



2025 CAREGIVER DATA REPORT

This report presents the current landscape of demand for caregivers in Bermuda and highlights the need for additional education and awareness, oversight, and improved financing.

Contact us

If you would like any further information about the Bermuda Health Council, or if you would like to bring a health system matter to our attention, we look forward to hearing from you.

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TABLE OF CONTENTS

INTRODUCTION 01

CAREGIVER REGISTRATION 01

DEMAND FOR CAREGIVERS 02

FINANCING 03

EXPENDITURE 04

COMPLAINTS 04

EDUCATION AND AWARENESS 05

CONCLUSION 05

INTRODUCTION

Home care providers (caregivers) play an indispensable role in both health and social support systems by providing care and assistance with activities of daily living (ADL) to family members and/or other members of the community who are unable to fully care for themselves due to age, illness, disability, or other circumstances. Caregivers may provide services in a client’s private home, a residential care facility or the hospital; this report focuses on caregivers operating outside of the hospital.

CAREGIVER REGISTRATION

In Bermuda, caregivers are not regulated; however, the Health Council offers a voluntary registration process for those who wish to show that they meet a basic set of employment criteria regarding their fitness to provide caregiving services. Registered caregivers who wish to have their contact information made available to the public are listed on the *Directory of Home Care Providers (Caregivers)* ([link](#)). Registered caregivers who are not listed publicly are usually those who care for family only or who wish to seek employment via other means. All registered caregivers are provided with a registration certificate and can share it with prospective employers.

There are three types of caregivers: personal, skilled (nurse associate or aide) and skilled (nurse). The registration criteria vary depending on the type of caregiver and is based on the level of care/support to be provided. [Figure 1](#) provides a breakdown of the types of caregivers and the level of care and qualifications associated with each type. [Figure 2](#) elaborates on the qualifications and registration criteria for the three levels of caregiving.



Figure 1. Types of Caregivers in Bermuda¹

Registered caregivers are classified as personal or skilled, including both nurse associates/aides and registered nurses. The registration criteria for both types are relatively consistent, however there is an additional requirement for skilled caregivers to provide evidence of active registration as a nurse associate/aide or registered nurse with the Bermuda Nursing and Midwifery Council ([link](#)).

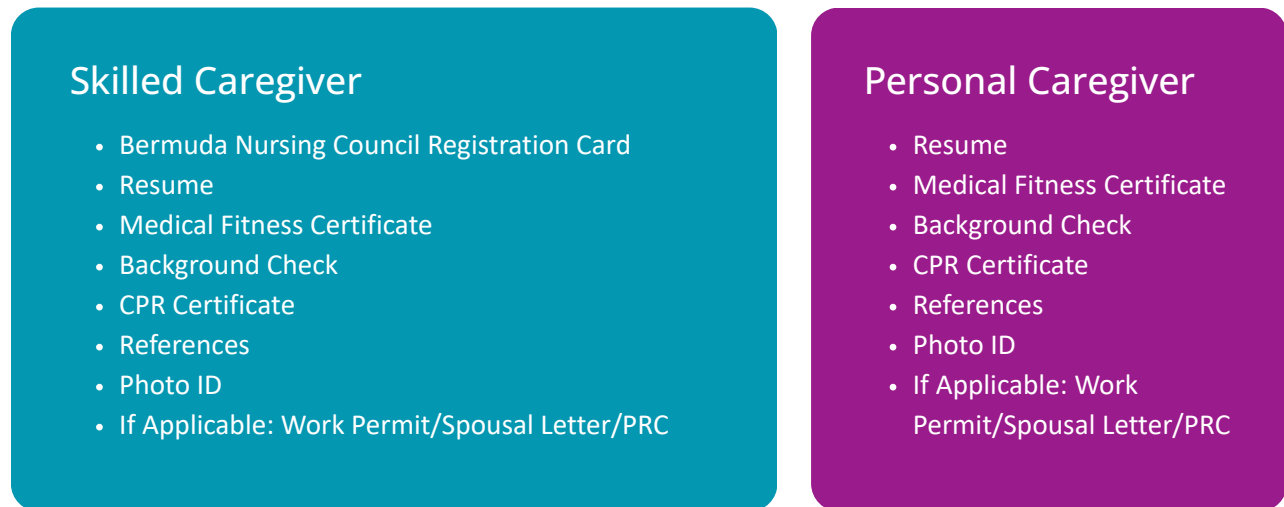


Figure 2. Criteria for Caregiver Registration

In the absence of legislation mandating the registration of caregivers, the Health Council is actively working on enhancing standards and accountability within this sector. This includes streamlining the registration requirements for all caregivers to eliminate duplication; strengthen the basis of the assessment of fitness to practice; ensure standards of practice align with the setting in which care is provided; and develop or identify resources to enhance education and awareness of both caregivers and their clients.

While this registration process exists in Bermuda, it is important to note that caregiving is not viewed as a health profession ([link](#)) but rather as an employment category. Given the demographics of the population that often require caregiving, this registration process is intended to provide a pre-employment screening process to ensure a basic level of proactive due diligence. While not required, individuals who are considering providing caregiving services are encouraged to register regardless of who they intend to provide care for.

DEMAND FOR CAREGIVERS

Hiring a caregiver may become necessary when an individual, or a family caring for their loved one, requires support at home. In-home caregivers generally support their clients' well-being by assisting them in daily personal tasks. However, caregiver roles will vary based on the specific needs of the client. The specifics of one's caregiving needs are typically determined through an assessment conducted by a clinical health professional associated with one's health insurance provider (where health insurance financing is an option) or the agency coordinating the care. Where individual caregivers are contracted directly (outside of health insurance financing or an agency), clients may be assessed by their primary care provider. Given the entry points for identifying need for caregiving services, there is currently no centralized reference for understanding actual demand and whether there is adequate supply to meet it.

The World Health Organization (WHO) *Evidence Profile: Caregiver Support*² estimates that in 2017, 4.45% of the world’s population (349 million of 7.85 billion people) needed help with care³. In 2021, the National Health System (NHS) reported that 24% of males and 28% of females over the age of 65 needed help with at least one ADL⁴. As data is not currently collected specifically on the demand for caregivers, the projected number of individuals who need care over the age of 65 has been calculated based on Bermuda’s population by age⁵ and the NHS estimations, that is, 24% of males and 28% of females aged 65 and older. It should be noted that while individuals aged 65 and over account for the majority of the population that needs assistance with care; there is some demand for caregivers by individuals under 65.

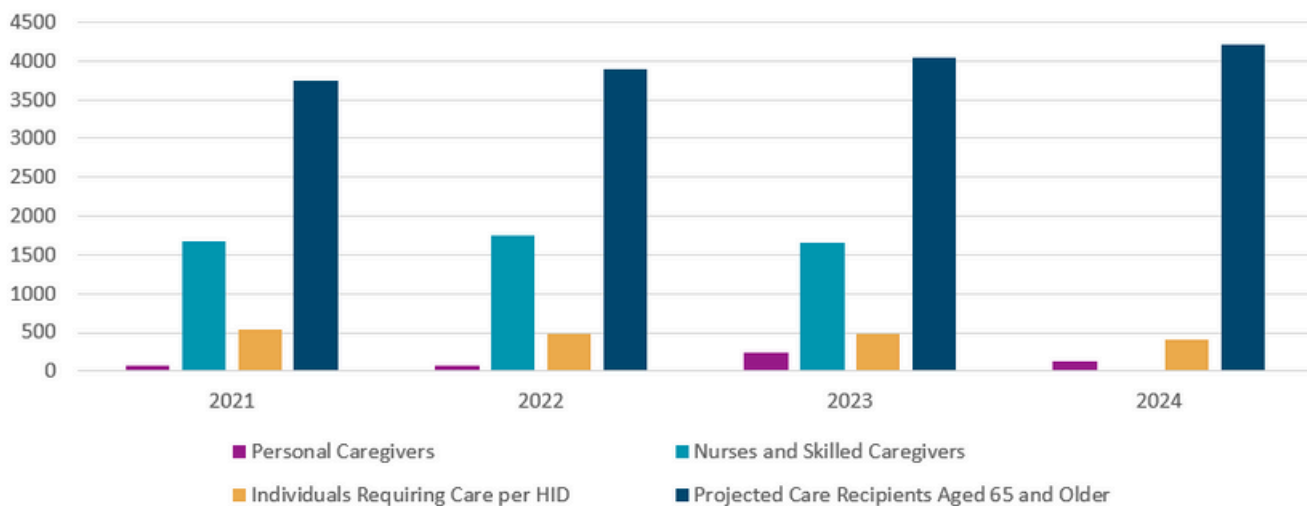


Figure 3. A 4-year comparison of the local demand for care⁶ and the projected number of people aged 65 and over who need care based on the NHS estimates.

Note: Data for *Nurses and Skilled Caregivers* for 2024 was not provided.

The graph reflects the data currently available with regard to supply and demand, namely: individuals requiring care who are also insured with HID and projected care recipients over 65 represent a portion of the demand for caregiving, and currently registered personal and skilled caregivers represent a portion of caregiver supply. While these numbers provide a snapshot of the current landscape, it is important to note the known gaps, namely: not all individuals aged 65 and over will require a caregiver; some individuals under 65 may need caregiving support, and not all caregivers are formally registered or required to be registered.

FINANCING

Funding for caregiving services varies depending on the location where care is received and the type of caregiver providing it. For services provided in the private home of the client, funding is primarily through: (1) health insurance policies, which are funded by the client’s direct payment of health insurance premiums or obtained through additional financing supports such as financial assistance or veterans' benefits, and (2) out-of-pocket payments.

Caregivers who provide services in residential care homes are employed or contracted by the home and paid by the home⁷ thus benefiting residents of that facility.

EXPENDITURE

Total expenditure for caregiving services is determined by looking at all sources of financing; however, not all financing is regulated, and within the regulated structures, caregiving is not always easily quantified. Currently, the only source of financing that quantifies caregiving services in a usable format is the Bermuda Government’s Health Insurance Department (HID) through its personal homecare benefit⁸ (available under both of its health insurance products – the Health Insurance Plan (HIP) and the FutureCare Plan). As data is not yet available for all expenditures, this report focuses on HID’s expenditure only.

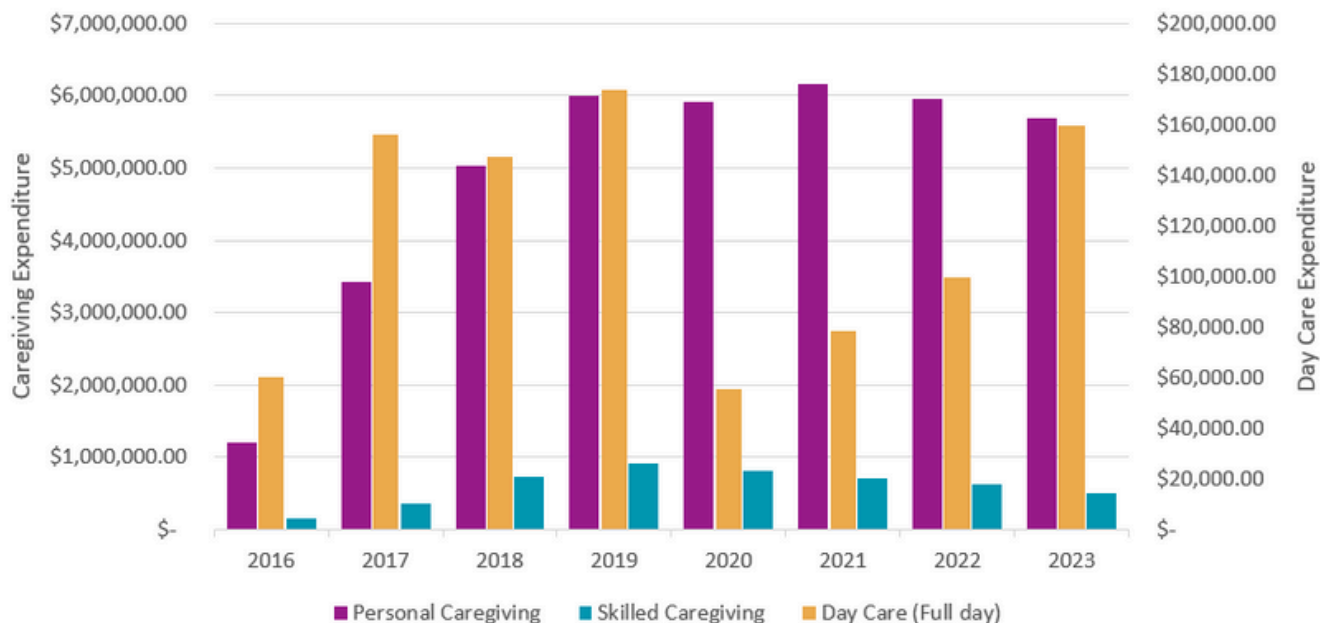


Figure 4. 8-year comparison of the home care and day care expenditure⁹ that was paid to home care providers.

Day care services are available as full-day or half-day options; however, there is inconsistent reporting of expenditure for the half-day programmes, therefore, that data has been excluded from [Figure 4](#). However, based on the information available, it is understood that between 2016 and 2023, expenditure fluctuated between \$1,025.00 and \$3,075.00 for half-day programmes.

COMPLAINTS

Complaints related to caregiving services may be received by different entities within the health system, including but not limited to the Health Council, health insurance providers and the Bermuda Nursing and Midwifery Council. Depending on the nature of the complaint and the type of caregiver, the receiving entity will triage accordingly and depending on the outcome of any subsequent investigations, changes¹⁰ may be made to one’s caregiver registration. Currently, complaints about or from caregivers are not tracked in isolation; however, this is being reviewed as part of ongoing enhancements.

EDUCATION AND AWARENESS

As there are both regulated (e.g., health insurance and care homes) and unregulated (e.g., out-of-pocket payments) sources of financing for caregiving services, care recipients and/or their families are encouraged to seek the services of caregivers who have been vetted or to vet individuals themselves¹¹. In addition to the vetting processes, there are also resources published online¹² to help guide clients and their families through the care coordination process, including but not limited to finding a caregiver, knowing the support one can expect from a caregiver and understanding what caregiving contracts should include.

CONCLUSION

The data provided demonstrates a number of challenges that Bermuda is facing regarding caregiving services and how they support healthy ageing in place, specifically:

- There is a growing demand, particularly among the ageing population, and an unclear supply of caregivers to support it.
- There needs to be greater oversight of those providing care to vulnerable populations to prevent abuse and ensure safe, effective care.
- There needs to be more robust data collection around demand, utilization, expenditure and financing of caregiving services, to better understand the need, and impact to the system, and to better prepare for the future.

Bermuda must prioritize planning and implementing measures to accommodate the anticipated increase in the ageing population, ensuring high standards of care are being provided by caregivers and that caregivers are provided the necessary resources to operate safely and effectively.

DID YOU KNOW?

While some funding is provided to caregivers at the in-home setting, it is important to note that there are multiple expenses a caregiver incurs, such as:

- Travel costs
- Personal care supplies (i.e. gloves, masks)
- Training costs
- Work clothing
- Work related health/medical treatments (i.e. Therapy, medical exams)
- Communication tools (i.e. cell phones, internet, apps)

The Health Council has created a [webpage](#) dedicated solely to providing information and resources to and about caregivers such as:

- Registration criteria
- A template for caregiving contracts
- Caregiver code of conduct
- Tips for finding a caregiver
- Templates for registration

A healthcare professional in blue scrubs is smiling and interacting with an elderly patient in a hospital bed. The professional has her hand on the patient's arm, and both are looking at each other with warm expressions. The background is a soft-focus hospital room.

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