographic photos of young girls is said to make the rounds. Not only have older persons been engaged in this practice but young people themselves have been known to participate unwittingly in these activities with young ladies posting suggestive photos of themselves online. Evidence of persons accessing child pornographic materials is seen in the number of court cases over recent times which have been prosecuted.

**MULTI-GENERATIONAL TRAUMA**

A key challenge to Bermudians has been identified as the issue of the impact of multi-generational trauma on individuals. The argument is that trauma experienced in one generation can have follow-on effects on the succeeding generation and generations to come. This occurs when there has been physical, sexual and emotional abuse of children, neglect of children and domestic violence. This perspective underscores the long-term results of abuse and other trauma on individuals, families and communities which are enmeshed in the cycle of violence.

Experts posit that most abusive relationships have a distinctive pattern referred to as the cycle of abuse. Some cultural norms reinforce the belief that children do not have the right to the same human rights as adults and thus they are subject to ill-treatment. Children who observe abuse as the main means of conflict resolution over a period of time are more likely to classify abuse as normal, get into situations where they are at risk to abuse and develop the same methods of problem solving as their parents or abuser.

**CHILDREN IN FOSTER CARE AND INSTITUTIONS**

Central to Bermuda’s policy of Child Welfare and protection is the idea of family care. Removal of children from the family setting is done as a last resort. However up to 2010 there was an increase in the number of children requiring placement with a foster parent due to neglect or abuse. In 2009, approximately 148 children were placed in foster care and by May of 2010 homes had to be found for 112 more children. Finding sufficient families and families who can cater to more than one child remains problematic. The Adoption of Children Act (1963 ) due to be replaced by the Adoption of Children Act (2006/2011) provides for the care and protection of children who have been adopted while the
Children’s act covers the regime in place for foster care. No legal arrangement have been made to accommodate children who are refugees from other countries and who are in need of protection.

The rate of return of children to their family is low as only 17 children were returned in 2009. State responsibility for children ends at 18 years of age and foster families have the option of relinquishing responsibility at that time. Some children who are put out by their families have no fallback position and have difficulty finding shelter or some level of support. The Sunshine League developed a programme which acts as a half-way house to accommodate males who are in transition from the foster care or residential system to a life of independence. As yet there is no facility available for females.

**JUVENILE JUSTICE**

Children who are eight (8) years or older are considered to have reached the age of “criminal responsibility” and are liable to be taken to the Family and Youth Court. In the eyes of the court children are considered an adult when you reach the age of 16. A juvenile must be accompanied by a parent if he is under 16 if he comes into contact with the police. Legal aid is available to juveniles should they run afoul of the law. Access to Legal aid is assessed based on income and nationality. Non-Bermudians who are not spouses of a Bermudian nor has Bermudian children do not qualify for assistance.

**CHANGING PROFILE OF OFFENCES**

In previous years juveniles mainly came into contact with the court system when they were victims of crime. However in more recent times they are going before the court more and more for serious offences with the youngest to date being 13 years of age. The ascendance in incidence of gang activity and the involvement of young persons in gangs have been viewed as one of the major catalysts behind this change in trend.

**GANG CULTURE**

Evidence for Bermuda suggest that children who are in middle school are more likely to be initiated into Gangs. Police Intelligence in Bermuda suggest for example that Cedar Bridge Academy has a 99% gang affiliation rate as students are forced to choose based on where they reside. Children and youth who drop out of the education system or who are having severe difficulties in schools as well as children who live in communities wrecked by social problems especially drug trafficking, drug use and abuse have been found to be more at risk for recruitment by community gangs. Both girls and boys are prone to gang involvement. Girls for instance provide a valuable resource for boys or males as they hide things, they provide sex a key part of the gang culture and act as the Matriarch. Evidence suggest that most gang members especially those arrested for major offences have children and their children are impacted when this occurs.

**CAUSES OF CRIMINAL BEHAVIOUR IN JUVENILES**

Generally only a small proportion of juveniles commit crimes. Three statistics from the United States however demonstrate the disproportionate impact of those under the age of 18 on criminal activity. While comprising roughly one-sixth of the nation’s population, juveniles in the United States make up a full one quarter of all people arrested and account for nearly one-third of the arrests for the seven crimes in the uniform crime index (homicide, forcible rape, robbery, aggravated assault, burglary, vehicle theft and larceny). In addition studies of criminal careers have demonstrated that one of the best predictors of sustained and serious adult criminality is the age of initiation and seriousness of the delinquent career.
Increased social inequities reflected by widening disparities between the “have” and “have not” is seen as also fueling this descent of segments of the population into anti-social behaviors such as drug trafficking and gang activity. Changes in the social fabric of the society has also impacted the number of juveniles who commit crimes. The following itemizes some of the factors that underpin increases in juvenile delinquency:

- Limited opportunities for youth and rising youth unemployment;
- Legacy of families with a history of criminal activities;
- Having been a subject of physical and sexual abuse, neglect or abandonment;
- Lack of parental control over children;
- Frustration or failure in schools;
- Increased availability of illicit drugs;
- Loose attachment to community and family;
- Changes in family structure which have led to reduced supervision of children and youth than in previous times;
- Involvement of peers in criminal activities;
- Weakened protective factors at the family and community levels;

**JUVENILE JUSTICE SYSTEM**

The Juvenile justice system in Bermuda has evolved over time based on the recognition that juveniles are different than adults and when they offend they are to be treated differently. The Family and Youth Court and the establishment of juvenile detention centers for males and for females was developed in Bermuda to protect the welfare of youth and rehabilitate them while shielding the society at the same time.

Not only is the system set up to address juveniles who have offended the law but the Family and Youth Court also works to place juveniles in a safer environment when they are faced with dangerous situation. Social workers are selected by the Family and Youth court to work as advocates on behalf of children when needed. The system is still in transition and a key challenge remains in ensuring that young victims of crime are treated with due care and attention. Secondly some recent cases suggest they need for systematic review of the cases of juvenile offenders so as to ensure that they are not unduly or unfairly punished.

As noted earlier the Young Offenders Act of 1950 provide for the age of criminal responsibility at 8; below this age, the law regards someone as incapable of committing a criminal offence. Further those individuals who are 8 or older but under 14 are covered by the ‘doli incapax’ presumption. That is, the law presumes such offenders are incapable of committing a criminal offence unless the prosecution can show at the time of doing the act or making the omission the child had the capacity to know that he or she ought not to do the act or make the omission. This raises some interesting challenges and these are noted below:

- Bermuda’s age of criminal responsibility is quite low compared to other advanced democracies, where the age of criminal responsibility varies from 10 to 16.

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8 Please see report by the Joint select committee on the Causes of Violent Crime and Gang Violence in Bermuda for further details.

(Note, however, that the 'doli incapax' presumption ending at 14 is consistent with some jurisdictions, such as Australia and South Africa. England & Wales abolished the presumption in 1998.)

- Section 2(1) of the Young Offenders Act 1950 defines a “child” as a person under the age of 16, but does also make provision for a “young person” as being someone 16 or older but not yet 18. The full protections of the Act do not apply to those aged 16 and 17, even though mental and emotional development of young people of this age is not the same across the board.

- Detention at Her Majesty’s Pleasure in need of reform. There should at least be statutory provisions which flesh this out some more. E.g. adults are no longer imprisoned at Her Majesty’s Pleasure.
Table 6: Acute consequences of Violence Against children

<table>
<thead>
<tr>
<th>Physical health consequences</th>
<th>Sexual and reproductive consequences</th>
<th>Psychological consequences</th>
<th>Other longer-term health consequences</th>
<th>Financial consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal/thoracic injuries</td>
<td>Early Sexual Initiation</td>
<td>Alcohol and drug abuse</td>
<td>Cancer</td>
<td>Direct costs: Treatment, visits to the hospital doctor and other health services</td>
</tr>
<tr>
<td>Brain injuries</td>
<td>Reproductive health problems</td>
<td>Cognitive impairment</td>
<td>Chronic lung disease</td>
<td>Indirect costs: Lost productivity, disability, decreased quality of life and premature death;</td>
</tr>
<tr>
<td>Bruises and welts</td>
<td>Sexual dysfunction</td>
<td></td>
<td></td>
<td>Costs borne by criminal Justice System and other institutions: expenditures related to apprehending and prosecuting offenders. Costs to social welfare organizations, costs associated with foster care, to the educational system and costs to the employment sector arising from absenteeism and low productivity</td>
</tr>
<tr>
<td>Burns and scalds</td>
<td>Sexually transmitted diseases, including HIV/AIDS</td>
<td>Depression and anxiety</td>
<td>Ischemic heart disease</td>
<td></td>
</tr>
<tr>
<td>Central nervous system injuries</td>
<td>Unwanted pregnancy</td>
<td>Developmental delays</td>
<td>Liver disease</td>
<td></td>
</tr>
<tr>
<td>Fractures</td>
<td></td>
<td>Eating and sleep disorders</td>
<td>Reproductive health problems such as infertility</td>
<td></td>
</tr>
<tr>
<td>Lacerations and abrasions</td>
<td></td>
<td>Feelings of shame and guilt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Damage to the eyes</td>
<td></td>
<td>Hyperactivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td>Poor relationships</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>----------------------</td>
<td>--------------------</td>
<td>---------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor school performance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor self-esteem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post-traumatic stress disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Psychosomatic disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Suicidal behavior and self-harm</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CHILD LABOUR

The Employment of Children and Young Persons Act 1963 gives effect to various Conventions of the International Labor Organization which address the minimum age of employment in respect of different industries and sectors in which children may sometimes be found. Additionally, The Education Act 1996 enshrines the requirement that those of a particular age are required to attend school in Bermuda. The Act provides for the following minimum ages:

Table 7: Child labor Age Stipulations

<table>
<thead>
<tr>
<th>Element</th>
<th>Age</th>
<th>Section of Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Minimum Age</td>
<td>13 (except for agricultural, horticultural or domestic character where the parent or guardian of the child is also the employer of the child, subject to conditions in section 4)</td>
<td>Section 3</td>
</tr>
<tr>
<td>Young person in education – during school hours</td>
<td>18 (compulsory school leaving age)</td>
<td>Section 5</td>
</tr>
<tr>
<td>Industrial undertaking or vessel</td>
<td>15 (except in or upon vessels in which only members of child's family are employed or relating to certain light work)</td>
<td>Section 6</td>
</tr>
<tr>
<td>Employment at night</td>
<td>18 (except until midnight and – for females – adequate arrangements are made for return)</td>
<td>Section 7</td>
</tr>
<tr>
<td>Trimmer on vessel</td>
<td>18</td>
<td>Section 8</td>
</tr>
</tbody>
</table>

Note: the International Labor Organization’s Minimum Age Convention, 1973 (ILO no 138), 26.06.1973 (http://www.ilo.org/ilolex/cgi-lex/convde.pl?C138) has not been incorporated to Bermuda
CHILD ABUSE RESPONSE

The network of services aimed at protecting children from abuse in Bermuda is still evolving. There is however no comprehensive response framework for addressing abuse against children in Bermuda. As noted earlier the Child and Family Services stands at the heart of child protection activities in Bermuda.

The Bermuda Police Service is also integral when cases are reported and requires investigation. There exist a Centre against Abuse which offers education programmes, Safe Houses and hotline which generally deals with victims of domestic violence. The Family Centre a non-governmental organization provides early intervention services for children who are suffering from family-based problems such as abuse and neglect. It has also stepped up to the plate to provide training in disciplining children. Saving Our Children and Revealing Secrets (SCARS) is one of the first non-profits to focus its service solely on the issue of Child Abuse offering abuse prevention training, counselling and support for children and families who are dealing with this type of trauma. The Coalition for the Protection of Children also offers key services to families at risk.

Table 8: Mapping of child Abuse Response Programming in Bermuda

<table>
<thead>
<tr>
<th>Elements</th>
<th>Responsible Institution</th>
<th>Current Initiative</th>
<th>Gaps and Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Public Advocacy and Education</td>
<td>None Specified – various agencies initiate programmes – Bermuda Police Service, SCARS</td>
<td>Reporting of Abuse to the Child and Family Services and the Police; “Stewards of Children” training offered by SCARS Bermuda; SAFE Programme arming families and communities with education – SCARS Bermuda Child discipline thoughts and tips by the Family Centre Abuse Prevention programmes in schools, police, health care, business community – Centre Against Abuse</td>
<td>Lack of a systematic national education programme;</td>
</tr>
<tr>
<td>Elements</td>
<td>Responsible Institution</td>
<td>Current Initiative</td>
<td>Gaps and Challenges</td>
</tr>
<tr>
<td>----------</td>
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<td>---------------------</td>
</tr>
<tr>
<td>b) Legislation that discourages abuse, protects children, penalizes abusers;</td>
<td>National Legal System International Law</td>
<td>Maintenance of Sex Offenders Registry; Criminal Code Act of 1907; Children’s Act 1998; Domestic Violence (Protection Order) Act 1997; Misuse of Drug Act, 1872; 1998 Hague Convention on the Civil Aspects of International Child Abduction;</td>
<td>Sex Offenders Registry Exist, however list only available upon request to persons working with children in a professional capacity, not the general public; Need to foster an environment where parents, teachers and children are encouraged to report abuse; Strengthen the legislative and regulatory environment,</td>
</tr>
<tr>
<td>c) Effective Administration of Justice;</td>
<td>• Police Force</td>
<td>Receives and investigates reports of child abuse; Police Week Activities; Community Policing; Receives reports of child abuse and provides support services for victims and perpetrators of violence; State can proceed with prosecution in cases where parent or guardian does not want to proceed;</td>
<td>Reinstate the Victim Compensation Fund; Strengthen the judiciary in treating with child abuse case;</td>
</tr>
<tr>
<td>Elements</td>
<td>Responsible Institution</td>
<td>Current Initiative</td>
<td>Gaps and Challenges</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>d) Social service Support for victims and perpetrators</td>
<td>Child and Family Services</td>
<td>Social Service Support through the following:</td>
<td>Capacity does not match high case load;</td>
</tr>
<tr>
<td></td>
<td></td>
<td> Provision of social workers and other trained personnel;</td>
<td>Unclear as to the level of communication with school counsellors/psychologists;</td>
</tr>
<tr>
<td></td>
<td></td>
<td> Access to trained professionals such as psychiatrists and psychologists;</td>
<td>Need for clearer national reporting procedures especially across Ministries;</td>
</tr>
<tr>
<td></td>
<td></td>
<td> Service interventions- removing victims from abusive environment;</td>
<td>Improved system for victim care;</td>
</tr>
<tr>
<td></td>
<td></td>
<td> Processing and assessment of reported cases;</td>
<td>Staff trained in Forensic Interviewing;</td>
</tr>
<tr>
<td></td>
<td></td>
<td> Maintenance of Foster Care System;</td>
<td>Update and expand categories of information in database on victims;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Need to Strengthen foster care system</td>
</tr>
</tbody>
</table>

10 “Forensic interviewing is a first step in most child protective services (CPS) investigations, one in which a professional interviews a child to find out if he or she has been maltreated. In addition to yielding the information needed to make a determination about whether abuse or neglect has occurred, this approach produces evidence that will stand up in court if the investigation leads to criminal prosecution.”

http://www.practicenotes.org/vol8_n01/what_is.htm Accessed January, 2014
<table>
<thead>
<tr>
<th>Elements</th>
<th>Responsible Institution</th>
<th>Current Initiative</th>
<th>Gaps and Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NGOs</td>
<td>☐ Maintenance of Data base of victims; 24 hour hotline and men's Crisis Hotline by the Centre Against Abuse, Safe Houses – Run By Centre Against Abuse; Counselling services offered by Centre Against Abuse, Family Centre, Coalition for the Protection of Children, SCARS, Child and Adolescent Services, Family Services</td>
<td>Sustainable funding for programmes</td>
</tr>
</tbody>
</table>

**ASSESSMENT**

**ACHIEVEMENTS**

For the most part children in Bermuda are protected within functional and loving families and legal and practice mechanisms are in place facilitate this. Bermuda has instituted a system which absorbs those children who face difficulties in family or community settings either through special run homes, over-seas residential programmes, foster care and adoption. Further a network of care professionals such as social workers, counsellors, financial assistance officers, psychologists and psychiatrists have been developed to ensure that the welfare of children in Bermuda are protected and that they are able to bounce back after a crisis. Often this is done in tandem with health care professionals, educators and Police Officers. Specific charities such as Centre for Abuse, Family Centre, SCARS, The Women Centre and the Coalition for the Protection also and integral role in safeguarding children in adverse circumstances.

The problem child abuse has been receiving increased attention at all levels and this has filtered down to impact and inform practices, attitudes, policies leading to a deliberate and conscientious approach to matter of this nature. There is a general body of laws and regulations to protect children exists. A Family and Youth Court has been established which seeks to preserve the best interest of the child. Alongside this, detention/training facilities for young persons who find themselves on the wrong side of the law have been created. Further there is growing appreciation of the plight of the victims and abhorrence for acts of violence and abuse committed against children and young people. This is helping to shape the dialogue around the subject and to highlight impact of the generations of trauma on Bermudan society.

**KEY CHALLENGES**

• Noticeable increase in reported instances of child abuse - 2010 was one of the most notable years with 637 reported cases of abuse;
• Main types of Abuse reported in Bermuda are Neglect, Physical abuse and sexual abuse;
• Limited information available regarding the main characteristics, incidence, nature, severity and causes of child abuse;
• Proliferation of violence and abuse against children and youth;
• Culture of silence surrounding abuse against children in families and across society;
• Culture of discipline centered around punishment and not instruction or training;
• Increase in cases of child sexual exploitation using technology;
• Growing acknowledgement of the long term impact of abuse and other trauma on Bermudians;
• Increase in the number of Families in crisis and children living under difficult conditions;
• Increase in number of children placed in foster care or other alternative care solutions;
• Limited arrangements made for children who are ageing out of alternative care options e.g. Foster or residential care;
• Age of criminal responsibility is low compared to other developed countries;
• The profile of young people who come into contact with the juvenile system is changing. While the court have always dealt with children as victims in need of care and protection however there are now more and more juveniles presenting as offenders of the law having perpetrated very serious crimes;
• Adolescent boys and young men are increasingly involved in the gang sub-cultures of drug trafficking, abuse, organized crime and violence;
• Juvenile justice system is not youth friendly;
• The presence of a social services system which is over-burdened and has limited capacity to fully meet the broad-based needs of the most vulnerable.

CRITICAL PRIORITY AREAS

Priority A: Bermudian children and families feel secure and safe across all spheres of the life of the child (school, home, community)

Priority B: Bermudian children have access to the support necessary to recover and build resiliency from trauma.

Priority C: Bermudian children and families live in a nurturing and restorative culture

CRITICAL OUTCOMES

• Reduction in the number of children being abused in Bermuda;
• Reduction in all types of abuse – neglect, physical abuse and sexual abuse;
• Conduct a detailed Study on Child Abuse in Bermuda in the near future;
• Promote a comprehensive approach to addressing child abuse by creating a child abuse response framework and developing a National child abuse plan immediately;
• Reduce level of violence against children and youth in general and Bermudian males in particular;
• Break the culture of silence surrounding child abuse;
• Encourage appropriate child discipline practices;
• Strengthen the protection for young girls so as to reduce their level of exposure to sexual abuse;
• Foster the responsible use of technology;
• Break the cycle of abuse or violence on individuals, families, communities;
• Address the impact of untreated multi-generational trauma;
• Expand support for families in crisis and enhance alternative care options;
• Facilitate the creation of mechanisms to smooth the transition from alternative care to independent living;
• Review the age of criminal responsibility;
• Strengthen the resilience of boys and young men against the gang sub-culture and other anti-social behaviors closely associated with violence and abuse;
• Augment the juvenile justice system so that it is more youth friendly such that youth receive the highest level of protection and rehabilitation where necessary;
• Improve the effectiveness and efficiency of social services and enhance capacity to deliver;

C3. DEVELOPMENT AND PARTICIPATION RIGHTS

Development rights encompass the right to education, play, leisure, cultural activities, and access to information, and freedom of thought, conscience and religion. CRC Articles 28, 29, 30, 31 and 42 outlines the basis of this type of rights.

ARTICLES 28 AND 29 RIGHT TO EDUCATION

Education is viewed as a fundamental human right which plays a key role in the development of children, communities and societies on a whole. Education is purported to be the primary vehicle by which economically and socially marginalized adults and children can lift themselves out of poverty and obtain the means to participate fully in their communities. Experience has shown that attention to enrolment is insufficient and therefore equal attention must be paid to attainment, attendance, completion, processes and outcomes. In addition it must be recognized that there are differing and sometimes competing needs and expectations of the education system emanating from the aspirations of the three main stakeholders namely the state, the parent and the child. These differences must be reconciled if a strong framework is to be built to realize the rights of the child. The CRC proffers an understanding of the right to education in terms of universality, participation, respect and inclusion building on the foundation laid by other international treaties which emphasized human rights.

Any assessment of the human rights based approach to education necessitates the consideration of three key dimensions of education which are intertwined and interlinked. As noted by a Report produced by UNESCO and UNICEF in 2007 which looked at the human rights based approach to Education for all, a rights based approach, requires the realization of the right of access to education, right to quality education and the right to respect.

Table 9: Right to Education

| 1. The right of access to education | • Education throughout all stages of childhood and beyond  
| | • Availability and accessibility of education  
| | • Equality of opportunity  
| 2. The right to quality education | • A broad, relevant and inclusive curriculum  
| | • Rights-based learning and assessment  
| | • Child-friendly, safe and healthy environments  |
### 3. The right to respect in the learning

- Respect for identity
- Respect for participation rights
- Respect for integrity

### EVOLUTION OF THE EDUCATION SYSTEM

The road to an inclusive and accessible education system in Bermuda has been a hard fought battle, won incrementally over a number of decades and is intimately intertwined with the struggle against racism. The education system in Bermuda has had to be agile and is constantly transitioning to address emerging issues.

The Education Act of 1949 established the right of children 7-13 years of age to receive free primary education. By 1969 compulsory school age had been expanded to 5 – 16 years of age and all children within that age category were entitled not only to free primary education but free secondary education as well. The first nursery schools for 4 year olds were started in 1968. Schools remained segregated until 1971 despite legislative edicts by the Government in 1965 to desegregate schools. The Education Act was amended to provide children with the opportunity to remain in the secondary school system up to the age of 19 years in order to finish the secondary school programme. More recently the Education Act of 1996 which revised and modernized its predecessor of 1949 was enacted. This guarantees the right of all children of school age (from 5 years old) in Bermuda to free quality education in the public system of education and provides an administrative framework for the management of the school system. It has general purview over both the public schools and the private schools.

Historically, focus shifted to tertiary education with the passage of the Bermuda College Act in 1974. The Bermuda College at that time amalgamated the Sixth form Centre, Technical Institute and Hotel College. The Issues pertaining to standards, certification and remuneration of teachers were also at the forefront at that time.

At the other end of the spectrum emphasis was placed on the salience of child development and the Child Development Project was born in 1978. This Programme is committed to working in partnership with families to promote the development of children from birth to four years of age. It also assists families to identify their needs and goal and provides support and information and supports the development of parenting skills.

1997 was a watershed year with the introduction of the middle school system which exists up to today. The results from the introduction of this system has been mixed. Currently there is commitment to try to transform the middle school system into one that has improved outcomes for students and to better prepare them for secondary school. A framework has been established to facilitate this process:

- Public Confidence
- Increased Student Achievement
- Staff Expectations
- Content, Skill, and Knowledge of Educators
- Culture and climate of schools
- Currency and relevancy
Between 1999 a key challenge identified was illiteracy and quality of instruction were major concerns. The Bermuda Educators Council Act of 2002 set the stage for the improvement of standards in the teaching profession as well as set the framework for registration and licensing.

By 2007 Education reform became a watch word, student performance and graduation rates swung sharply into focus and the need to address shortfalls in the education system became an urgent imperative. A review of the Education System led by Professor David Hopkins was undertaken in 2007 resulting in a number recommendations aimed at mending the public school system. These recommendations have been the main driving force behind the reformation of the Education System. The Blue Print for Reform in Education provides strategic direction for the public school system in Bermuda. Its main aim is to deliver first-class education of global standards to ensure that students reach their full potential.

By 2008 attention swung to the curriculum and following an assessment Cambridge International Curriculum was adopted in 2010 by the public schools as the basis for teaching Mathematics, English and Science. At the heart of this new curriculum are the aims of creating successful students on the one hand and supporting teachers on the other. The overarching goal of the shift to this new Curriculum was improved educational outcome for students. Particular attention was to be paid to improved learning and preparation of the students for tertiary education as well as the world of work.

Top officials are cautious however as it is posited that the introduction of the Cambridge curriculum was a good first directional step because it gives us a good educational model, but the implementation is still an unknown at this time.11

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11 - See more at: [http://www.thebermudian.com/people/760#sthash.b28f1RwG/](http://www.thebermudian.com/people/760#sthash.b28f1RwG/) Perspective underscored via face interviews with top education officials.
The above graphs which depict Senior Schools Cambridge Examination results for the first three years after the implementation of the curriculum in the areas of English, Mathematics and Science having attained a C or above. The percentage of Students receiving a C or above is love for every subject area. Major fluctuations have also been observed in the number of persons who meet the standard from year to year and reasons for these fluctuations are not immediately obvious in terms of which input variables require tweaking.

There are two input measures in education, namely the student input variables and the school input variables.

Student Input variables: student’s innate ability, parental educational background and socio-economic status of the student. The student input variable are usually not generally not manipulable.

School Input Variables: Teacher –Pupil ratio, expenditure per pupil and amount of education and/or experience of teacher...

Between 2010 and 2011 The Educational Centre which housed at risk youth with behavioral challenges and who were functioning below their ability was closed and replaced with the Alternative Education Programme. This programme allowed for the introduction of Individual Education Plans (IEPs) for these students which are administered in collaboration with fee for service providers in the public sector. The number of students enrolled in this particular programme doubled from 25 in 2011/2012 school year to 46 2012/2013. The engagement of private providers has allowed for the needs of more students to be addressed however it is not clear if the increase in numbers also corresponds with an increase in students presenting with behavioral problems, better identification procedures or the availability of more spaces. The Educational Centre only could accommodate a maximum of 25 students.

The Education Act of 1996 provides for the suspension of students. Prior to 2011 when the Out of School Suspension Programme (Recommendation of the Minyn Report) was introduced suspended were sent home.

With the Out of School Suspension Programme the curriculum is delivered to students who have been removed from schools for committing infractions such as fighting possession and or using weapons or drugs. Where deemed necessary Therapeutic interventions are provided for students.
<table>
<thead>
<tr>
<th>No.</th>
<th>Programme</th>
<th>Description</th>
<th>Level</th>
<th>Enrolment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Primary One Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Vision Programme</td>
<td>Specialized teachers who teach students who are visually impaired, blind or have low vision.</td>
<td>All schools</td>
<td>46</td>
</tr>
<tr>
<td>3</td>
<td>Hearing Programme</td>
<td>Supports students who are deaf or hard of hearing</td>
<td>All schools</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Adapted Physical Education Programme</td>
<td>Is a developmentally appropriate programme which provides the adaptive support necessary for students with movement challenges to meaningfully participate in physical education.</td>
<td>All schools</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Behavioral Management Programme</td>
<td>Provides behavior therapists for preschool, primary and middle schools, as well as for the Alternative Education Programme. (11 Behavioral Therapists)</td>
<td>Pre-school, primary and Middle school</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Busy Bee Braille Programme</td>
<td>Works to support the needs of six students, ranging in grade levels from P3 to M3 from schools across the island, who have severe vision loss and/or have the diagnosis of losing their vision.</td>
<td>All schools</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Gifted and Talented Programme</td>
<td>Language and Mathematics at the P5 and P-6</td>
<td>Primary</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Language Arts at M1 - M3</td>
<td>Middle</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Counselling</td>
<td>Counsellors provide counselling to students regarding their academic, personal and/or social development and career development needs.</td>
<td>All schools</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>School Psychology</td>
<td>Provide psychology services to schools</td>
<td>All schools</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Programme</td>
<td>Description</td>
<td>Level</td>
<td>Enrolment</td>
</tr>
<tr>
<td>-----</td>
<td>------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-----------</td>
</tr>
<tr>
<td>10</td>
<td>Autism Spectrum Disorder Programme</td>
<td>Provides interventions in a specially equipped classroom environment</td>
<td>3 ASD Classrooms</td>
<td>18</td>
</tr>
<tr>
<td>11</td>
<td>Alternative Education Programme</td>
<td>The Alternative Education Programme was developed for at-risk youth with severe behavioral challenges who were not functioning to their level of ability in the regular school environment.</td>
<td>All schools</td>
<td>46</td>
</tr>
<tr>
<td>12</td>
<td>Out of School suspension Programme</td>
<td>The programme delivers our curriculum to students who have been removed from school for committing infractions such as fighting, or possessing and/or using weapons or drugs.</td>
<td>All schools</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Literacy Collaborative Programme</td>
<td>Is an attempt to raise standards in literacy through the Literacy Collaborative which is a joint venture with Lesley University, Massachusetts. As a result, many schools have restructured the teaching of language skills through the incorporation of writing and reading workshops.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Early College and Career Pathways</td>
<td>Allows senior school students in the Bermuda Public School System to develop academic, technical and employability skills through career pathways in preparation for careers and college opportunities for a 21st Century global economy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Early childhood Education Programme</td>
<td>Goal is to chart the course for early childhood education, ensuring that current practices are aligned with 21st Century practices for early childhood education, and develop an appropriate framework to enhance the early childhood experience and ensure student success later in life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Programme</td>
<td>Description</td>
<td>Level</td>
<td>Enrolment</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>------------</td>
</tr>
<tr>
<td>16</td>
<td>Technical Education Programme</td>
<td>Provide technical education programme during the summer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Child Development Programme</td>
<td>This is a support service for families with children from birth to age four years of age. It provides an array of early intervention resources which can enhance the ability of parents and guardians to support and foster healthy, lifelong development for their children.</td>
<td>0-4 age group</td>
<td></td>
</tr>
<tr>
<td>17.a</td>
<td>Screenings and Assessment</td>
<td>Developmental Screenings are play-based and offered to all children between 24 to 30 months of age.</td>
<td>24-30 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PCHP is an early childhood literacy, parenting and school readiness programme. Trained Parent Support Home Visitors provide twice weekly sessions in the home or an agreed upon location to model positive ways for parents to talk and play with their child. Age appropriate books and toys are supplied, and activities are demonstrated.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.b</td>
<td>Parent, Child Home Programme</td>
<td>This programme is designed for children for families who have children between birth and four years of age with overall developmental delays. Parents are guided by a home intervention worker, focusing on the child's individual needs, while providing support to both the child and their family.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.c</td>
<td>Portage Programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Programme</td>
<td>Description</td>
<td>Level</td>
<td>Enrolment</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
<td>-----------</td>
</tr>
<tr>
<td>17.d</td>
<td>Occupational Therapy (OT) Physiotherapy (PT)</td>
<td>Occupational Therapy is important when a child's activities are affected by delays in development, disability or disease. Physiotherapy aims to help children achieve gross motor skills in accordance with normal developmental milestones.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.e</td>
<td>Speech and Therapy Programme</td>
<td>Addresses children who are experiencing communication delays/disorders. Parents and guardians are provided with strategies that support their child's individual communication needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.f</td>
<td>Behavior Management Programme</td>
<td>This programme enables parents and guardians to learn effective strategies for managing their child's inappropriate behavior.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.g</td>
<td>Family Counselling</td>
<td>This is intended to advance and promote the emotional well-being of families and children from birth to four years of age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.h</td>
<td>Parent Education</td>
<td>Covers topics such as infant, toddler and preschool development, positive parenting strategies for building the bond with children, and effective discipline.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.i</td>
<td>Parent Support</td>
<td>This is a light therapeutic touch for parents who do not desire counseling but want or need help coping with their parenting stresses. Parents are linked to resources or provided short term case management and advocacy. Support is available for couples, single mothers and fathers who experience difficulty in co-parenting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Programme</td>
<td>Description</td>
<td>Level</td>
<td>Enrolment</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>18</td>
<td>School Improvement and Professional Development Programme</td>
<td>Focuses on the professional development of teaching staff across the school system</td>
<td>All Teachers</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Professional and Career Education (PACE)</td>
<td>Offers Programmes based on the needs of the local workforce per the manpower survey and supported by the National Training Board</td>
<td>Bermuda College</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Counseling and Career Programme</td>
<td>Collect data from students to determine their needs and provide timely interventions.</td>
<td>Bermuda College</td>
<td></td>
</tr>
</tbody>
</table>

**ORGANIZATION OF THE EDUCATION SYSTEM**

The right to free education in Bermuda is enshrined in Part VI, Section 51 (1) and (2) of the Education Act 1996. It states that –

1. “Subject to the provisions of this Act, every child who is resident in Bermuda shall have a right to receive free primary school, middle school and senior school, education, suited to his age, ability, special needs (if any), aptitude and health, at an aided or maintained school.”

2. “Every child who has attained the age of three years but who has not attained the age of five years shall, subject to the availability of resources, have a right to receive free preschool education if—there is, in the parish in which the child resides, an aided or maintained preschool; and accommodation is available at that school for the child.”

Attendance at school is compulsory for children five years of age and who have not yet reached 18 years of age. Parents are charged with the legal responsibility of ensuring enrolment of students and regular school attendance.

The Ministry of Education provides Policy direction and administrative support for the education system. The Department of Education established to assist the Minister of Education to fulfil his mandate which is to “…contribute towards the moral, intellectual and physical development of the people of Bermuda by securing or helping to secure that efficient educational facilities and school recreational facilities are made available to meet the needs, from time to time, of persons in Bermuda.” Bermuda’s Public education system is 5 tiered with the lower levels feeding into the upper levels. Schools are zoned encouraging parents to enroll students in programmes in their immediate area.

The Ministry of Education espouses an inclusive policy where all students, with the exception of those with multiple physical challenges or severe behavioral problems, are now educated in regular classroom settings. It provides support for these students, in the form of learning support teachers and para-educators. The goal here expand the opportunities for students’ success. (MOE) For that matter students with both physical and physical challenges are accommodated in one special school, Dame Marjorie Bean Hope Academy, which has a maximum enrollment of 25 students. Additionally, students with severe behavioral problems are now provided with Individualized Education Plans (IEPs) and are a part of
the Alternative Education Programme. The following provides a diagrammatic representation of the five tiered system of education in Bermuda’s education system:

Source: Adapted from http://schools.moed.bm/default.aspx
### Table 11: Education Institutions - Bermuda

<table>
<thead>
<tr>
<th>Level</th>
<th>Type of Institution</th>
<th>Age</th>
<th>No. Institutions</th>
<th>Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Primary</td>
<td>Pre-School</td>
<td>4 – 5 years age</td>
<td>10 (Class size</td>
<td>Creative Curriculum which focuses on social, emotional, cognitive and physical Development.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Maintained at 10</td>
<td>Cambridge progression Tests are administered in English and mathematics</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>students per</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>teacher)</td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>Primary Schools</td>
<td>5-11</td>
<td>18 (Approximately</td>
<td>Cambridge International Curriculum – Aids identification of Students’ strengths and Weaknesses and supports learning development.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>500 kindergarten</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>students are</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>registered each</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>year)</td>
<td></td>
</tr>
<tr>
<td>Middle</td>
<td>Middle School (M1-</td>
<td>11-14</td>
<td>5</td>
<td>Cambridge Lower Secondary Programme (CLSP). Progression Tests available for M1 &amp; M2 Checkpoint Tests at the end of M3</td>
</tr>
<tr>
<td></td>
<td>M3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior (S1-S4)</td>
<td>Lower Secondary</td>
<td>14-16 years of age</td>
<td>2</td>
<td>Cambridge IGCSE – Focuses on developing students' skills in creative thinking, enquiry and problem solving, and gives them excellent preparation for the next stage in their education.</td>
</tr>
<tr>
<td></td>
<td>(S1-S2)</td>
<td></td>
<td></td>
<td>Each subject is certificated separately.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NCCER Courses – (National center for Construction and Research)</td>
</tr>
</tbody>
</table>
As noted earlier, since its initial inception the education system has been in a state of constant flux as it has sought to adapt to existing and emerging challenges and to improve educational outcomes as well as prepare the population for participation in the global economy. Some changes have been more positive and lasting then others, some have been planned while others have been implemented on an adhoc basis.

EDUCATION FINANCING

Investing in education is imperative. According to World Innovation Summit on Education (WISE) Governments must create stimulating learning environments, incentivizing quality teaching, reaching out to the vulnerable and adapting curricula and pedagogies to a changing world. This must take place despite the impact of the recession and downturn in the world economy as education is seen as a key vehicle to transform society and reverse the effects of the recession and downturn. This is a tough call for governments which continue to be the main funders of education. A key question is how to retain a quality offering while reducing cost and improving efficiencies within the system.

While Ministry of Education have had find ways to reduce its budget over the last few years investment in education continues to remain high and relatively steady. Public spending on education as a percentage of GDP stood at 2.6% for both 2009 and 2010. Average expenditure on education as a percentage of GDP in the OECD stands at 6.2%. Expenditure on education as a percentage of GDP in the United States stood at 5.4% and 5.6% respectively. However
while this is low overall government expenditure on education as a percentage of total Government Expenditure remains high at 13.4% (2010). The overall budget for education for the 2013/2014 of $121,000,000 represented 6.9% increase over the previous year’s allocation. The per capita expenditure on education stood at $1883.65 and the annual expenditure on education per child (using UN definition of School age-child 5-24 years of age) is $8,826 (2012/2013). The expenditure per child for the UK and the US were $5,834 and $7,743. The following graphs looks at a few variables in an effort to determine the impact of spending on education.

The graphs below show that despite having the highest investment per school aged child there were still some Performance issues that became more marked when compared to other developed countries. While high, the Literacy rate lags by 1 percentage point behind that of the US, UK, Canada and France. More pointedly, the data indicates that Bermudian children opt out of the education system much earlier than their counter parts in all countries used in the comparison as the school life expectancy for children in Bermuda averages at about 12 years. Children in the United States and the United Kingdom spend an average of four more years in the school system than Bermudian Children.

**School Life Expectancy (SLE):** is a cumulative measure of school participation rates. It is defined as the total number of years of schooling that a child of certain age can expect to receive in the future based on current enrolment trends. It includes the number of years a child is likely to spend in school inclusive of repetition rates.

The following graphs looks at a few variables in an effort to determine the impact of spending on education.

The graphs below show that despite having the highest investment per school aged child there were still some Performance issues that became more marked when compared to other developed countries. While high, the Literacy rate lags by 1 percentage point behind that of the US, UK, Canada and France. More pointedly, the data indicates that Bermudian children opt out of the education system much earlier than their counter parts in all countries used in the comparison as the school life expectancy for children in Bermuda averages at about 12 years. Children in the United States and the United Kingdom spend an average of four more years in the school system than Bermudian Children.

![Global Comparison of Annual Spending per School Age Child](image)

**Graph 13: Global Comparison of Annual Spending per School Age Child**


*Bermuda figure 2012/2013 and others 2010/2011*
Graph 14: Global Comparison of School Life Expectancy


Official Education Statistics Bermuda, 2011 Digest of Statistics, Bermuda

Graph 15: Global Comparison of Literacy Rates


On a whole the impact of Bermuda’s education dollars appeared to be more restrained than in comparable states especially in the area on years spent in the education system. Research support the view that the longer one spends in
the education system the better his life outcome would be. In fact recent study on personal and household income in Bermuda revealed that higher education increased employment income potential. The results showed that there is a direct correlation between obtaining a degree and higher earnings gained from a main job. Specifically, the data showed that in “2010, doctorate degree holders earned more than twice as much as persons with high school certificates and master’s degree holders earned nearly twice as much as high school graduates. It further indicated that “bachelor degree holders earned 35% more than diploma or associate degree holders”. (Department of Statistics, 2012)

Further, competition for the highest paid jobs in Bermuda is high and demands the highest level proficiency and qualifications however if the current trend of tertiary enrolment rates continues a large proportion of Bermudians will continue be excluded from accessing those jobs and proper insertion into the expanding Global economy. The table below compares Tertiary enrolment rates12 of developed countries to Bermuda’s. While tertiary enrollment rates have remained consistent over the period at or about 31% in Bermuda, comparisons to other countries such as the United States, France, Finland and the United Kingdom Bermuda comes up short with just about one third of the eligible population enrolled compared to over 50% and higher for the other territories.

Notably, Bermuda has made some significant strides in numbers of person with a degree as noted in the 2010 with 29% of persons holding university degrees. Black Bermudians holding degrees increased by 39% in the inter-censal period as compared to a 23% increase by white Bermudians. Notwithstanding, as policy makers contemplate how to gain a competitive edge in the labor market it is clear that an emphasis on lifelong learning and significantly increasing the proportion of the population enrolled in tertiary education will be critical to any strategies employed by the Government to address this challenge.

![Global Comparison of Tertiary Enrollment Rates](image)

**Graph 16: Global Comparison of Tertiary enrolment Rates**


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**EQUALITY AND ACCESSIBILITY IN THE EDUCATION SYSTEM**

Every child has the right to a place in school and every attempt must be made to ensure that a learning environment is physically and economically accessible to every child or at least technologically accessible. It is recognized however that

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12 Tertiary Enrollment Rates: Defined as the total enrollment in tertiary education regardless of age, expressed as a percentage of the total population of the five year age group following on from secondary school learning.
availability and accessibility while they are essential fundamental steps they are not sufficient for the realization of a child’s right education. (UNICEF/UNESCO, 2007) While every child has equal rights to an education it is only by opening up that opportunity for an education that this can be realized. The removal of societal barriers as well as barriers within the education system is an imperative.

Table 12: Examples of Barriers to Education

<table>
<thead>
<tr>
<th>Social, Economic and Cultural Barriers</th>
<th>Barriers in the School System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Reflecting negative societal norms and patterns (violence, abuse)</td>
</tr>
<tr>
<td>Disability</td>
<td>Negative attitudes of Teachers</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Lack of female/male teachers and role models</td>
</tr>
<tr>
<td>Household Poverty</td>
<td>Sanitation and Hygiene</td>
</tr>
<tr>
<td>Race</td>
<td>Discrimination</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Minority Status</td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td></td>
</tr>
<tr>
<td>Child Labor</td>
<td></td>
</tr>
</tbody>
</table>


A closer look at other key education indicators displayed in Table 8 below provides a more holistic perspective on the education provisioning in Bermuda. With free Primary education a reality since the late 1960’s it is expected that enrollment rates would be close to or at 100%. Encouragingly Net Enrollment rates at the primary level for Bermuda stood at 91% in 2010. While enrollment rates are significantly lower at the secondary level trends point to an improvement in that area indicating that a higher number of students were either transitioning to secondary school or that student retention rates have improved. Net enrollment rates at the secondary level climbed by 24% markedly increasing from 59% in 2010 to 73% in 2011. A key factor in this must be the introduction of a more structured approach to out of school suspension through the introduction of the Out of School Suspension Programme as well as
the Alternative Education Programme which caters to at-risk youth with severe behavioral challenges. It was reported that all person enrolled in these programmes have stayed in school thus far.

It is not immediately clear why there are 217 females and 224 males seemingly missing out on their primary education in Bermuda. Part of this numbers could possibly be attributed to children who are severely disabled or developmentally challenged however if bears a closer investigation to ascertain what is happening with these children.

Table 13: Key Education Indicators 2010 and 2011

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year 2010</th>
<th>Year 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net enrollment Rate (Primary)</td>
<td>91%</td>
<td></td>
</tr>
<tr>
<td>Net enrollment Rate (Secondary)</td>
<td>59%</td>
<td>73%</td>
</tr>
<tr>
<td>No. Children Out of School Primary (Male)</td>
<td>217</td>
<td></td>
</tr>
<tr>
<td>No. Children Out of School Primary (Female)</td>
<td>224</td>
<td></td>
</tr>
<tr>
<td>Primary Completion Rate (Female)</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Primary Completion Rate (Male)</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Progression to Secondary School (Female)</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Progression to Secondary School (Male)</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td>Ratio of Female to Male enrollment (Primary)</td>
<td>100%</td>
<td>98%</td>
</tr>
<tr>
<td>Ratio of female to male enrollment (Secondary)</td>
<td>118%</td>
<td>118%</td>
</tr>
<tr>
<td>Ratio of Female to male enrollment (Tertiary)</td>
<td>211%</td>
<td>212%</td>
</tr>
<tr>
<td>Trained teacher at Primary level</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Turnout Rate at PTA</td>
<td>65 - 75%</td>
<td></td>
</tr>
<tr>
<td>Teacher to child Ration</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

Table 8 also shows that on average 100% of both females and males who enter primary school complete their primary education. Females seem to be progressing more smoothly through their schooling. In 2010 only 5% of all females who finish primary school do not progress to secondary school. A total of 22% of males do not progress to secondary school. While enrollment in overseas boarding schools, enrolled in some other educational organization Such as Adult
and Continuing Education Centre or transfers out of the system into a new education jurisdiction may account for some proportion of young people who do not progress to secondary school in Bermuda this does not account for all students. Key question is are these males sitting “on the wall”?

Keyser the author of “Of school and sitting on the Wall” indicated that the majority of young men “sitting on the wall” had left school but perceived it as having been kicked out for various disciplinary infringements such as fighting and involvement with drugs. Similar sentiments were echoed in focus groups with young people who felt that students were being treated unfairly and with some degree of indignity in the school system and some case ignored for their seeming lack of academic aptitude. Research suggests that to a large extent those who “end up sitting on the wall” or opting out of the education system all together tend to be from low in come homes and who received little support in the school system. The Mincy Report noted that upwards of 50 percent of black males dropped out of the education system prematurely. In addition to recommendations from these reports it is key that there are early identification and interventions of students who are experiencing difficulties in the school system. Emotional and socio-psychological challenges which continue to act as barriers to education especially for young men must be addressed.

The Ministry of Education is on the right path and has a strong counselling presence in schools, there are also six School Psychologists who work across schools as well as a Behavior Management Programme at the Pre-school, Primary School and Middle School levels where behavioral therapists work with students across all schools. There is also a Behavior Management Programme offered through the Child Development Programme for children in the 0–4 age bracket who are manifesting behavioral problems. While is necessary to treat with existing issues regardless of the age the challenge is that when problems are diagnosed late in the game after negative behaviors and attitudes have already hardened it is more difficult to effect the desired behavioral change. The services of the Child Development Programme where long lasting change is more likely to be achieved due to early detection and interventions are seemingly under-utilized and under-valued in the education system. Worldwide researchers have been focusing more on the early child hood period as an especially promising period for intervention particularly because of possible lifelong implications of early brain development and the proven efficacy of early childhood interventions. (Institute for Research on Poverty, 2013).

Early childhood education in Bermuda is admittedly a neglected area in the sense that it has had no formal leadership in place for the last 10 years. It is hoped that the employment of an Assistant Director, ECE will go a long way in helping to provide some perspective in that sector so as to ensure positive outcomes of students. The services concerned with early childhood development are fragmented. None of these agencies possess the full capacity to make the type of inroads that are required at this juncture. At no other time in Bermuda’s history has the society seen the level of family disintegration, increased hardship and behavioral and emotional challenges manifesting at younger ages.

The Ministry of Health is responsible for Nurseries, while the Ministry of Education is responsible for preschools. The Child Development Programme which provide interventions for children in the 0 – 4 age categories is also an entity by itself. This makes the delivery of coherent services problematic at best as the scope of the work, focus and targeted group of these entities overlap significantly. Individuals in the trenches indicate that this structure is deficient at best and requires closer attention.

Successful Early childhood development is critical to positive life outcome. Findings from longitudinal research are compelling and support this view especially as one look at the impact of the High Scope/Perry Programme and the Abecedarian programmes. Further, there is seems to be a disconnect between policy and practice in terms of age of age for pre-school. In practice preschool age is from age 4 to 5 years but this does not match up with the age range stipulated in the Education Act of 1996 which speaks of pre-school as being from ages 3 – 5 years of age. Efforts

should be made to reconcile this difference and determine whether or not children 3 years of age because of the stage of their development could benefit more from entering the pre-school programme at that age rather than a year later.

PREPARING AT RISK YOUTH FOR THE FUTURE

In Bermuda there is a recognized high rate of drop out and school failure among young persons. Experts agree that the costs of failure in high school are increasing not only to the individual but to the society as a whole. School dropouts represent a huge loss of human potential. A critical question that must be addressed I how to re-harnes this potential and drive development in areas that are beneficial to their own self-development and the best interest of the society on whole.

ALTERNATIVE EDUCATION

It is advanced that from a historical perspective adult and continuing education has been viewed as the key provider for workforce education to adults, with particular emphasis on the support of the undereducated, the disenfranchised, and often the dislocated worker. This remains a salient function. However rapid transformations in the job market which require workers to be more flexible in terms of knowledge and skills application adds new dimensions to the role of this sector as affected individuals seek to find a foot hold in their changing circumstances. Lifelong learning is a critical underpinning of any approach to meet the needs of the population seeking adult education.

Adult education has been a feature of the Bermudian education landscape for over 55 years. This sector continues to fill a critical gap in the provision of education support to adults or others who require it. While traditionally providing adult learners between 16 and 60 plus years of age with support services and adult literacy and Pre GED/GED preparedness there has been a noticeable shift in demographics. As noted by the Adult Education School there has been an exceptional increase in the number of young learners between the ages of 16 and 21 years of age. In one programme approximately 250 students access their programme every year with the 16-21 year old age cohort accounting for the highest number of person served by the programme offered. The Children Adults Reaching for Education (C.A.R.E.) programme, which provides learning opportunities to adults also offers programmes specifically targeted at school leavers who are seeking to strengthen their academic foundation. The key characteristics of some young people who access these types of programmes are noted as follows:

- History of academic failure
- Behavioral challenges in school and community
- School drop outs
- In residential care
- On probation
- Have been incarcerated

| Table 14: Characteristics of Students who access Adult Education Programmes |
|-----------------|-----------------|
| Physical Characteristics | Percentage of Student Population |
| Males | 60% |
| Females | 40% |
| Blacks | 67% |
| Whites | 17% |
| Other | 16% |
Adult and continuing education programmes are not free and minimal fees are levied. The government which at one time subsidized the programmes through subventions annually now only pays based on the number of students referred to the programmes. This has severely reduced the amount of money which these programmes have available to cover operational and improvement costs. A challenge remains as to who pays for those students 18 and under who have dropped out of the formal education system but are seeking education support on their own in alternative education programmes. This question is raised given the age outlined in the Education Act regarding mandatory school attendance. Home schools are growing in popularity as an option for school aged children who are managed by the Department of Education. These are used increasingly in the Out of School Suspension Programme.

While some students do well and go on to higher levels on the education ladder anecdotal accounts suggest that some experience some major problems in terms of overcoming hurdles as they seek to prepare for the workforce and higher level academic success. Some critical challenges are identified as follows:

- Acquiring requisite academic skills,
- Financial assistance or support;
- Information about alternative post-secondary programmes;
- Application procedures;
- Finding employment;
- Limited work readiness skills/college readiness;
- Lack of mentoring, social and emotional support

**YOUTH EMPLOYMENT**

The challenge of youth unemployment continues to be a persistent social and economic issue faced by societies today. International Labour Organization (I.L.O.) contends that youth has been disproportionately impacted by the recession and economic downturn which emerged back in 2008. Young persons who lack general or vocational education, skills and experience are viewed as being very vulnerable. The ILO further postulates that the longer young persons remain out of touch with the labor market, the more difficult and costly it is to return to productive employment. A number of social implications can also be pointed to relevant to exclusion, including susceptibility to anti-social behavior, including juvenile delinquency, and social unrest. Young persons have the right to have access to decent work opportunities. However youth are the last in and first out in times of crisis.

According to 2012 figures unemployment of youth between 26 and 24 years of age stands at 36%. This represents an alarmingly high figure for Bermuda. In some instances even when youth are employed they are not in good jobs, in temporary jobs, in the informal sector, low income jobs and employed in jobs that they are over qualified for.

Currently Bermuda run a Job Corps Programme, a residential programme aimed at addressing youth employability challenges. It is anticipated that the programme as envisioned would cost on average of $6 million dollars to run annually. It would be interesting to know the job-centered policies aimed at reaching unemployed young people. The Summer Employment Programme (SEP) is also run by the Government with the goal of to providing Bermudian students from the age of 16 years with meaningful work and training experience during the summer months.
ACHIEVEMENTS

A strong infrastructure for educating the nation’s children has been built up over time as the Education System has had to be flexible and fluid to accommodate key changes. Primary and secondary education is offered free of charge to students in the public system and the fees are heavily subsidized for Bermuda College. Nominal fees are also charged by alternative care providers. Access to education to education and availability of the opportunity to attend school has been realized. There is a strong drive to improve the quality and relevance of educational offerings so that Bermuda can be further inserted into the Modern Global Economy in such a way that there is greater benefit to all but particularly those who are experiencing multiple-deprivation and increase vulnerability to poverty, hunger and ill-health.

KEY CHALLENGES

- Outcomes from the Middle school system seem to be unsatisfactory;
- The implementation of the Cambridge International Curriculum is still relatively new and there are many uncertainties and pass rates in all three core subject areas remain low since the first sitting of the exams in 2011.
- No indication that there is a long term strategic plan (10 – 15 years) or articulated vision for the Education Sector in Bermuda which would then inform actions in the short-term and mid-term plans to guide decisions that are made now and drives the system to the realization of that long time goal. (Blue Print for Education – is a 5year plan, College has a 10 year plan)
- Children spend an average of 12 years in the education system which is 4 years lower than their counterparts in the United States, UK and Canada. This reduces the potential for attaining higher standards of living or making long-term gainful contributions in the local economy.
- The expenditure on education as a percentage of GDP is 2.6 %. This is significantly below the OECD average of 6.2 % and the US average of 5.4 %
- Net enrollment at the secondary level while on an increasing trend is still too low. At the highest net enrollment in 2011, 27% of secondary aged children are not accounted for.
- The progression rate of males to secondary schools is at an unacceptable level. 25% of males do not progress to secondary school
- Students feel that the educational system overlooks their psycho-social and emotional needs. To some students school is seen as an inhospitable environment with unfair practices and which subjects them to a fair degree of indignity.
- Behavioral and psycho-social challenges are addressed too late in the school life cycle of the child.
- Across the board, the programs catering to early childhood are too fragmented lacking any central communication, resulting in stretched resources and lack of direction or synergy.
- Lack of proper regulation in Pre-School/Day- Care

CRITICAL PRIORITY AREAS

Priority A: Bermudian children and families have the education and skills necessary to secure a job that allows them to earn a living wage

Priority B: Bermudian children fulfill their greatest potential (with creativity and following one’s passion)

Priority C: Bermudian families have equal opportunity and overcome historical, political and institutional barriers that inhibit equal opportunity are constructively mitigated and prevented from recurring

Priority D: Bermudian parents have positive parenting tools and techniques that prepare and encourage children

Priority E: The Bermudian community is empowered and participate in key decisions.
CRITICAL OUTCOMES

- Intensify the transformation programme for the Middle School System based on open dialogue and participation;
- Institute measures to increase the percentage of persons who receive “C” and above passes in Cambridge Examinations;
- Strengthen and provide increased support for the Alternative education and Adult Education Sector;
- Develop a long term Strategic Plan for Education Sector which minimizes ad hoc changes to the education System and puts in place a framework for important and incremental change, over the short term and medium term;
- Develop strategies to increase the number of years spent in the education system to be on par with or exceed that of non-Bermudian counterparts. This must include promoting life-long learning for all and promote and provide opportunities to post-secondary learning.
- Develop a culture of entrepreneurship via the education system from an early age. This should include technical and business management skills.
- Commit to investing more in the education system. This investment must align with long-term strategies and must increase the share of education expenditure as a percentage of GDP. This percentage must be closer to those of competing countries.
- Account for the missing children from the secondary school system, clarify why they are missing. Increase student retention rates and progression rates.
- Increase the percentage of males who transfer from primary school to secondary school. Devise methods to ensure that 100% of males progress to secondary level training.
- Improve the learning environment of schools being mindful of the unique needs of at-risk students. Implicit here is the need to treat everyone equally.
- Strengthen existing programs providing early identification of challenges and promote early interventions. This may entail increase utilization of the Child Development Programme. There is also an urgent need to strengthen the capacity of this programme.
- Provide a forum among early childhood programs for central communication, leadership, action, regulation, measurement and evaluation.
- Finalize the preparation of the regulation on Day-Care initiated in the Ministry of Health
LEGISLATIVE FRAMEWORK

SUMMARY OF ASSESSMENT OF LEGISLATION

The following provides a summary of the network of legislation which is geared towards securing the welfare of children in Bermuda. It examines key legislation and compares them against Bermuda’s commitment to the CRC to ascertain the level of coverage of rights from a legislative perspective.

Table 15: Legislation Assessment Summary Table

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ASSESSMENT OF LEGISLATIVE FRAMEWORK

ACHIEVEMENTS

Bermuda had a well-developed and comprehensive regime relating to the protection and enforcement of children’s rights. This project will go some way towards identifying any lacunae therein vis-à-vis the Convention. There are various criminal sanctions which exist in Bermuda to protect the lives and safety of everyone. Further there are noted detailed regimes contained in the Children Act 1998, the Education Act 1996 and the various social services which are administered by the government and supported by relevant entities.

KEY CHALLENGES

- A glaring omission in the regime protecting children is the absence of a general welfare requirement under the Young Offenders Act 1950 in respect of young persons or children charged with, or convicted of, criminal offences. This is in stark contrast to the position in England & Wales as enshrined in section 44 of the UK’s Children and Young Persons Act 1933 which provides as follows:

  “Every court in dealing with a child or young person who is brought before it, either as an offender or otherwise, shall have regard to the welfare of the child or young person and shall in a proper case take steps for removing him from undesirable surroundings, and for securing that proper provision is made for his education and training.”

- Bermuda’s age of criminal responsibility is quite low compared to other advanced democracies, where the age of criminal responsibility varies from 10 to 16. See http://en.wikipedia.org/wiki/Defense_of_infancy#Ages_of_criminal_responsibility_by_country. (Note, however, that the ‘doli incapax’ presumption ending at 14 is consistent with some jurisdictions, such as Australia and South Africa. England & Wales abolished the presumption in 1998.)

- Section 2(1) of the Young Offenders Act 1950 defines a “child” as a person under the age of 16, but does also make provision for a “young person” as being someone 16 or older but not yet 18. The full protections of the Act do not apply to those aged 16 and 17, even though mental and emotional development of young people of this age is not the same across the board.

- Detention at Her Majesty’s Pleasure in need of reform. There should at least be statutory provisions which flesh this out some more. E.g. adults are no longer imprisoned at Her Majesty’s Pleasure.

- The International Labor Organization’s Minimum Age Convention, 1973 (ILO no 138), 26.06.1973 (http://www.ilo.org/ilolex/cgi-lex/convde.pl?C138) has not been incorporated to Bermuda

- Bermuda’s Constitution is unique in the Western World in that it applies only to Bermudians. In all other Western Countries the constitution, written or unwritten, applies to all legal residents irrespective of nationality. http://www.bermuda-online.org/legal.

- Legislation exists which allows for births and deaths to be registered however the Bermudian Nationality is accorded through the Immigration Act. Children of non-Bermudian cannot be accorded Bermudian status unless under special circumstances outlined in the immigration Act. At birth children born to individuals classified as non-Bermudian are without nationality in contravention to international human rights commitments;

- There is no specific aspect of the law which speaks to family reunification and there is currently a Limited proportion of children reunited with families once entered into the foster care system; approximately 17%.

SUGGESTED RECOMMENDATIONS

- Review, update and amend relevant legislations
REFERENCES


National Health Accounts 2012, BHEC


nutrition Policy review: What does it take to scale up nutrition action.


http://www.unicef.org/publications/files/A_Human_Rights_Based_Approach_to_Education_for_All.pdf


World report on violence and health: summary, WHO 2002

Sexual Intercourse and the Age Difference Between Adolescent Females and Their Romantic Partners

By Christine E. Kaestle, Donald E. Morisky and Dorothy J. Wiley, “Peers perspectives on Sexual and reproductive health Volume 34, November 6, November/December 2002


APPENDIX 1

Assessment of Legislative Framework

Introduction

This section is a legal analysis of the UN Convention on the Rights of the Child (“CRC”). The Articles of the CRC are cross-referenced with legislation in Bermuda giving effect to them. The intent is to ascertain to what extent Bermuda is in compliance with its international obligations in respect to Children’s Rights. This assessment was conducted by the Department of Justice.

In order to meet these obligations, it is not necessary for a state to exclusively address a particular obligation matter in legislation so long as there is some administration action addressing it. This has been explored earlier in the document as the situation of children were assessed.

Definition of the child

(Article 1): The Convention defines a 'child' as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger.

Section 2(1) of the Children Act 1999 defines a “child” (except in Part IX which addresses daycare arrangements in Bermuda) as a person who is under the age of 18.

Section 1 of the Adoption of Children Act 1963 defines an “infant” for the purposes of that Act as a person who is under the age of 18, excluding those who are or have married. This will be replicated in section 2(1) of the Adoption of Children Act 2006 in respect of the definition of “child” when that Act comes into force.

Section 2(1) of the Young Offenders Act 1950 defines a “child” as a person under the age of 16, but does also make provision for a “young person” as being someone 16 or older but not yet 18.

The Age of Majority Act 2001 lowered the age of majority from 21 to 18 and makes consequential amendments to this effect. (However, the First Schedule to that Act excludes certain statutory provisions from that change which relate to the receipt of various benefits relating to young age.) The age at which a person ceases to be a child is now equal to when that person attains the age of majority.

Core principles of the CRC

Non-discrimination

Non-discrimination (Article 2): The Convention applies to all children, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

Section 12 of the Bermuda Constitution protects all Bermudians from discrimination by any law or act by a public authority on the grounds of race, place of origin, political opinions, color or creed. The Human Rights Act 1981 also protects all Bermudians from discrimination on a number of listed grounds.

Of particular importance to children are the following provisions:

Section 11 of the Bermuda Constitution protects an individual's freedom of movement within Bermuda where that person ‘belongs to Bermuda’. Section 11(3)(d) states that someone who is under 18 and is the child, stepchild or child adopted of any person deemed to belong to Bermuda by virtue of the preceding provisions of that section, also belongs to Bermuda. This provision was given a broad interpretation by the case of Minister of Home Affairs v Fisher [1980] AC 319, where the Privy Council held that this provision made no distinction between children born in lawful wedlock or not.
Section 2(2)(a)(iv) of the Human Rights Act 1981 prohibits discrimination against an individual on the grounds of being born out of lawful wedlock. (Note that age is not directly protected by the Human Rights Act 1981, as at the time of writing. However, the government has announced its plans to change this.)

Section 18A of the Children Act 1998 abolishes the distinction between legitimate and illegitimate children previously subsisting under Bermuda’s laws.

Best Interest of the Child

Best interests of the child (Article 3): The best interests of children must be the primary consideration in making decisions that may affect them by all public authorities and private social welfare institutions.

Section 6 of the Children Act 1998 makes the welfare of the child the paramount consideration in the administration and interpretation of that Act.

Section 8(1)(ii) of the Adoption of Children Act 1963 requires that the Family Court, before it makes an adoption order in respect of a child, should be satisfied that it, inter alia, is for the welfare of the child. Section 32(3) of the Adoption of Children Act 2006, when it comes into force, will require that post-placement reports consider whether the welfare of a child being considered for adoption will be satisfactorily provided for in the long term. This report is to be considered by the court before making an adoption order (section 36).

Section 29(2) of the Matrimonial Causes Act 1974 requires that, before exercising its power to impose financial provision or property adjustment orders in connection with divorce proceedings where children are affected, the court shall have regard to a number of matters concerning the financial well-being of the child and to exercise those powers so as to ensure the child remains in the financial position in which he or she would have been if the marriage had not broken down and each of those parties had properly discharged his or her financial obligations and responsibilities towards the child.

The Matrimonial Proceedings (Magistrates Court) Act 1974 contains a number of provisions which impact upon the child, but it does not directly enshrine any requirement approximating a general welfare principle.

A glaring omission in the regime protecting children is the absence of a general welfare requirement under the Young Offenders Act 1950 in respect of young persons or children charged with, or convicted of, criminal offences. This is in stark contrast to the position in England & Wales as enshrined in section 44 of the UK’s Children and Young Persons Act 1933 which provides as follows:

“Every court in dealing with a child or young person who is brought before it, either as an offender or otherwise, shall have regard to the welfare of the child or young person and shall in a proper case take steps for removing him from undesirable surroundings, and for securing that proper provision is made for his education and training.”

Article 18 (Parental responsibilities; state assistance): Both parents share responsibility for bringing up their children, and should always consider what is best for each child. Governments must respect the responsibility of parents for providing appropriate guidance to their children, and should take appropriate measures to ensure children of working parents have the right to benefit from child-care services.

Section 2(2) of the Children Act 1998 places an interpretative obligation on courts in respect of that Act to “give effect to the principle of gender equality and recognize that both fathers and mothers play critical roles in the development of children and each should have liberal access to their children notwithstanding with whom the children live.”

Section 4(1) of the Children Act 1998 defines parental responsibility as “all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property.”

Section 36.1B places on every parent a duty to provide support, in accordance with need, for his or her child who is unmarried and is under the age of eighteen years or, if eighteen years of age or over, is enrolled in a full-time programme of education or is unable, by reason of illness, disability or other cause, to withdraw from the charge of his or her parents or to obtain the necessaries of life.

The Child Day Care Allowance Act 2008 provides for means-tested applicants to receive financial assistance for children before they are eligible to enter pre-school.
Article 25 (Review of treatment in care): Children who are looked after by their public authorities, rather than their parents, have the right to have these living arrangements looked at regularly to see if they are the most appropriate. Their care and treatment should always be based on “the best interests of the child”.

Paragraph 6 of schedule 1 to the Children Act 1998 provides that supervision orders issued under section 29 of that Act will last for one year. An application may be made to extend the supervision order, which would introduce some element of review.

Section 31 of the Children Act 1998 requires that a plan of care for any child to be subjected to a supervision order be drawn before the order is made. Section 31(3) requires that the Director report to the Court within 6 months from the time the supervision order is made, and thereafter as the Court may direct.

Sections 33(1) and (2) allow for care and supervision orders respectively to be varied or discharged either by the person with parental responsibility for the affected child, the child or the Director.

Section 37(10) allows for an application to be made to vary or discharge an assessment order made under that section.

Section 38 allows for an application to be made for a protective intervention order. However, that section does not contain a general requirement of review or an opportunity to vary or discharge.

Section 39 allows for an application to be made for an emergency protective order. They are of short duration and will necessarily require review if they are to be renewed by the court.

There does not appear to be any review required under the following parts of the Children Act 1998:

- Part VI – Registered Children’s Homes
- Part VII – Residential Homes
- Part VIII – Foster care

Article 4 (Protection of rights): Governments have a responsibility to take all available measures to make sure children’s rights under the Convention are respected, protected and fulfilled.

Bermuda had a well-developed and comprehensive regime relating to the protection and enforcement of children’s rights.

This project will go some way towards identifying any lacunae therein vis-à-vis the Convention.

Article 5 (Parental guidance): Governments should respect the rights and responsibilities of parents and other legally responsible persons to direct and guide their children appropriately so that, as they grow, they learn to use their rights properly.

Section 2(2) of the Children Act 1998 places an interpretative obligation on courts in respect of that Act to “give effect to the principle of gender equality and recognize that both fathers and mothers play critical roles in the development of children and each should have liberal access to their children notwithstanding with whom the children live.”

In respect of care by parents, section 4(1) of the Children Act 1998 defines parental responsibility as “all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property.” Section 28 preserves the right of contact by parents of children placed in case. Section 36C(1) provides that “except as otherwise ordered by a court, the father and the mother of a child have parental responsibility for the child, are joint guardians of the child and are equally entitled to custody of the child.”

Rights of the Child

Survival and Development

Article 6 (Survival and development): Children have the right to live. Governments should ensure that children survive and develop healthily.
Note the various criminal sanctions which exist in Bermuda to protect the lives and safety of everyone. Note further the detailed regimes contained in the Children Act 1998, the Education Act 1996 and the various social services which are administered by the government.

Section 3 of the Children Act 1998 defines ‘significant harm’ as it relates to a child as ill-treatment or impairment of health or development of that child, and includes the following:

- Actual or risk of physical harm, emotional harm or sexual abuse;
- Failing to provide necessary medical treatment;
- Failing to provide treatment for a mental, emotional or developmental condition;
- Exposure to repeated domestic violence, substance abuse, other injurious or moral danger behavior;
- Chronic or serious neglect;
- Failing to provide adequate food, clothing, medical treatment or accommodation;
- Leaving a child of tender years unattended for an unreasonable length of time;
- Child displaying violent behavior and threatens to become a danger;
- Abandonment or mistreatment; and
- Pregnant child refuses or is unable to care for her child in womb.

Section 19 of the Children Act 1998 criminalizes mistreatment and abandonment of a child.

Section 24 of the Children Act 1998 details a number of relevant factors courts are to have regard to in making care and/or supervision orders, which include the importance of the child's development of a positive relationship with the parent, the child’s physical, emotional and educational needs, any harm which he has suffered or is at risk of suffering, how capable each of his parents or guardians is of meeting the child’s needs, and the importance of continuity in the child’s care and the possible effect on the child of the disruption of that continuity.

Section 36.1B of the Children Act 1998 places on every parent a duty to provide support, in accordance with need, for his or her child who is unmarried and is under the age of eighteen years or, if eighteen years of age or over, is enrolled in a full-time program of education or is unable, by reason of illness, disability or other cause, to withdraw from the charge of his or her parents or to obtain the necessary of life.

Article 24 (Health and health services): Children have the right to good quality health care – the best health care possible – to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy. Rich countries should help poorer countries achieve this.

Article 26 (Social security): Children – either through their guardians or directly – have the right to help from the government if they are poor or in need.

The Child Day Care Allowance Act 2008 provides for means-tested applicants to receive financial assistance for children before they are eligible to enter pre-school.

The Financial Assistance Act 2001 provides some financial support to applicants in respect of certain expenses such as childcare and childcare arrears. There are a number of other eligible expenses relating to the household which indirectly benefit children.

Financial assistance for children and child-related expenses.

Article 27 (Adequate standard of living): Children have the right to a standard of living that adequate to meet their physical and mental needs. Governments should help families and guardians who cannot afford to provide this, particularly with regard to food, clothing and housing.

The Child Day Care Allowance Act 2008 provides for means-tested applicants to receive financial assistance for children before they are eligible to enter pre-school.

The Financial Assistance Act 2001 provides some financial support to applicants in respect of certain expenses such as childcare and childcare arrears. There are a number of other eligible expenses relating to the household which indirectly benefit children.

The Bermuda Housing Act 1980 Provides guidance for housing development in Bermuda and established the Bermuda housing Corporation.
The Rent Increases (Domestic Premises) Control Act 2009 was first introduced in 1978 and offers protection for the welfare of the community from unreasonable rent increases and unlawful eviction and to educate the public on the rights and responsibilities of landlords and tenants under the law. The Rent Increases (Domestic Premises) Control Act 1978 was amended in 2000, 2004, 2009. Amendments made in 2009 are currently in effect.

Protection Rights

Article 7 (Registration, name, nationality, care): All children have the right to a legally registered name, officially recognized by the government. Children have the right to a nationality (to belong to a country). Children also have the right to know and, as far as possible, to be cared for by their parents.

Article 8 (Preservation of identity): Children have the right to an identity – an official record of who they are. Governments should respect children’s right to a name, a nationality and family ties.

The provisions of the Registration (Births and Deaths) Act 1949 require a register of births to be made and for all births in Bermuda to be registered within 24 hours.

The Bermuda Immigration and Protection Act 1956 generally governs the entitlement of any child to Bermudian status.

Section 2(2) of the Children Act 1998 places an interpretative obligation on courts in respect of that Act to “give effect to the principle of gender equality and recognize that both fathers and mothers play critical roles in the development of children and each should have liberal access to their children notwithstanding with whom the children live.”

Article 9 (Separation from parents): Children have the right to live with their parent(s), unless it is bad for them. Children whose parents do not live together have the right to stay in contact with both parents, unless this might hurt the child.

Section 4(1) of the Children Act 1998 defines parental responsibility as “all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property.”

Section 36C(1) provides that “except as otherwise ordered by a court, the father and the mother of a child have parental responsibility for the child, are joint guardians of the child and are equally entitled to custody of the child.”

Section 36.1B places on every parent a duty to provide support, in accordance with need, for his or her child who is unmarried and is under the age of eighteen years or, if eighteen years of age or over, is enrolled in a full-time programme of education or is unable, by reason of illness, disability or other cause, to withdraw from the charge of his or her parents or to obtain the necessaries of life.

As to whether living with their parents is ‘bad for them’, Part V of the Children Act 1998 (‘Protection of Children’) which provides for various safeguards to ensure that children are removed from the care of their parents in extreme situations.

Article 10 (Family reunification): Families whose members live in different countries should be allowed to move between those countries so that parents and children can stay in contact, or get back together as a family.

Article 11 (Kidnapping): Governments should take steps to stop children being taken out of their own country illegally. This article is particularly concerned with parental abductions. The Convention’s Optional Protocol on the sale of children, child prostitution and child pornography has a provision that concerns abduction for financial gain.

Section 321 of the Criminal Code outlaws the act of depriving someone of his or her liberty, while section 188 of the Code prohibits abducting a girl under 18 with intent to have carnal knowledge of her. Section 44 of the Children Act 1998 creates the offence of abducting a child while in care.

Section 36T of the Children Act allows a court to order against a person with custody and control of a child who unlawfully withholds access to the child. That section also allows the court to direct the police to locate, apprehend and deliver the child where it is satisfied that the child will be removed from Bermuda. Section 36U allows a court issue an order preventing the unlawful removal of a child from Bermuda.

The provisions of the 1980 Hague Convention on the Civil Aspects of International Child Abduction, which applies to Bermuda. That Convention is concerned with avoiding international child abduction and aims to facilitate an abducted child’s quick return.
Article 19 (Protection from all forms of violence): Children have the right to be protected from being hurt and mistreated, physically or mentally. Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.

Sections 303 to of 314 of the Criminal Code Act 1907 establish various offences relating to assault while section 318 prohibits endangering the life of a child under 2 years of age.

Section 25 of the Children Act 1998 allows for the imposition of care and/or supervision orders.

Section 37 allows for child assessment orders, section 38 provides for protective intervention orders and section 39 provides for emergency protection orders; these provisions are concerned primarily with the protection of a child.

See Article 3 above regarding the primacy of the welfare principle.

Protection orders can be made under the Domestic Violence (Protection Order) Act 1997.

Article 33 (Drug abuse): Governments should use all means possible to protect children from the use of harmful drugs and from being used in the drug trade.

The Misuse of Drugs Act 1972 is the primary piece of legislation which governs criminal liability for drug-related offences.

Article 34 (Sexual exploitation): Governments should protect children from all forms of sexual exploitation and abuse. This provision in the Convention is augmented by the Optional Protocol on the sale of children, child prostitution and child pornography.

Sections 180 to 182 of the Criminal Code Act 1907 deal with unlawful sexual relations with children, sexual exploitation of young persons and various offences involving child abusive and pornographic material. Sections 323 to 329H deal with the criminalization of sexual assaults and the prosecution of offenders.

Article 35 (Abduction, sale and trafficking): The government should take all measures possible to make sure that children are not abducted, sold or trafficked. This provision in the Convention is augmented by the Optional Protocol on the sale of children, child prostitution and child pornography. (See Optional Protocol pages.)

See above on kidnapping.

Article 36 (Other forms of exploitation): Children should be protected from any activity that takes advantage of them or could harm their welfare and development.

Article 37 (Detention and punishment): No one is allowed to punish children in a cruel or harmful way. Children who break the law should not be treated cruelly. They should not be put in prison with adults, should be able to keep in contact with their families, and should not be sentenced to death or life imprisonment without possibility of release.

The Young Offenders Act 1950 does not allow for cruel and unusual punishment. In addition, the Bermuda Constitution provides a general protection for all Bermudians.

Detained young offenders are kept in a Senior Training School which separates them from adult offenders.

Article 40 (Juvenile justice): Children who are accused of breaking the law have the right to legal help and fair treatment in a justice system that respects their rights. Governments are required to set a minimum age below which children cannot be held criminally responsible and to provide minimum guarantees for the fairness and quick resolution of judicial or alternative proceedings.

Section 44 of the Criminal Code and section 4 of the Young Offenders Act 1950 provide for the age of criminal responsibility at 8; below this age, the law regards someone as incapable of committing a criminal offence.

In addition, those individuals who are 8 or older but under 14 are covered by the ‘doli incapax’ presumption. That is, the law presumes such offenders are incapable of committing a criminal offence unless the prosecution can show at the time of doing the act or making the omission the child had the capacity to know that he or she ought not to do the act or make the omission.

Potential problems include:
Bermuda’s age of criminal responsibility is quite low compared to other advanced democracies, where the age of criminal responsibility varies from 10 to 16. See http://en.wikipedia.org/wiki/Defense_of_infancy#Ages_of_criminal_responsibility_by_country. (Note, however, that the ‘doli incapax’ presumption ending at 14 is consistent with some jurisdictions, such as Australia and South Africa. England & Wales abolished the presumption in 1998.)

Section 2(1) of the Young Offenders Act 1950 defines a “child” as a person under the age of 16, but does also make provision for a “young person” as being someone 16 or older but not yet 18. The full protections of the Act do not apply to those aged 16 and 17, even though mental and emotional development of young people of this age is not the same across the board.

Detention at Her Majesty’s Pleasure in need of reform. There should at least be statutory provisions which flesh this out some more. E.g. adults are no longer imprisoned at Her Majesty’s Pleasure.

Article 20 (Children deprived of family environment): Children who cannot be looked after by their own family have a right to special care and must be looked after properly, by people who respect their ethnic group, religion, culture and language.

Section 47(3)(c) of the Children Act 1998 provides that in making any decision concerning a child in a children’s home, the person responsible for the home should have regard to the child’s religious persuasion, racial origin and cultural and linguistic background.

Section 27(5)(a) of the Children Act 1998 states that while a care order is in force with respect to a child, the Director shall not, so far as is practicable, cause the child to be brought up in any religious persuasion other than that in which he would have been brought up if the order had not been made.3

Article 21 (Adoption): Children have the right to care and protection if they are adopted or in foster care. The first concern must be what is best for them. The same rules should apply whether they are adopted in the country where they were born, or if they are taken to live in another country.

The Adoption of Children Act 1963 is currently in force. That Act is due to be replaced by a new Adoption of Children Act 2006, which has yet to be brought into force. Amendments were also brought to the 2006 Act in 2011 which aimed to tidy its provisions.

Part VIII of the Children Act 1998 governs the regime regulating the provision of foster care.

Article 22 (Refugee children): Children have the right to special protection and help if they are refugees (if they have been forced to leave their home and live in another country), as well as all the rights in the Convention.

Article 23 (Children with disabilities): Children who have any kind of disability have the right to special care and support, as well as all the rights in the Convention, so that they can live full and independent lives.

Section 42(1) of the Education Act 1996 imposes the obligation on parents to ensure that every child in Bermuda can receive ‘suitable education’ which includes that which is suitable to the child having regard to the child’s aptitude, ability and special needs (including the needs of those with learning difficulties and those who are gifted).

Section 51 of the Education Act 1996 entitles children to receive free education suited to his age, ability, special needs (if any), aptitude and health.

Section 2(a)(iiiA) of the Human Rights Act 1981 includes disability as a protected characteristic in respect of unlawful discrimination under that Act.

Development and Participation Rights

Article 12 (Respect for the views of the child): When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account. The weight to be given to the child’s views will vary in accordance with the age and maturity of the child.

A particular emphasis is made by the Article in respect of the opportunity to be heard in judicial and administrative proceedings affecting the child, either directly or through a representative or appropriate body.
In making any orders relating to care and supervision under Part IV of the Children Act 1998, the court is required by section 24(a) of that Act to have regard to “the ascertainable wishes and feelings of the child concerned (considered in the light of his age and understanding).”

The discharge or variation of any care or supervision order can be sought by the child directly (section 33(1)(b) & (2)(b) of the Children Act 1998). Section 35 also provides for the appointment of a litigation guardian to protect that child’s interests, provided, inter alia, the child consents.

In respect of orders for custody and access under Part IVA of the Children Act 1998, the Court should consider the views and preferences of the child affected.

In respect of protection orders under Part V of the Children Act 1998, there does not appear to be an explicit guarantee of the child’s participation in proceedings arising thereunder.

Section 47(2)(a) & (3)(a) of the Children Act 1998 require that decisions relating to the welfare of a child in a children’s home should require an understanding and consideration of the child’s wishes and feelings, having regard to that child’s age and understanding.

Section 8(2) of the Adoption of Children Act 1963 requires that, in determining whether an adoption order if made will be for the welfare of the infant, the court shall give due consideration to the wishes of the infant, having regard to his age and understanding. While not in force, there does not appear to be a similar requirement in respect of adoption under the Adoption of Children Act 2006 except for overseas adoption of a Bermudian child under section 48(2)(c) of that Act.

Article 13 (Freedom of expression): Children have the right to get and share information, as long as the information is not damaging to them or others. In exercising the right to freedom of expression, children have the responsibility to also respect the rights, freedoms and reputations of others. The freedom of expression includes the right to share information in any way they choose, including by talking, drawing or writing.

Section 9 of the Bermuda Constitution protects freedom of expression. Note further the above provisions which protect a child’s participation in decision-making.

Article 14 (Freedom of thought, conscience and religion): Children have the right to think and believe what they want and to practice their religion. The Convention respects the rights and duties of parents in providing religious and moral guidance to their children in light of their evolving capacities.

Rights under this article are subject to such limitations as are prescribed by law and are necessary to protect public safety, order, health or morals, or fundamental rights and freedoms of others.

Section 8 & 9 of the Bermuda Constitution protect freedom of conscience and expression.

Section 27(5)(a) of the Children Act 1998 states that while a care order is in force with respect to a child, the Director of Child and Family Services (“the Director”) shall not, so far as is practicable, cause the child to be brought up in any religious persuasion other than that in which he would have been brought up if the order had not be made.

Section 36C(2) states that, in respect of those with parental responsibility for a child, this includes the right to direct the education and moral and religious training of that child.

Section 47(3)(c) provides that in making any decision concerning a child in a children’s home, the person responsible for the home should have regard to the child’s religious persuasion, racial origin and cultural and linguistic background.

Article 15 (Freedom of association): Children have the right to meet together and to join groups and organisations, as long as it does not stop other people from enjoying their rights. In exercising their rights, children have the responsibility to respect the rights, freedoms and reputations of others.

Section 10 of the Bermuda Constitution protects freedom of association.

Article 16 (Right to privacy): Children have a right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes.

Section 7 of the Bermuda Constitution protects the privacy of the home and property.

Article 17 (Access to information; mass media): Children have the right to get information that is important to their health and well-being. Governments should encourage mass media – radio, television, newspapers and Internet content
sources – to provide information that children can understand and to not promote materials that could harm children. Mass media should particularly be encouraged to supply information in languages that minority and indigenous children can understand. Children should also have access to children’s books.

Article 28 (Right to education): All children have the right to a primary education, which should be free. Wealthy countries are encouraged to assist developing countries to achieve this aim. Discipline in schools should respect children’s dignity. Young people should be encouraged to reach the highest level of education of which they are capable.

The Education Act 1996 assures the rights of all children in the population to Primary and Secondary Education.

Article 29 (Goals of education): Children’s education should develop each child’s personality, talents and abilities to the fullest. It should encourage children to respect others, human rights and their own and other cultures. It should also help them learn to live peacefully, protect the environment and respect other people. Children have a particular responsibility to respect the rights their parents, and education should aim to develop respect for the values and culture of their parents.

The Education Act 1996 guarantees the right to education for all children in Bermuda.

Article 30 (Children of minorities/indigenous groups): Minority or indigenous children have the right to learn about and practice their own culture, language and religion. The right to practice one’s own culture, language and religion applies to everyone; the Convention here highlights this right in instances where the practices are not shared by the majority of people in the country.

Section 8 & 9 of the Bermuda Constitution protect freedom of conscience and expression.

Section 27(5)(a) of the Children Act 1998 states that while a care order is in force with respect to a child, the Director cannot, so far as is practicable, cause the child to be brought up in any religious persuasion other than that in which he would have been brought up if the order had not be made.

Section 36C(2) states that, in respect of those with parental responsibility for a child, this includes the right to direct the education and moral and religious training of that child.

Section 47(3)(c) provides that in making any decision concerning a child in a children’s home, the person responsible for the home should have regard to the child’s religious persuasion, racial origin and cultural and linguistic background.

Article 31 (Leisure, play and culture): Children have the right to relax and play, and to join in a wide range of cultural, artistic and other recreational activities.

Article 32 (Child labor): The government should protect children from work that is dangerous or might harm their health or their education. While the Convention protects children from harmful and exploitative work, there is nothing in it that prohibits parents from expecting their children to help out at home in ways that are safe and appropriate to their age. If children help out in a family farm or business, the tasks they do be safe and suited to their level of development and comply with national labor laws. Children’s work should not jeopardize any of their other rights, including the right to education, or the right to relaxation and play.

The Employment of Children and Young Persons Act 1963 gives effect to various Conventions of the International Labor Organization which address the minimum age of employment in respect of different industries and sectors in which children may sometimes be found.

The Act provides for the following minimum ages:

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<tr>
<th>General Minimum Age</th>
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<td>(except for agricultural, horticultural or domestic character where the parent or guardian of the child is also the employer of the child, subject to conditions in section 4)</td>
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<th>Activity</th>
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<td>15 (except in or upon vessels in which only members of child’s family are employed or relating to certain light work)</td>
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<tr>
<td>Employment at night</td>
<td>18 (except until midnight and – for females – adequate arrangements are made for return)</td>
<td>Section 7</td>
</tr>
<tr>
<td>Trimmer on vessel</td>
<td>18</td>
<td>Section 8</td>
</tr>
</tbody>
</table>

Note: the International Labor Organization’s Minimum Age Convention, 1973 (ILO no 138), 26.06.1973 (http://www.ilo.org/ilolex/cgi-lex/convde.pl?C138) has not been incorporated to Bermuda.

The **Education Act 1996** enshrines the requirement that those of a particular age are required to attend school in Bermuda.

**Article 41 (Respect for superior national standards):** If the laws of a country provide better protection of children’s rights than the articles in this Convention, those laws should apply.

**Article 42 (Knowledge of rights):** Governments should make the Convention known to adults and children. Adults should help children learn about their rights, too. (See Protection rights, article 4.)

This is primarily the work of the Human Rights Commission and Department of Human Affairs.