PUBLIC HEALTH AMENDMENT (IMMUNISATION REQUIREMENTS FOR ENROLMENT) BILL 2019

Second Reading

Resumed from 12 June.

HON ALISON XAMON (North Metropolitan) [12.24 pm]: I rise to continue the comments I commenced yesterday in the Greens' response to this legislation. To briefly recap, I confirm that the Greens absolutely support increasing public rates of vaccination because we recognise that vaccination works and a herd immunity of 95 per cent is considered to be optimal, and we need to implement public health measures to achieve that outcome. However, the Greens still have considerable concerns about the nature of this type of legislation—whether it will achieve the stated outcome and whether there will potentially be unforeseen and adverse consequences as a result of proceeding with it.

For members' recollection, I also expressed my deep concern about the way I feel debate on this legislation—I think it is really important and it is critical that we are not afraid to analyse it—has effectively been hijacked by an unhelpful debate by some who have tried to persuade all members in this place that vaccinations do not work and that it is all just part of a larger conspiracy by big pharma. I also outlined how unhelpful that has been in progressing this issue. At the same time, we have also heard from a number of people within the community who have, I think, some very legitimate and important concerns about how this will impact on us as a community, and on their children. I am really concerned that their voices have effectively been drowned out and sidelined because we have not been able to have a sensible discussion around this matter. Nevertheless, I will stand here fearlessly and try to unpick my concerns around this legislation. I remind members that if anyone wishes to falsely portray me in this place or anywhere else as anti-vaccination, it would be a lie. Certainly if they say that in this place, they will be misleading Parliament. I wanted to make sure I recapped those fundamental points for the record.

One of the other things I had been talking about was where this legislation sits within the overall national framework. As I have already stipulated, this has come out of a Council of Australian Governments agreement, but it is not uniform legislation as such. We are already seeing that states implementing these regimes have different approaches. As I said, Victoria and New South Wales legislation is similar to the legislation before us, but Queensland's legislation does not go as far. Queensland has made the decision that rather than taking a blanket approach of banning unvaccinated children from early childhood education opportunities, they have given providers the power to refuse enrolments of unvaccinated children if that is the will of those providers. I had also started to note that South Australia is undertaking a process similar to the Western Australian approach. Broadly speaking, I am acknowledging that for the states that are embarking on this regime, there is a general effort to have some sort of similar policy approach—but they are by no means identical. The hope of the people who have put this forward is that this Public Health Amendment (Immunisation Requirements for Enrolment) Bill will build on the elements of no jab, no pay legislation. I understand that the public policy outcome being sought is to ensure that there is a trigger for vaccine hesitaters, or even straight-out disorganised parents, to embark on vaccination regimes for their children and to ensure their vaccination regimes are up to date.

I acknowledge also that the bill is intended to send out a very clear signal to the community that protecting people from vaccine-preventable diseases is a shared community responsibility. I agree with that sentiment, especially given, as has already been articulated by people previously, some children simply cannot be vaccinated. I therefore understand that from a public policy perspective, we want to send a clear message to people who can vaccinate, to please make sure that their child is part of that herd immunity. I understand that is for the wellbeing of not just that particular child, but all children. I concur with that policy intent and sentiment. My concern is that when we compare the data on vaccination rates from the time the no jab, no pay policy was introduced at the beginning of 2015 with the data for 2018—nearly three years after the legislation came into the effect—it is not readily apparent that those states with the additional no jab, no pay legislation have made greater advances in vaccination rates than those that do not have that legislation. The data does not bear that out. In fact, there has been an improvement in vaccination rates across the board in all states. The no jab, no pay legislation may have had an effect. However, it is important to realise that on an evidence-based approach, the jury is still out. In essence, the concern is that we have already captured the people who might be motivated to vaccinate their child because of financial imperative, and the jury is still out on whether this additional no jab, no play measure will provide any additional effect. The briefers on this bill were very helpful. They have been quite diligent in trying to convey as much information as they can. As they rightly pointed out to me, there may be any number of explanations for why vaccination rates have increased around the country. The reality is that it is a very blunt measure, and in many ways it is simply too early to tell what the real impacts have been. I accept all these points. However, in the absence of any other evidence, it seems that all we have to go on at the moment is that there has been no palpable increase in vaccination rates in those states in which no jab, no play has been implemented. It is important to note that.

The no jab, no play regime differs from the no jab, no pay regime, because that was about people's access to money. The Greens also have a concern about that regime. A lot can be said about how that impacts disproportionately on some parts of the community compared with others and all that sort of thing. However, I do not need to revisit that debate, because that is not a debate for me to have. That debate has been had. That has been decided. That is in place. It is what it is. The reason that it is important to differentiate that strategy from no jab, no play is that it is about competing rights. That is the crux of the problem we face in trying to figure out a way forward in tackling this legislation. I say that notwithstanding our well-established support of vaccination. I note that in the contributions that have been made in this place, I did not hear one single member say that they do not believe that vaccination works. I say that for the benefit of people who are listening to this debate, and particularly for those people who have been sending me abuse and think that somehow I am unilaterally able to change the will of this Parliament. That has been incredibly unhelpful, and it will not help us to get anywhere when we start to look at who should be exempt and how we can make that happen in practice.

As I have said, it is my understanding that not one single member in either this upper house or the other place believes that vaccination does not work. I want to stress that. However, notwithstanding that, we must not shy away from the fact that if this bill is passed, it may set a precedent in our state for the use of coercive health measures. That is a very grave concern. Hon Aaron Stonehouse raised some very good points about the risk of introducing coercive health measures as a way to achieve public health outcomes. I share many of those concerns. The bill is an attempt to straddle the line between the right to public health—which we certainly should frame in terms of a right—and the right to access early childhood education. I suspect that everybody in this place recognises that early childhood education is critically important in determining the wellbeing of children and their life paths. However, I am not convinced that we have yet got that balance right. I suspect that whether we get that balance right will come down to what the exemptions look like. As I have said, it is important to encourage people who are likely to vaccinate but are disorganised. However, we also need to recognise that a number of people should be given the opportunity to be exempt from this legislation.

We know from both national and international evidence that access to early childhood education is essential. My concern is that we do not have evidence that the implementation of no jab, no play—which will potentially put at risk access to early childhood education—will have the stated effect of increasing vaccination rates. The Greens strongly support universal access to kindergarten in the year before school. The Greens also strongly support ensuring that our early childhood educators and staff in childcare centres are well educated and well paid to be able to implement positive early education programs. In this context, we welcome the proposed wide range of exemptions, because hopefully that will enable a number of children from priority communities to sit outside this legislation. I am aware that there is much debate around that and that we will need to tease that out in committee. I make it very clear that the Greens support the exemptions that were articulated in the original legislation. However, I am genuinely concerned that people whose children fall outside the exempted categories and who firmly oppose vaccination will become even more entrenched in their opposition and have their children excluded from education.

I want to quote Dr David Isaacs, a clinical professor in paediatric infectious diseases. He made the point when the federal no jab, no pay legislation was being considered that, in his view —

> … all you'll do through this policy is alienate anti-vaxxers more and then you'll have a resentful group of suspicious people less likely to listen to government advice."

I remind members that those comments are from a man who is at the forefront of vaccination research and implementation and could not be a greater proponent of vaccination. These are the sorts of concerns that are being raised.

A 2015 national estimate suggests that 1.3 per cent of children will need to have alternative educational arrangements made for them. Again, in weighing up the balance between these competing rights, I reiterate that the real concern to me is that it is difficult to source evidence indicating that the bill is likely to increase immunisation coverage to warrant it, especially as the federal government's no jab, no pay scheme is already in place for children attending child care.

Many public health experts who specialise in increasing immunisation rates and the Royal College of Physicians do not support this type of legislation. They maintain that any small rise in the number of children being vaccinated as a result of this legislation—as I say, we are yet to see whether that will occur—is outweighed by the potential costs. We are risking a child missing out on education opportunities and having their exposure to socialisation restricted because of their parent's decision. I also need to acknowledge that the Australian Medical Association in WA is strongly in support of this bill and is eager to see it passed as soon as possible. I do not want to be selective about my feedback. I recognise that there are two different views on this.

I am concerned about a lack of detail in the bill, and I will go through a few particular parts that are of concern to me. This bill provides that the burden of responsibility for verifying immunisation status lies with the childcare centre or

the school. I note that although many may already collect this information and have processes in places, this bill is introducing an additional requirement for the centre or school to take reasonable steps to secure this information. It is not clear at this stage what is meant by "reasonable steps", only that it would depend on context. I accept that, to some extent, this detail is probably best dealt with in the regulations, but as the bill is also introducing a financial penalty for noncompliance, which is a significant move from how the current system operates, I think it is an important issue to raise. A person in charge of a school community may be fined up to $10 000 if it turns out that an unimmunised child is involved at their school. It is my understanding that this penalty is higher than the penalty a principal would incur if they knowingly employed an unregistered teacher, so I wonder about the proportion of that sort of penalty. I am pretty sure that principals and people in charge of childcare centres would appreciate some explicit direction on exactly what reasonable steps are required, given that they will be personally liable.

The administrative burden is likely to be disproportionately higher for childcare centres and kindergartens with high numbers of disadvantaged children within their enrolments. To be effective, this legislation needs to also be accompanied by measures to ensure that particularly disadvantaged families are adequately supported to get their children immunised. Similarly, the process for obtaining medical exemptions has not yet been established. Apparently, it is intended that all exemptions will have to be signed off by the Chief Medical Officer, but we do not yet know what the interface between the parents and the Chief Medical Officer will be. We really have no understanding of how onerous or otherwise this process might prove to be for parents who need, and seek, an exemption. Again, understanding what this process is likely to look like is incredibly important in knowing how this bill will likely impact on parents and children and how this may play out with unintended consequences.

During the briefing, I also sought clarification about a review process in the event that an enrolment is refused. The briefing officers advised that the responsible person would be able to apply to the regional office for the review. I ask the minister to confirm whether people will indeed be able to go to the regional office if they seek a review of the decision of the reasonable officer. I also foreshadow that during debate on one of the proposed amendments in Committee of the Whole House we will look at the broader issue of how people can appeal exemptions.

I want to make some comments about the discussion paper. Prior to the introduction of the legislation, the Department of Health released a discussion paper to seek feedback, to quote the website —

> … from the early education and care industry, schools, government, parents and other stakeholders to determine the most effective option for achieving improved childhood immunisation rates in WA.

That is effectively what that was about. I note that the findings of the consultation have not yet been written up, which is interesting given that it was meant to help inform the way forward. It seems from the outset that the path had already been committed to regardless of this discussion paper process. I did, however, ask at the briefing what was the outcome of that discussion process, and I heard that 540 responses were received and that the preliminary themes and concerns that were raised were about limiting access to education, the removal of choice, vaccine safety, implementation challenges, marginalisation of certain sections of the community and the integrity of immunisation records. Because we have yet to see the report on the discussion paper, it is difficult to conclude the basis of the government's decision to proceed with this particular approach.

As I have said, I have also been inundated with correspondence from people who are concerned about this legislation and who have a broad range of concerns. I note that their leaders are echoing the concerns raised during the consultation process. As I say, members, I find some of the arguments quite compelling. For example, registered nurses have written to me who are supportive of vaccination in general but whose children have had adverse reactions to a particular vaccine. They want the choice not to give that particular vaccine to their child again, yet those children may not qualify for a medical exemption under this legislation. It is really important to note this, because these parents are not anti-vaxxers. They are displaying a genuine concern for the wellbeing of their child, yet if they choose not to continue vaccinating their child or to engage in selective vaccination, they will not be able to access formal child care or kindergarten, which will affect their ability to participate in the workforce or potentially feed their family. It will also potentially have an enormously adverse impact on their child in not being able to access early education. They then may choose an informal arrangement with other people who do not vaccinate their children. Members need to be realistic about the fact that that is likely to be an outcome—people will get together and put in place their own informal babysitting clubs, if you like. I suggest that their children would then be at even greater risk of disease, because there would be no herd immunity whatsoever. It is an invidious position to put a parent and their child in. I have sympathy for these people who are raising these kinds of issues, particularly those who are raising them in a very sensible way.

I will talk a little bit about my experience. Members know that I have three fabulous children. Although all my children are fully immunised and, indeed, are immunised beyond the stipulated vaccination regime because they have travelled in Asia—they had to have all the weird and wonderful vaccinations that people who travel overseas require—their path to this status was achieved outside the standard schedule for me because of various advice that I received and also health conditions, yet I am not quite sure that I would have been entitled to one of those

exemptions. My gorgeous, stunning daughter, who is now 23 years old, was five pounds and eight ounces when she was born. She was very little; I am little. But, she was very little when she was born in hospital. Unfortunately, when she was five days old, I found out that she had contracted golden staph. She was tiny. She was in intensive care and we did not know whether she was going to live. It was a very frightening time. I thank Princess Margaret Hospital for Children for saving my daughter's life and thank God that we now have the drugs available to save children's lives. At the time, my grandmother was distraught beyond belief because she associated babies who contracted golden staph with them inevitably dying. It was wonderful that my daughter lived and she is fine, but it completely wiped out her immune system. Even though I did everything I was supposed to do as a mother to try to raise her immune system, unfortunately, it meant that for the first two and a half years of her life, it was compromised as a result. She had colds and earaches and all the things that happen to kids who catch everything all the time. I was told that the best thing for me to do would be to hold off on vaccinating her for quite some time, until I felt that she was potentially going to be strong enough to be able to undertake the vaccination regime. At the time, a regime had been introduced whereby I needed to verify her vaccination status. She was not vaccinated at that stage, so I had to fill out a conscientious objector form. I was not actually a conscientious objector, but I was not able to vaccinate her, on the advice given by doctors. I do not think that that would have been enough to constitute an exemption in terms of the exemptions that are foreseen in this bill. I also note that somewhere in the mystical records I am down as a conscientious objector, yet that is not actually what I am and is not how I define myself, but that was the option open to me.

My third child was a gorgeous, little, chubby buggerlugs, but, unfortunately, he was not able to get the vaccinations during the early parts of the regime because, most of the time, when the vaccination schedule came around, he had a cold or something like that. The one thing that we know is that we are not supposed to give kids vaccinations when they are unwell. The case was that I had to do a catch-up with him. This mean that somewhere out in the records—I question the integrity of these records—it looks like he is partially vaccinated, but he is not; he is fully vaccinated plus some. He is about to get the Gardasil vaccination as well, which is really good that that can happen.

I suspect that the rates of vaccination for some parents are very different from what has been recorded within the system. I just used my example of three kids who were fully vaccinated, but the records did not indicate that. I am down as a conscientious objector, but I am actually not one. This was the situation I was in. I know that I am not alone in that. A number of parents have indicated that, like me, they have every intention of ensuring that their kids will be fully vaccinated, but they want to be what I term "vaccine variators". They want to make sure that the vaccinations are done when their children are well and at an age-appropriate time, and this legislation does not take that into account. The legislation is trying to get those people who are disorganised or a little bit hopeless, and let us be clear, it is also trying to punish those people who refuse to accept the science of vaccinations. What it is not doing is allowing flexibility for those parents who might have a more comprehensive understanding of the health of their child at a particular time than some faceless bureaucrat. This is just a fact, and I am really concerned about it.

I think the bill is also reliant on the integrity of the Australian immunisation records, which are dodgy. I am able to produce paper records of all three of my children's vaccinations. I can give them to their schools now, because I still have two children in school, and it is there. I can supply it to anyone who is interested, but I know for a fact that it is not reflected on the electronic record. I think it is a problem for parents to rely on doctors who might not have their paperwork up to date or have a bit of a backlog, and there is a whole range of other things that I will talk about in a moment as well. There are lots of reasons why I think that an electronic record cannot be relied on, particularly when we are talking about excluding children from early education. In introducing a coercive measure, we need to be assured of the reliability of this data that is informing a decision to exclude a child from early education or child care, and I have not been assured about the ease of compliance, particularly given my own experience of the register not being a complete and accurate record of my own children's immunisation status.

We also know that one of the biggest cohorts recorded as under-vaccinated are people who have immigrated to Australia. This does not necessarily mean that they are not up to date, but it does mean that we do not have their records, so I am wondering how we are going to address that. Will we make the assumption that if a person does not have a record, they are not vaccinated and therefore they need to be excluded?

I note that one of the arguments made in the second reading speech is that vaccinations in the Australian childhood immunisation schedule are free under the national immunisation program, but the briefers were not able to provide me with any sort of assurance that it is or will become free for vaccinations outside the scheduled times—that is, catch-up programs for children who were too unwell to be vaccinated at the scheduled time. It is certainly my experience, and the experience of parents within my office, that I ended up being hundreds of dollars out of pocket, which I was prepared to pay because I am pro-vaccination and I wanted my children to be fully vaccinated, during the catch-up schedules for my children. So when people tell me it is free, I want to know, please, where I can go to get a refund for the hundreds of dollars that I paid to ensure that my children are fully vaccinated.

In summary, vaccination is a deeply polarising issue in our community. The debate levelled around vaccination has been overly simplified. Of course, like any other area of public health policy that relates to behavioural change, there needs to be nuance, and the power is understanding the drivers of behaviour and making sure that we respond accordingly. Associate Professor Julie Leask and Hal Willaby from the School of Public Health at the University of Sydney cogently summed up these issues in an article written for The Conversation when the no jab, no play legislation was being considered in New South Wales. They said —

> The proposed legislation seeks to reduce the risk of a vaccine-preventable disease outbreak. But it may actually increase the risk by corralling unvaccinated children together where an outbreak of a disease such as measles could spread much more rapidly. This is effectively punishing children for their parents' decision.
>
> Systematically enforced universal record checks of children's vaccination status serves to remind late parents nearly as well as bans would, while allowing the children to participate in society without further disadvantage.
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> As for the parents who actively decline vaccines, they do so out of a desire to do the right thing by their children. These parents may be genuinely misguided about vaccination, but they are not wilfully selfish. For them—and the vaccine-hesitant parents—listening, respectful communication, and quality information are more likely to win them over than castigation and coercion.

I think that is important feedback and I think it is something that we need to contemplate. I would add that we need to have in place a range of public health measures that I do not believe we are currently adequately undertaking around vaccination. We need to ensure that vaccinations are always free, particularly for any child under 18. We need to make vaccinations as accessible as possible; for example, I went to try to have my sons aged 16 and 13 vaccinated for the flu. I was able to go to a chemist to have it done, but I was told that I would have to make a doctor's appointment—even though my sons are bigger than me—go all the way to Glen Forrest, spend time there, get their vaccinations, hang around and then come back. I just want to be able to take them to the local chemist to get their vaccinations, just like I could. I know that is not part of the childhood schedule, but I am talking about making vaccinations as easily accessible as possible. We need to do something about the records and make it easier to ensure that those records are accurate and kept up to date. I would love to be able to hand over the paper records I have and have them put in the electronic national immunisation register, but this is not available to me because that option will not be undertaken. I think we need to do more around education. I applaud those parents in Fremantle who worked really hard to not only talk about how they support natural birth and a whole range of things, but also make the point that they vaccinate their children and are prepared to do that. Those are my concerns.

Sitting suspended from 1.00 to 2.00 pm

HON MARTIN ALDRIDGE (Agricultural) [2.00 pm]: I rise to contribute to the second reading debate on the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019. In doing so I point out that I am the lead speaker for the Nationals WA. I did not intend to be the lead speaker, but Hon Colin de Grussa is away on urgent parliamentary business today so I am filling in. I will do my best in his absence.

This bill was introduced not that long ago, on 8 May 2019. I took some interest in it when it was introduced—I think I was in the chair—and listened to the minister's second reading speech. I was interested to hear whether this bill would come with any cost. Shortly after, I asked two parliamentary questions on notice, which, unfortunately, have not been answered. They are not due to be answered until 6 August, but the government has had these questions since 4 June 2019. Question on notice 2179 was to the Minister for Health and question on notice 2178 was to the Minister for Education and Training. This bill amends two acts: one is in the jurisdiction of the Minister for Education and Training and the other in the jurisdiction of the Minister for Health. I have asked both ministers a similar question. I asked the Minister for Education and Training —

> I refer to the *Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019*, which amends the *School Education Act 1999*, which is an Act under the control of the Minister for Education, and I ask:
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> (a) will the passage of the Bill burden the Department of Education or any other agency under the Minister's control arising from any provision of the Bill; and
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> (b) if yes to (a), will the added burden be funded within the approved appropriation of the affected department or agency, or will it require further resourcing to be provided?

A similar question was asked of the Minister for Health about the amendments that will be made to the Public Health Act 2016. As I said, unfortunately, those answers are not due until 6 August, which is beyond the winter recess.

My understanding is that the government intends this bill to pass through both chambers before we rise for the winter recess.

This bill was introduced for the first time into the Legislative Council and a number of provisions are now listed on the supplementary notice paper, although that would not have been known to the government at the time.

I listened to the minister's second reading speech with interest because I am interested in how this bill will be treated by the Legislative Assembly when it arrives in that chamber via a message from this chamber. I refer members to section 46 of the Constitution Acts Amendment Act 1899, "Powers of the 2 Houses in respect of legislation", which states —

> (1) Bills appropriating revenue or moneys, or imposing taxation, shall not originate in the Legislative Council; but a Bill shall not be taken to appropriate revenue or moneys, or to impose taxation, by reason only of its containing provisions for the imposition or appropriation of fines or other pecuniary penalties, or for the demand of payment or appropriation of fees for licences, or fees for registration or other services under the Bill.

I am quite familiar with that provision of the state Constitution because, on 13 September 2016, the Speaker made a ruling in the other place about the Constitution and Electoral Amendment Bill 2016. I am familiar with that bill because I introduced it to this place and it was passed by the Legislative Council and transmitted by message to the Legislative Assembly for concurrence. Then Speaker Sutherland said —

> Section 46(1) of the Constitution Acts Amendment Act 1899 provides that "Bills appropriating revenue or moneys … shall not originate in the Legislative Council." It is the longstanding practice of this house that if a bill has the effect of creating new costs against the consolidated fund or creates a potential or contingent liability for those costs, it is considered to be a bill appropriating revenue. The house does not require there to be specific words in the bill appropriating revenue before classifying a bill as one that appropriates revenue.
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> …
>
> I accordingly rule the bill out of order, and I will be sending a message to the Council advising of the same, together with a request that the Council ensure that it strictly observes section 46(1) of the Constitution Acts Amendment Act 1899 in relation to all future bills.

Not much attention was given to that matter until 18 October 2016, just over five weeks after the ruling I just quoted, when Speaker Sutherland made a ruling on the School Boarding Facilities Legislation Amendment and Repeal Bill 2015. His ruling was —

> I have had an opportunity to consider the provisions of the School Boarding Facilities Legislation Amendment and Repeal Bill 2015 transmitted by the Legislative Council to the Legislative Assembly on 18 August 2016. In my view, the bill appropriates revenue or moneys and, in accordance with section 46 of the Constitution Acts Amendment Act 1899, the bill can only originate in the Legislative Assembly, not the Legislative Council.
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> My reasoning is as follows. Section 46(1) of the Constitution Acts Amendment Act 1899 provides that "Bills appropriating revenue or moneys … shall not originate in the Legislative Council." It is the longstanding practice of this house that if a bill has the effect of creating new costs against the consolidated fund or creates a potential or contingent liability —

There was a series of interjections, but the ruling continued —

> It is the longstanding practice of this house that if a bill has the effect of creating new costs against the consolidated fund or creates a potential or contingent liability for those costs, it is considered to be a bill appropriating revenue or moneys. The house does not require there to be specific words in the bill appropriating revenue before classifying a bill as one that appropriates revenue or moneys.
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> Turning to the bill, it empowers the Minister for Education to establish student residential colleges. The minister may "acquire, hold, manage, improve, develop and dispose of property or an interest in property" for the purposes of performing the functions conferred on the minister under proposed part 6A that relates to student residential colleges. Given the large cost of acquiring, improving and developing student residential colleges, the bill will have significant financial implications for the state.
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> I therefore rule that the bill appropriates revenue or moneys, and, as such a bill cannot originate in the Legislative Council by reason of section 46(1) of the Constitution Acts Amendment Act 1899, I rule the bill out of order.

> I will be sending a message to the Council advising of the same, together with a request that the Council ensures that it strictly observes section 46(1) of the Constitution Acts Amendment Act 1899 in relation to all future bills.

That was Speaker Sutherland on 18 October 2016. The Leader of the Opposition will be very familiar with that bill because it was his bill. Acting on the advice of, I believe, the Parliamentary Counsel's Office, and if not, the State Solicitor's Office, it was introduced into the Legislative Council. All it did was transfer an existing provision in the Country High School Hostels Authority Act to the School Education Act. An existing provision was transferred from one act to another as the Country High School Hostels Authority was wound up to give the Department of Education jurisdiction over residential colleges.

Obviously, the points I have made will not stop the bill from proceeding through the debate in the Legislative Council today, but I take some interest in how the Legislative Assembly will treat this bill when it is received in the other place. Looking at the second reading speech and the provisions in the bill, I find it very hard to accept that it does not create a new cost to the state of Western Australia that it does not have today. Under the provisions regarding the Chief Health Officer, the exemption provisions and the reporting provisions, it would be very difficult to claim—although I do not yet know the government's response to those two questions on notice that I referred to—whether it will require additional resources to be provided to the health and education departments to administer the policy of this bill when it passes. I will be interested to get a response from the government, even if it is by reply to the second reading or during Committee of the Whole House on clause 1 of the bill, in this respect. I point out that there has been a very interesting view between the Legislative Council and the Legislative Assembly on this particular provision of the state Constitution and it has caused the houses some difficulty from time to time, not to mention the two cases that I referred to.

Turning to the bill, earlier this week I read an article on news.com.au, titled "Smallpox and the photos anti-vaxxers don't want you to see". I am not going to comment on the anti-vax movement, because there has been plenty of commentary about that in the debate thus far. The article mostly explained how June 2019 marks some 270 years since the birth of Dr Edward Jenner, who invented the world's first vaccine in response to the smallpox outbreak at that time. I will quote two sections from this article, which was published on 8 June 2019 by news.com.au. It states —

> Smallpox killed over half a billion people in the 20th century alone—three times the number of deaths from all of the century's wars combined.
>
> It began with flu-like symptoms, progressing to an horrendous rash consisting of deep sores, filled with fluid that would blister, ooze, crust and scab over, leaving permanent scars on those lucky enough to survive.

I do not think I appreciated, and perhaps other members did, the long history of vaccines and certainly the birth, some 270 years ago, of Dr Jenner, who is considered the father of vaccines.

I want to talk a little about how the objective of this bill is to increase the rate of vaccination. Obviously, in a perfect world we would have close to a 100 per cent vaccination rate, but I believe, from the second reading speech and from the briefing that I had, that the objective is to get to a 95 per cent or greater level of vaccination, the preferred vaccination rate, to ensure a level of protection across the population. For WA Health on page 274 of volume 1 of budget paper No 2, some vaccination rates are listed. Under "Outcomes and Key Effectiveness Indicators" is the specific outcome "Prevention, health promotion and aged and continuing care services that help Western Australians to live healthy and safe lives". The first indicator relates to immunisations. It makes for some interesting reading. Obviously, the budget targets for 2018–19 and 2019–20 were equal to or greater than the 95 per cent rate that I just mentioned. That reflects the minister's second reading speech and the intent of this bill. Interestingly, it reports data on 12-month-olds, two-year-olds and five-year-olds. It also breaks it down by Aboriginal and non-Aboriginal children. It is interesting to look at the figures for Aboriginal children. The estimated actual for 2018–19 for two-year-old Aboriginal children, according to the most recent budget papers, is an 81.8 per cent vaccination rate. That is a very low vaccination rate; in fact, it is lower than the 2017–18 actual. The vaccination rate for two-year-old Aboriginal children was going backwards from 2017–18 to 2018–19, based on the budget papers. For two-year-old non-Aboriginal children, it has gone from 89.5 per cent in 2017–18 to 90.6 per cent in 2018–19. That is a slight improvement on non-Aboriginal rates. The data on five-year-olds is quite interesting. The rate for non-Aboriginal children goes from 90.6 per cent to 93.2 per cent; from two years to five years, there is a definite increase in the percentage of children vaccinated. Aboriginal children go from a vaccination rate of 81.8 per cent, as I just mentioned, to 94.9 per cent. There is a higher vaccination rate amongst five-year-old Aboriginal children in Western Australia. It has been pointed out to me that the interaction with compulsory early education begins between the ages of two and five years. That is what is largely driving that uplift in vaccination rates, particularly amongst Aboriginal children. This is something I will come back to shortly. According to the budget papers, the estimated actual in 2018–19 for the vaccination rate of five-year-old Aboriginal children is 94.9 per cent. We are

only a whisker away from not only the budget target but also the government's target with regard to the policy of this bill. Obviously, in the other categories of 12 months and two years, there is still quite some way to go.

State and federal governments have made concerted efforts over a number of years to look at policy responses to drive vaccination rates to this 95 per cent level. They talk about herd immunity, and that is where they want to get those population health targets to, because once the population is at a 95 per cent level of immunisation, the public health benefit is greatest. We obviously have two approaches here: the stick and the carrot. The stick approach is that the government will not pay people's childcare fees or it will exclude their children from early education if their children's vaccinations are not up to date. The carrot approach, which is demonstrated by the data in the budget papers, is that when these children engage in early education, there is an enormous uplift in vaccination rates. Unless somebody can give me some other explanation for that, the best assumption that I can make, and the position that was put forward to me that I think I accept, is that once these students are enrolled in early education, the government has contact with them, whether that be through the Department of Education, the Department of Health, community health or nurses. The government is working with these families and children. Before then, it has limited contact with these children. That is an important point to consider, unless it is contested, when we look at the exemptions.

When I looked at the second reading speech in greater detail, I looked at the list of proposed exemptions, because it is proposed that the exemptions are going to be a regulatory function. When I saw the exemptions that are in the second reading speech, the first thing I asked myself was: who will be left? Who will be left after we have exempted those mentioned in the eight dot points in the second reading speech? Presumably, there will be eight exemptions. Who is left? That was one of the issues that I raised in my briefing with the department. I was told that the exemptions have been established based on the Victorian legislation, which has similar, if not the same, exemptions in place. I understand that similar laws are operating in other jurisdictions that have a different regime of exemptions, but they have exemptions. Unless I am mistaken, the other jurisdictions that were mentioned in my briefing—although I did not take that note—were New South Wales and Queensland. I am told that based on the Victorian experience, which our bill mirrors, the exemptions affect about one per cent of the children who would be considered for enrolment in Victoria's education system. When I asked for more data to break that down by exemption type, I was advised that, unfortunately, Victoria was not prepared to share that data with Western Australia. Indeed, I assume that data is not publicly available. That was obviously an obstacle from my perspective because we could not drill down into understanding these classes of exemptions. One class, for example, is children evacuated from their residence as the result of a declared natural disaster under the Emergency Management Act 2005. I would have thought that in some years the number of children in that exemption class would be zero, if not close to zero. Perhaps there could be circumstances in which there is some type of significant natural disaster in Western Australia—they do happen from time to time—and we could have quite significant evacuations for a number of weeks, if not months. That is not out of the question, but I could not imagine that exemption clause being used routinely.

I want to talk a bit about the Australian Immunisation Register. I paid quite a bit of attention to Hon Alison Xamon's contribution, because for those parents of young children in this chamber, it has from time to time caused some grief. I certainly have my story with this certificate or AIR record, as it is referred to. First of all, the problem is accessing it. I do not know whether anyone has needed to access myGov. I would love not to have had the responsibility of a myGov account, but I have one because I have children in child care. We have to access myGov for not only childcare rebates and subsidies, but also access to the AIR record. If members are not on myGov, while we are talking here this afternoon, try to sign up. We need two-factor authentication and to download an app to our phones. It has a thing that ticks and times out if we do not put in the six-digit code fast enough. It drives me mad. We get a notification from myGov saying, "You have a notification from myGov." I think: what is it writing to us about now? My partner and I always argue about who is going to access the communication on myGov because neither of us wants to do it. It is not a simple process. I raised this matter in the briefing, and I am told that we can call a number. I do not know whether anyone has tried calling Centrelink lately, but that is probably more painful than trying to get on to myGov for probably obvious reasons. It does not want people calling it. I am concerned about access to this AIR record, particularly for disadvantaged people, people who do not have a computer or internet at home or who might need to be supported through that process, because it is not that easy.

I am also concerned about the currency of the AIR certificate. Similar to Hon Alison Xamon, I have been faced with a situation in which one of the doctors providing a vaccination to my child did not do their job of providing that advice to the Australian government to make sure that the certificate for my child was current. So I had to go back to my doctor and chase up the practice, and ask why it was not done that and get the practice to do it. Then there is a delay in processing and having the certificate reissued. That is another obstacle that some parents may have to face. I hope that the system that is put in place considers that accessing the AIR certificate can be problematic.

In my briefing, I asked about the purple book. Members who are parents of young children will know what the purple book is. It is almost a sacred document in our house. If your house is burning down, you grab your purple book.

Hon Sue Ellery: Would you grab your children as well?

Hon MARTIN ALDRIDGE: I would probably grab the book first! It is like an instruction manual for a child. At the very front of it—it might be the back—is the vaccination schedule that parents take to all their child's vaccination appointments. The nurse or doctor removes a sticker from the vaccine vial and sticks it into the purple book. They record the time and date the vaccine was given and the type of vaccine, and they sign it. I thought there would be nothing more accurate than that little bit of paper in my purple book. It has a sticker from the vaccine vial and the signature of the medical practitioner who gave the vaccine. I thought every day of the week that that would be more accurate than when I have relied on a medical practitioner, a doctor or a nurse, to have told the Australian government it has happened. I wonder whether there is scope. I think there is a regulatory power in prescribing what is evidence, but I would like consideration to be given to using the purple book as perhaps alternative evidence of meeting the vaccination schedule.

One thing that I thought was quite interesting from my briefing—it has always puzzled me—is that it is never too late to start vaccinating. I have the recommended schedule here. A lot of the vaccines are in the younger years. The bulk of the vaccination schedule is from birth to four years of age. My question was: if someone has reached 40 years of age, is it too late for some vaccinations? I was quite surprised to hear at the briefing that it is not too late. It is never too late to start vaccinating. The Australian government provides free vaccines for people up to 19 years of age, which surprised me. I wonder whether that message needs to be spread a bit further and wider if we have missed a whole bunch of children from these younger years before things such as the no jab, no play and no jab, no pay policies are put into place. If there are big cohorts of unvaccinated younger people out there, it is important to let them know that it is not too late to start vaccinating. Indeed, the Australian government will continue to support that until 19 years of age. That was something that I learnt in my briefing that I wanted to share.

When I look at clause 2, the commencement clause, I see that part 1 of the bill, including the short title, will come into effect on the day on which the act receives assent and the rest of the act on a day fixed by proclamation. My understanding, from conversations behind the Chair as well as the briefing that I was provided, is that the intent is to have this passed by 30 June and proclaimed by 1 July. I am told that the effect of the bill will be from 1 January. It will be in effect from 1 January because that is when most children will commence their school year. The first of July is only a few weeks away. I may have a child who is enrolling in child care for the first time, changing childcare centres or perhaps changing schools as a kindergarten student, which, in effect, triggers a new enrolment. Will this legislation have full effect from 1 July?

My reading of the legislation, confirmed by the information I received in the briefing, is that the legislation would have full effect on 1 July. Essentially, we are going to pass a new law that for some children will have effect within a few weeks. For the bulk of children, it will be 1 January next year, when they start kindergarten or perhaps mum and dad decide to enrol them in a childcare centre. I want confirmation of that and the extent to which the government has started to communicate that information. I do not think government can wait for the passage of the bill, because if the legislation is to have effect from 1 July, that communication needs to be advanced.

I was told in the briefing about a number of things that the department is doing and has done to communicate to parents the effect of this new legislation even though it has not yet been passed, which is difficult to do. Obviously, there has been some advertising. When I left home early on Tuesday morning to travel to Perth to come to Parliament, before I had even put my car into reverse, the FM radio came on and I heard a radio advertisement telling me about the changes this legislation would bring in from 1 July. The government has obviously initiated a radio campaign to inform parents enrolling their children from 1 July this year about their obligations arising under this legislation. I want to understand more fully the effect that this legislation will have on those parents from 1 July until the end of the year.

Supplementary notice paper 127 lists a number of amendments. I have said before, on another bill—it escapes me which one—that the supplementary notice paper reflects the complexity of the issues we are dealing with. Some significant contributions have been made so far in the second reading debate about the amount of correspondence we have received to our offices on this issue. One thing that has struck me about the plentiful correspondence I have received is that not a lot appears to be from my constituency. That is the first observation I make. I have an auto-response that I get my staff to send whenever I receive an inquiry. The first thing I ask for is a person's address, because I want to know whether they are in my constituency; and, if they are not, I want to refer them to the appropriate member of Parliament to assist them. To my knowledge, I am not sure that anyone has responded to that request. It strikes me as suspicious where some of these inquiries have come from. Nevertheless, I have had some genuine correspondence from people with various concerns about this bill. Hon Alison Xamon in her contribution to this debate addressed a number of key issues that have been raised.

The Nationals WA have engaged with the Minister for Health and the Leader of the House, who has carriage of the bill in this place, to discuss an amendment listed on the supplementary notice paper today. The amendment is to provide an annual reporting provision in the annual report. We will go into greater detail on the amendment

when we go into Committee of the Whole House. I think it will be valuable to not only Parliament, but also the public to have some de-identified public data on the number of exemptions provided and the way in which children catch up with their vaccinations as a result. It is one thing for a child to receive an exemption to enrol in education or child care with the view that once they are enrolled, we can engage with and vaccinate them, because we want those next steps to happen. I know that the Minister for Health has written to the Leader of the Nationals WA in this place, who is away on urgent parliamentary business, giving commitments around extra resourcing for schools to make sure that significant effort is made to target particularly those students who are enrolled under an exemption to bring them up to the appropriate stage of the vaccination schedule. I recognise the government's cooperation on the amendment listed on the supplementary notice paper and I am sure we will discuss that in great detail.

As I said earlier, the primary contentions sit around the exemption provisions. On behalf of the Nationals, I will say that we believe the best way forward is to allow the government the flexibility of a regulation-making power for exemptions. There are and will be opportunities for both houses of Parliament to scrutinise those regulations through the ordinary course of disallowance motions if someone feels compelled to do so. I am not aware of any other jurisdiction with similar laws that has no exemptions. The exemptions vary, but all the other jurisdictions have exemptions. I certainly could not support putting exemptions in the primary legislation. I think that would be a mistake because it would make it very difficult for a future government to revisit easily an exemption in the primary legislation unless there was some other reason for reviewing that law. For example, there could be a time when an exemption is no longer valid because we have decided that vaccination rates or circumstances with respect to one of the exemption provisions are no longer current or, in fact, an exemption is having a perverse effect and needs to be removed. Indeed, there could be a new provision that has not been considered that needs to be included. Although I appreciate concerns around the effect the exemptions will have—I share some of those concerns about how many students this legislation will capture and how many will be exempt—I think that it is the best path forward.

Ultimately, in a perfect world, vaccination rates would be increasing and the number of children excluded from having their enrolment accepted would be low, because they would either be seeking an exemption or bringing their vaccination schedule up to date. There are catch-up provisions and a regulation-making power in the bill to allow a family to make efforts to catch up on the vaccination of a child. With those few words expressing my views, I indicate that the National Party supports the bill in principle. There are a number of amendments. I have spoken to some, not all, of those amendments, but we will address them when we enter the Committee of the Whole House stage. Thank you.

HON TJORN SIBMA (North Metropolitan) [2.38 pm]: I wish to take this opportunity to thank the government for its intent in the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019, but I think the bill's deficiencies have been canvassed reasonably eloquently and knowledgeably by other speakers in the chamber. I am particularly committed to the very simple but effective amendment proposed by Hon Rick Mazza to reduce exclusion clauses to solely medical reasons.

That is important to not only make this bill effective, but also clarify the intent of the bill. I am sure that other people have made this observation, but I am not 100 per cent convinced that this is a public health bill. I am, admittedly, an immunisation hardliner, but that is not to say that responses should not be nuanced, contemporary and flexible enough to accommodate practical impediments in ensuring that our immunisation rates hit at least that 95 per cent target that will permit confidence in herd immunity. Individual medical circumstances differ between individuals. I commend the government on bringing this matter to some public attention with this legislation and reinforcing the need to remain eternally vigilant of preventable health crises, which will emerge with great rapidity and without mercy should we drop the ball.

We are facing a number of threats to sensible medical practice in this and other jurisdictions, and they seem to be combined. The first is complacency. We are probably only three generations removed from one of the world's most devastating global pandemics, the Spanish influenza crisis that immediately followed the First World War, but we are probably only two generations away from the polio epidemic of the 1950s. With each generation that passes, the social memory fades. We are not used to members of our families and communities being struck down by random, merciless and fatal maladies that are preventable. I speak here with some family experience, and I want to draw on that a bit, with the indulgence of the house, because it informs my personal view as much as my political view on these matters. In my first address to this house I made reference to one of the seminal figures in my life, a gentleman named Paul Berry, who was my mother's uncle. Paul contracted polio in the late 1950s, within about three or four months of an effective polio vaccine being developed. He was devastatingly, tantalisingly close to being protected from that virus. Paul's life, and the lives of the rest of the family, were informed by his very courageous struggle to deal with the consequences of that illness. That was effectively paralysis between the waste and the neck. He spent every night for 47 years sleeping in an iron lung at the old Shenton Park rehabilitation hospital. I come from that perspective, which is colloquially known now as the lived experience, or perhaps it is lived experience with some vicarious aspects.

I do not have to go far back in my family to understand the intent behind this bill and the wisdom of that intent, even though there may well be some practical impediments. I speak now of my then slightly younger than six-month-old niece, Lolle. While living in Broome with her parents, who are both medical practitioners, she contracted whooping cough. She was exposed to a source of contagion that was allowed to develop because there was not sufficient coverage in the community. If we understand anything about the vaccination schedule that all children go through, whooping cough immunity is not fully developed until around two years of age. There are about three separate vaccination points. Lolle was not fully immunised. I remember the severe anxiety that my sister and brother-in-law showed during the time that Lolle was in hospital. She pulled through, and she is now quite the vibrant and happy little girl. It is important to reflect on circumstances such as that, because it helps us deal with the conceptualisation of risk and the appreciation of intent.

Like every other member of this chamber, I have received copious correspondence from people with very strong ideological dispositions against any form of compulsory vaccination regime. Parents who understandably want to put their children's interests first are worried about the kinds of risks that vaccination may present to their child. We are not really in a very good position, unfortunately, to have educated discussions about risk, particularly in the public health domain, because we are so isolated from broad, large-scale and devastating consequences of effectively lowering our guard. I reflect on a number of examples across Japan, the UK and Sweden in the 1970s, particularly involving whooping cough. I got these figures from the World Health Organization, but I think they were originally sourced from the Centers for Disease Control and Prevention in the United States. In 1974, when Japan had about a 70 per cent level of immunisation across the country, it registered 393 cases of whooping cough and zero deaths. For a range of reasons, that level of vaccination dropped by an order of about 50 per cent. Five years later, in 1979, Japan had 13 000 cases of the same strain of whooping cough, with 41 deaths. The lesson is that we have historical evidence about what happens if we do not vaccinate. That is the kind of conversation we need to have more often.

There is a very helpful resource for parents who have these kinds of questions about vaccination and why it is important. This resource also provides some measure of myth busting and disabusing people of some unfortunately sticky but wrong notions about, for example, the connection between vaccination and autism, the kinds of antigens contained in vaccines that have doubtful provenance, and all the rest. The project is called Sharing Knowledge About Immunisation; it goes by the acronym SKAI. If other members are interested in this website, I am more than happy to direct them to it. As much as anything, a sensible public health campaign is probably overdue. There is an element of target group reach. I can see that there are people who have adopted an ideologically fixed position that could quite easily be categorised as anti-vaxxer, whom we will never reach. No form of public education, however well researched, will ever convince some people of the merits of vaccination, but I think a large proportion of people, particularly in the metropolitan area, have some legitimate concerns grounded, I think, in understandable reasons, but have formed their views incorrectly. The information sources they have looked to have been misguided or skewed and they probably have some undue reservations about permitting their child to do what is in that child's best interests 99.99 per cent of the time and what is certainly in the community's broader interest.

I do not think I have made this observation publicly, but I have made it privately over a number of years. I am not normally a great advocate of public health advertising for that kind of sake, but I have noticed a recent trend, probably in the last five or seven years. I do not necessarily think, for example, that targeting 32 or 33-year-old tubby middle-aged blokes who want to treat themselves to a sausage roll and a fizzy drink at a service station is really the most crucial public health dilemma facing us as a community, and, frankly, their behaviours are not likely to change as a consequence of this kind of public health fund. I think measures such as these, flawed but as well intended as they are, must be dealt with by a more effective communication strategy, and I will leave the decision on whether that comes directly from government or in cooperation with other medical professionals to those more equipped and specialised than I am. I think we are missing some opportunity there, and we could really think a little more clearly about the kinds of priorities that we engage in.

I will end by saying that I cannot really fathom the justification of the eight exclusions contemplated by this bill. I would think that a number of these excluded groups will never be excluded and are more likely to have higher rates of immunisation than the general community. I do not understand the necessity of excluding groups of Aboriginal children, who, frankly, have exemplary personal immunisation histories, when those children who are not immunised—I do not mean to be derisive here—exist in pockets of almond milk latte belts through North Fremantle, Claremont and perhaps Maylands. I do not want to single out particular suburbs, but they are well established. There are similar trends in other Australian capital cities, particularly in inner-city Melbourne and inner-city Sydney. There is something constitutional or interestingly sociological going on in those micro-populations. I suggest very humbly to the government that if it is seeking to demarcate groups of people for special attention and remediation, it should perhaps look at those kinds of people. Generally—I am speaking in generalisations here—they are well-educated, middle-class mothers who want to do the right thing for their kids. Their motivations are pure. With respect, I think they have formed some very incorrect notions and have a misapprehension of the kinds of risks that they are not

only exposing their child to, but also, more importantly, other children. This is what this is about. These are the kinds of people who I think have a sound social conscience and who want to be responsible members of the community. Perhaps if the government appeals to those kinds of people in those kinds of terms, we will get somewhere close to ensuring we get that 95 per cent herd immunity level, and hopefully just a little bit above that too.

HON MATTHEW SWINBOURN (East Metropolitan) [2.54 pm]: I rise in support of the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019. I appreciate some of the contributions that have been made by other members of the house. Hon Tjorn Sibma and I share a common person, his brother-in-law, who was a very close friend of mine in high school. I appreciated him talking about the experience of his niece and Jason's daughter. I have also had the lived experience, albeit vicarious, that the member talked about. My grandmother suffered from polio and was crippled by it. She is fortunately still with us, but she has obviously carried the scar of polio for her life. She was of that generation of people who suffered that epidemic during the 1940s and 1950s following the war. Many members would be familiar with my personal history and would know that we spent a lot of time at Princess Margaret Hospital for Children. There used to be a mural of pictures of the history of the hospital and there were pictures of children who were bedridden or in an iron lung and those sorts of things. It is worth reminding ourselves of the significant impact that polio had on those children and their families. For some reason, and I do not quite know why, the polio outbreak was particularly severe in Western Australia. Hon Tjorn Sibma also mentioned the Spanish influenza. The number of people who died from that was more than the number of people who died as a consequence of the First World War, such was its impact. I am not sure that we are necessarily placed in a better position for the outbreak of a serious virus like that than they were in 1919. We do not want to catastrophise these things, and we do not want to see them ever happen, but the problem with viruses is that once they set in, there is no cure. We can deal with the bacterial infections, fevers and things like that, but we cannot cure a disease caused by a virus in any meaningful way. For a disease such as rabies, treatment is given after someone has been bitten by a dog, and the treatments are very painful with very low rates of success. Fortunately, we are not affected by the rabies virus in Australia, and let us hope we keep it that way, but people travel to countries where it exists. I have that experience of a family member who has lived with the consequences of polio, a completely preventable disease, and it is essentially eradicated from Australia. Some years ago, I met a young boy who had suffered from it, but he was a migrant from Vietnam and had contracted it in that country without the chance to be immunised and protected from it.

I also have the lived experience of a child who at times is immunocompromised and who needs the protection of herd immunity. We talk about the rights of individuals, but every individual has the right to good health. This kind of communal stuff drives us all together, because we cannot escape from each other in that sense. We live in a community; we live in a communal environment. A person cannot say that because their child is healthy, they should not have to take action to prevent those children whose health is at risk if they contract even a small viral disease. We have that responsibility. Someone whose child falls into those categories very often lives in fear about them even contracting a cold and those sorts of things, because it can kill them off. It is just the thing that tops it off for them. All my children are vaccinated and always have been. Mitchell's issues did not arise until he was 10 years old. Fortunately, he is doing quite well at the moment, but that will not always be the case. Whooping cough, obviously, is a big issue. Babies are not protected from it at that very early age and are very susceptible. It is crushing for someone to bring a happy, health little child into this world, only to have them catch this preventable communicable disease.

I support the policy of the bill. It is hard with these kinds of measures. I am a very big supporter of the education of all children and equality for all children in their access to education, but we have the issue here of diminishing returns in getting up to that herd-level immunity. These are the harder things we must do in public policy to get over the line. It pleases me greatly to be part of a chamber in which so far there has been almost unanimous support for the policy principles behind the bill—that it is important for us to get all children protected. One member, I cannot remember who, talked about choice. There is a choice here—parents choose to vaccinate their children or not—but choices come with consequences. Unfortunately, the consequence for parents who choose not to vaccinate their child is that they do not get access to the kindy or the playgroup. That is a choice that they will have to make, and it is a hard choice. But the responsibility and consequence that comes from that is that our other children who cannot be vaccinated can attend with the benefit of the protection of those children who have been vaccinated.

With those short comments, I commend the bill to the house.

HON CHARLES SMITH (East Metropolitan) [3.00 pm]: I want to offer a few brief remarks on the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019. As I am sure all members are aware, this year has seen a significant increase in cases of flu, with headlines reporting over 3 000 cases in Western Australia in the month of May alone. This year, the flu season has indeed struck early, and it has been quite deadly. Our hospitals are struggling with patients. Too many people have lost their loved ones to this all-too-common and now all-too-deadly virus. Many of us here will have had what we call childhood diseases—measles, mumps or chicken pox. As we grow older, we forget what it was like to be afflicted with those viruses. But—by God!—adult mumps

is no joking matter. A few short years ago, I had mumps as an adult. I can tell members, for a man, it was the most excruciating experience in the nether regions that I have ever had to put up with; it was awful. I would encourage all men here to make sure that their immunisation against mumps is up to date. It was absolutely awful. I thought that may be of interest. One can have mumps and get it again, obviously, as I did. Just because one had it as a child does not mean that one cannot get it again, because I did.

Through the miracle of vaccines, humanity has managed to overcome diseases like smallpox and polio. The history of vaccines is extremely interesting and demonstrates the intellectual capacity of our early scientists to understand disease. It is no surprise that many people, myself included, believe vaccines to be incredibly important, particularly for those most vulnerable in our society. We can come together on issues such as this from all sides of politics to fight for this common goal. Although some people who have contacted my office have valid concerns about the implementation of the program, we can agree on the importance of preventing these so-called modern preventable illnesses, particularly for children. Although I have some concerns about how exemptions will work for those who are medically unable to be vaccinated and the government's definition of "disadvantaged", I support the intention of the bill; therefore, it has my support.

HON SUE ELLERY (South Metropolitan — Minister for Education and Training) [3.04 pm] — in reply: I thank members for their contributions to the second reading debate on the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019. I want to take a little while to go through my responses and to canvass as much as possible.

This policy is about lifting the rate of vaccination. It does not propose one single bullet to get us to 100 per cent. I think Hon Dr Steve Thomas made the point that because of the medical exemptions, that will actually never happen—those exemptions alone will preclude us from getting to that point—but the intention of the policy is to lift the rate. There was a view expressed by some that we should adopt what I might refer to as a "purist model" and have no exemptions or no educational exemptions. I do not describe it as being a "purist model" in a derogatory sense, because I think the motivation is pure, and I understand that motivation. However, that is not the advice of the educationalists, particularly the early childhood educationalists, and I ask those who are taking that position to reconsider. We need to listen to the advice of the educationalists, and particularly the early childhood educationalists. They are deeply committed to increasing vaccination rates, but they see better than us the range of obstacles that already exist for certain cohorts of children. Their advice is that to give those cohorts of children the very best chance of successful education, we need to have a mechanism that enables them to get into the education system as early as it is possible to do so, while taking the necessary steps to get those vaccinations done. Effectively, we should not be putting more obstacles in their way, because there are already enough obstacles in their path for many of them.

The government's position is that this bill reaches the right balance between a greater and more intensive focus on lifting the vaccination rates and ensuring that we are not putting additional obstacles in the way of children who are already at a potential disadvantage. The government's view is that those exemptions are best placed in the regulations; however, in discussions undertaken last week, there seemed to be a view from some members that they wanted those exemptions to be put into the act. Therefore, with the best of intentions, thinking that we were going to reach agreement, we drafted some amendments that would have the effect of putting those exemptions into the bill and put them into the supplementary notice paper in my name. This week, we were advised that members will not be supporting those amendments. In fact, we were advised that they may not be supporting exemptions at all. I want to tell the house now that I will not be moving the amendments in my name in the supplementary notice paper to move the exemptions into the bill. The government's position is that they are best placed in the regulations, and in the discussions that have been had with various members around the house, my understanding now is that the majority of members of the house will support those exemptions being in the regulations.

I want to say a little bit more about that. The purpose of prescribing the classes of exempt children in the regulations is to recognise the difficulty in universally defining what constitutes a vulnerable or disadvantaged child for the purposes of the policy objective. Using regulations in this respect is therefore administratively the best mechanism to ensure that should any unforeseen issues arise during implementation, no class of children would be administratively disadvantaged if they needed an exemption but could not get it without having to go through the parliamentary process. The proposed classes of exempt children have been based on those classes recognised in other jurisdictions; primarily the federal government's no jab, no pay immunisation requirement exemptions and those exemptions that apply in New South Wales' and Victoria's regimes.

I understand that people have questions about the exemptions and I want to provide more information about that in my second reading reply. One question was how people in charge will assess whether a child is an exempt child and whether there will be additional training and education of staff. It is proposed that the person in charge of a childcare service, community kindergarten or school would follow the following process for determining

a child's eligibility for exemption. I will go through the steps in the event that an exemption is applied and how it is followed up. An exemption eligibility form, which is yet to be developed, will assist people in charge to determine whether the child is eligible to enrol under an exemption class. The form will be provided to all persons in charge of childcare services and kindergarten programs. When a parent or guardian applies to enrol their child and cannot demonstrate that their child has an up-to-date immunisation status according to their child's Australian immunisation register statement, the parent or guardian will be required to complete the exemption eligibility form.

The person in charge must consider the completed form and any supporting documentation that is provided. If the child is not eligible for an exemption, the application for enrolment cannot be progressed further by the childcare service or kindergarten program, and if the child is eligible for an exemption, the application for enrolment meets the immunisation enrolment requirements and the application for enrolment can be progressed. The person in charge retains the exemption eligibility form on the child's record. The proposed exemptions are considered factual and should be able to be reasonably proven. Children enrolled under an exemption will be followed up in accordance with recently introduced requirements under the Public Health Regulations 2017.

During term 1 of each school year, the Department of Health will request reports of children enrolled in childcare services, kindergarten programs and preprimary who are not up to date with their vaccinations. This will capture children enrolled under an exemption class and who are under-vaccinated. With this information, the Department of Health will follow up with families—I will step members through that in a moment—of these children to provide additional support in accessing local immunisation services as a means to ensure that these children receive the missing vaccinations. Communications with these families will provide information on where to access local immunisation services. The planned communication strategy includes email and SMS reminders to parents and guardians. Public health units across Western Australia will contact parents and guardians by phone. Parents will be supported in meeting their requirements. To reduce the chance of a child being refused enrolment in early education and care as a result of the proposed changes, families have already been advised of the proposed immunisation enrolment requirements via media statements in December 2018, information on the Department of Health's website, the Department of Health's annual Starting Schools campaign, the Department of Health's social media, and the public consultation that recently occurred on the consultation draft of the bill.

Should the bill be passed by the Parliament, a communications plan has been developed by the Department of Health, which includes how families can continue to learn about the new immunisation enrolment requirements and what it means for them. Additionally, under existing regulations, the Department of Health has already requested that children currently enrolled in childcare services, kindergarten programs and preprimary who are under-vaccinated or whose immunisation status is unknown are to be reported to the Department of Health by the end of May 2019—so that has just gone. With this information, the Department of Health will undertake intensive follow-up with these families to support them in accessing immunisation services and ensuring their child has caught up on missing vaccinations. The Department of Health is supporting these families to minimise the impact of the proposed changes.

For new enrolments, schools and childcare services will be including in their enrolment packages information that directs parents and guardians on how to meet the new immunisation enrolment requirements, including how to access their child's Australian immunisation history statement. The Department of Health will follow up with the families of these children to provide additional support in accessing local immunisation services as a means to ensure these children receive the missing vaccinations. Communications with these families will provide information on how to get their immunisation history updated, where to access local immunisation services, how to access translation services if required, and where to find more information on the immunisation requirements online.

The planned follow-up strategy for children in the metropolitan area is as follows: an email will be sent to families by the communicable disease control directorate within the Department of Health. After one month, the families of remaining under-vaccinated children will receive an SMS reminder from the communicable disease control directorate. After a further month, the families of remaining under-vaccinated children will be contacted by phone by the metropolitan communicable disease control public health unit. For under-vaccinated children in the regions, the communicable disease control unit has provided assistance at the WA Country Health Service to provide the follow-up for these families through the public health units. The public health units will provide this follow-up through their preferred approach within local communities and across their regions.

I turn to some of the explicit issues that were raised in members' contributions. A question was raised about why the government considers the number of classes of exempt children to be appropriate. We recognise that some children with a vulnerability or disadvantage may be negatively affected by the immunisation requirements if they are prevented from accessing the benefits of early childhood education. Research shows that engaging in early education has a positive impact on children educationally and developmentally. For vulnerable and disadvantaged children, these services—kindergarten, child care or preprimary—may in fact be the first point of intervention.

The government's intention is to strike a balance between supporting children to engage in these services and protecting public health.

The proposed classes of exempt children have been based primarily on the federal government's no jab, no pay immunisation requirement exemptions and New South Wales' and Victoria's immunisation enrolment exemptions. Although the exemption list may appear extensive, in Victoria—which has similar exemptions—to date only 1.1 per cent of children in kindergarten have been exempted; of those, one-third are exempted on medical grounds. The federal government has also advised that no secretary exemptions—which is a mechanism that it uses—from the immunisation requirements for the purposes of no jab, no pay have been given for Western Australian children.

The exemption for Aboriginal and Torres Strait Islander children aligns with the commonwealth's Closing the Gap policy and recognises the importance of these children attending early education and care services. It is also not the intention for children who enrol under an exemption to remain under-vaccinated. Once enrolled, the student's details are known and can be followed up by the Department of Health.

The purpose of prescribing the classes of exempt children in the regulations versus the act is to recognise the difficulty in universally defining what constitutes a vulnerable or disadvantaged child for the purposes of the policy objective. Using regulations in this respect is therefore administratively necessary to ensure that should any unforeseen issues arise during implementation, no class of children would be administratively disadvantaged if they needed to be exempt but could not be without having to go through the parliamentary process.

Questions were asked about each exemption. In respect to children who are in the care of the state, living in those circumstances can be a proxy indicator for exposure to family violence, addiction and/or neglect. These circumstances are likely to indicate a parent's inability to prioritise their children's health and/or to access immunisation services. A child receives a medical check within 20 working days of entering into child protection's care. Child protection workers provide the child's health background information to the general practitioner or health professional, including their immunisation status, so that any missing vaccinations can be provided or they can be put on a catch-up schedule. Although it is unlikely that those children would remain under-vaccinated for long, it is important that they have access to early education and care as they can be educationally vulnerable. This is also an exemption in New South Wales and Victoria.

I refer to the exemption for children who are in the care of a responsible person who receives an income support payment in the form of a Health Care Card, pension card or card issued by the Department of Veterans' Affairs. Receipt of income support payments can be a proxy for disadvantage and a more complicated picture. Although vaccinations are provided free of charge, families who fall under this exemption may be dealing with other barriers and/or stressful circumstances that have made it hard for them to prioritise preventive health measures for their children, such as immunisation. This exemption also captures some grandparent carer arrangements. This is also an exemption in Victoria.

I refer to similar existing immunisation policies in New South Wales and Victoria, where a grace period is provided for exempt children for 12 weeks and 16 weeks respectively. The question was asked why the bill proposes to enrol children without limitation or condition on their enrolment. The bill before us does not have a grace period for exempt children to catch up with their vaccinations. The purpose of the exemption classes is to allow those vulnerable and disadvantaged children access to the benefits of early childhood education while the Department of Health follows up and provides support to those families. A grace period would create an additional administrative burden for persons in charge of childcare services, community kindies and schools to follow-up with those families to obtain an up-to-date immunisation certificate. It could also result in disruption to the child's education in childcare or kindy if they commence but do not comply within the grace period. Having to revoke the enrolment would unfairly disadvantage the child. In New South Wales and Victoria, the onus is on the persons in charge of childcare services and schools to take reasonable steps to obtain the required AIR immunisation history statement from parents of exempt children and confirm whether the child is up to date by the end of the grace period. In contrast, in Western Australia it is considered more appropriate for the Department of Health to have the resources to provide intensive follow-up with the families of children enrolled under an exemption to ensure that those children receive their missing vaccinations. In accordance with recently introduced requirements under the Public Health Regulations 2017, during term 1 of each school year the Department of Health will request reports of children enrolled in childcare services, kindy programs and preprimary who are not up to date with their vaccinations. This will capture children enrolled under an exemption class and who are under-vaccinated.

It was asked whether the government had considered an inconvenience model, whereby the process for parents or guardians to apply for their child to be exempt is somewhat inconvenient. The former Prime Minister Mr Turnbull wrote to the Premier proposing that the Council of Australian Governments assess the cost benefits and regulatory impacts of a national approach. This request was met with strong support from other jurisdictions, including Western Australia. The Premier indicated that Western Australia would take a proactive position on this issue,

independent of the COAG process. Accordingly, an inconvenience model was not specifically considered for Western Australia. The so-called inconvenience model does not stop the child being enrolled in childcare or a kindy program, but relies on a declaration by the parent about why the child is not immunised. It was not considered to provide the same level of impetus for immunisation as the proposed Western Australian legislation.

New South Wales, Victoria and Queensland have implemented legislation and immunisation policies based on similar underlying policy objectives to Western Australia's bill. South Australia recently announced that it intends to implement a similar immunisation policy in the near future. Although Tasmania does not have a no jab, no play provision, its requirements demand more accountability from the parent or guardian than Western Australia's current immunisation requirements for enrolment. In Tasmania, a parent or guardian of a child enrolling at school or another facility must show whether they have received particular vaccinations and provide evidence. If they are not able to do so, a statutory declaration form must be provided. They are also required to provide a reason explaining why their child is not up to date—for example, the person certifying the certificate believes on reasonable grounds that the child may suffer an adverse reaction to the immunisation, tests indicate that the child has a natural immunity, the parent or guardian has a conscientious objection against immunisation, or the parent believes that the child has been immunised against that disease but cannot produce an immunisation certificate or other proof of immunisation. In Western Australia, parents and guardians of children are required to provide the immunisation status of their child as on the AIR only at enrolment, but a reason for why their child's immunisation status is not up to date is not required. Tasmania has higher immunisation rates than Western Australia. In 2018, for the five-year-old age group, Tasmania recorded 95.8 per cent of children as being fully immunised, while Western Australia's immunisation rate is 93.6 per cent.

A question was asked about whether the Commissioner for Children and Young People had been consulted on the bill's provisions. Before the bill was introduced, he had not, but I am advised that the Minister for Health briefed him yesterday. I am advised that his position is supportive of immunisation. However, he expressed the view that alternative education options be provided for children who were exempted. That is not a position that the government can support. It would mean that as Minister for Education and Training I would provide an alternative place or program to put all the unvaccinated children together in one spot to continue their education. That is not a policy position that I would support.

Hon Nick Goiran interjected.

Hon SUE ELLERY: If the member lets me finish my second reading reply, he is welcome to ask me any questions he wants when we get into Committee of the Whole.

A question was asked about modelling to assess the bill's implementation. The evaluation of the implementation and impact of the proposed immunisation policy will occur in three parts: monitoring the immunisation rates of children aged five years and under, both before, during, and after policy implementation, as well as the number of notifications of vaccine preventable diseases—it will measure the number of children and the number of notifications of the diseases; gathering qualitative data on the impacts to the early education and care industry, families and the state government; and undertaking a statutory review in accordance with section 306 of the Public Health Act.

The desired outcomes of the implementation of the bill include an improvement in immunisation coverage rates to more than 95 per cent, with a minimal negative impact experienced by stakeholders, and a reinforcement of the importance of vaccinations for children and the wider community.

A question was asked about projections of the expected increase in immunisation rates if the bill comes into effect. Since the implementation of the Victorian legislation around the same time as the commonwealth's no jab, no pay legislation in early 2016, an increase in immunisation rates amongst children under five years has been experienced. Western Australia expects to see similar improvements in immunisation rates in this age group. Similar to what has occurred in Victoria, the bill is expected to have a greater impact on the immunisation rates for children enrolled in kindy programs. That is due to the combined effort of the commonwealth's no jab, no pay scheme, which has achieved and maintained high immunisation rates among children in childcare services.

The question was asked about estimates of the number of children expected to qualify for an exemption. It is not possible to give a precise estimate; however, in Victoria, where similar legislation and exemptions have already been implemented, approximately 1.1 per cent of kindy enrolments were children eligible for an exemption. As I said earlier, approximately one-third of those exemptions were on medical grounds. The remaining two-thirds of kindy enrolments—that is, around 0.7 per cent—were eligible for an exemption and able to enrol. In Western Australia in 2017, around 33.3 per cent of children between the ages of zero and five years attended a formal childcare or education care service and received a childcare benefit. This data is based on the *Report on Government Services*. Note that this report was released before the change to the childcare subsidy. Of the 33.3 per cent of children attending formal child care in WA, childcare services reported that about only one per cent of children in their services are under-vaccinated. In WA, in data as of 31 December 2018, immunisation coverage rates for Aboriginal

and Torres Strait Islander children were lower than for non-Aboriginal and Torres Strait Islander children in the two youngest age groups. Aboriginal and Torres Strait Islander children in WA had immunisation rates of 87.8 per cent for the 12 to 15 months age group and 82 per cent for the 24 to 27 months age group, which are six per cent and nine per cent lower than for non-Aboriginal and Torres Strait Islander children. It is noted that for children aged between 60 and 63 months—that is about five years old—immunisation coverage was 95.2 per cent for Aboriginal and Torres Strait Islander children compared with 93.5 per cent for non-Aboriginal and Torres Strait Islander children.

A question was asked about the impact on children who are excluded from early education and care. In 2015, the Australian Institute of Health and Welfare issued a report on the impact of early childhood education and care on learning development. It found that these years are a critical period of intense learning for children that provides a foundation for later academic and social success. Longitudinal studies have demonstrated the effectiveness of high-quality, focused kindy programs in reducing the effects of social disadvantage, developing children's social competency and emotional health and preparing children for a successful transition to school. Children living in disadvantaged communities, those not proficient in English and Indigenous children were identified as particularly vulnerable and the most likely to benefit from high-quality kindergarten programs. I know honourable members were saying that there should be no exemptions for those children. It might appear at first blush to be counterintuitive to say that children who are not vaccinated cannot enrol. People might think that the best thing they can do is provide no exemptions and demand that children are vaccinated. The best advice available to me as Minister for Education and Training, from those early education specialists, is that the balance is far better tipped towards getting those children who are already identified as being liable for ongoing educational disadvantage enrolled and in a service with all the connections that come with that and turning up to a place where services can be delivered to them and then fix the under-vaccination. Early education intervention has been shown to have a substantial short-term and long-term effect on cognition, social and emotional development, school progress and preventing antisocial behaviour and even crime.

There was a question about the operational requirements of people in charge of childcare services, kindies and schools. People in charge of those facilities will be required to determine whether a child meets immunisation enrolment requirements under proposed section 141D in the bill, and when a child may qualify as an exempt child to assist the parents or guardians to enrol their child under an exemption. This means that the person in charge of the facility will need to explain the new policy to parents and guardians, and administer its requirements, including determining whether appropriate documentation has been provided and consider applications for exemption. To support persons in charge of childcare services and kindy programs through these new processes, supporting guidelines will be made available on the websites of the Department of Health and the Department of Education. These guidelines will clarify the classes of children that are exempt and will advise persons in charge how to assist parents and guardians to enrol their child under an exemption should one apply. When required, telephone and email support will also be available through the Department of Health. The proposed exemptions are considered factual and should be easily proven. Persons in charge of childcare services, community kindies and schools will endeavour to integrate the immunisation enrolment requirement into existing enrolment processes.

There was a question about how many children will be eligible for a medical exemption. The commonwealth government's Australian Immunisation Register prescribes that medical exemptions for vaccination include persons who had anaphylaxis after a recent dose of vaccine, had anaphylaxis after exposure to any component of a vaccine, have a significant immunocompromising condition—that is only for live vaccines—or have natural immunity through prior infection from only hepatitis B, measles, mumps, rubella and chickenpox. Medical exemption from immunisation, however, is rare. As of December 2018, of the 8 944 children in Western Australia aged between 60 and 63 months registered on the AIR, only 24 had an approved exemption. Of those children with exemptions, seven were recorded as having a medical contraindication to vaccination—that is, they were immunocompromised or had anaphylaxis after a previous dose of vaccine, for example—18 were recorded as having natural immunity to a vaccine-preventable disease and one child had both a medical contraindication and natural immunity for two different vaccines.

I refer to proposed section 141C(1), which provides that the Chief Health Officer may issue an alternative immunisation certificate for a child if the Chief Health Officer is satisfied that there is a special circumstance that applies to the child and but for that circumstance, the child's immunisations would be up to date. The specific process to be followed to obtain an alternative certificate issued by the Chief Health Officer is not included in the bill. This will enable flexibility in how a child's circumstance may be brought to the Chief Health Officer's attention for assessment—that is, whether it is done through the parent, a local GP or the local public health unit. Assessment of a child's circumstance will be made on a case-by-case basis and the process will be managed by the communicable disease control directorate within the Department of Health. It is difficult to estimate how many children will apply for and may be issued with a Chief Health Officer immunisation certificate.

A concern was expressed about the example of a parent who may try to enrol their child in the school but the person at the school is incompetent—I think that was the word used by the honourable member—in applying the legislation. The AIR certificate required to be provided clearly shows whether a child is up to date with their vaccinations. To support persons in charge of childcare services and kindy programs through these new processes, supporting guidelines will be made available through the Departments of Health and Education. These guidelines will clarify the classes of children that are exempt and advise persons in charge how to assist parents and guardians to enrol their child under an exemption should one apply. When required, telephone and email support will be available through the Department of Health.

There was a question about whether there would be capacity to appeal a rejected request for a Chief Health Officer medical exemption. An appeal process is not built into the bill; however, I indicate that in discussions between the Minister for Health and Hon Aaron Stonehouse, agreement has been reached and the government will support his amendment to give effect to an appeals process.

I have touched on exemptions.

Questions were asked about the degree of enrolment in kindy. The Department of Education estimates that more than 96 per cent of kindergarten-age children are enrolled in kindergarten programs in WA. Based on the last recorded national vaccine objection rate, which was 1.34 per cent recorded in December 2015, approximately 600 students for 2019 would be excluded from enrolment. Of the 33 per cent of children attending formal care in WA, childcare services have reported that about only one per cent of children in their services are under-vaccinated.

A series of questions was asked about children applying to enrol in kindy programs prior to the legislation coming into effect. The Department of Education's "Enrolment in Public Schools Policy: Enrolment in Public Schools Procedures" states —

> The principal will:
>
> - receive applications for enrolment for Kindergarten from the beginning of the year prior to eligibility;
> - assess all applications for enrolment for the following year after the enrolment closing date (first Friday of Term 3 each year) …

This year that is 26 July. The policy states that the principal will —

> - notify parents in writing of the outcome of enrolment decisions … within three weeks of the closing date for applications if enrolling for the following year;

For this year, that is before 23 August. I am advised that the majority of students in government kindy programs are enrolled during term 3, and that particularly applies when there is competition for a place in a kindy program. Although government school kindies request applications well in advance of the first attendance date, not all parents comply with this request. Each school's circumstances are different and often depend on the demand for places. If this legislation is delayed, the changes cannot be applied retrospectively to children who are already enrolled. Although applications for enrolment may be received prior to the legislation coming into operation, the bill provides that a school must not permit a child to enrol unless they are up to date with their immunisations, on a catch-up schedule, have an immunisation certificate issued by the Chief Health Officer, or the person in charge of the school is satisfied that the child is an exempt child.

Members proposed a grace period or a conditional enrolment. The government does not support this proposal. A conditional enrolment is inconsistent with current enrolment arrangements for kindy. The legislative scheme is based upon being compliant at enrolment by either being up to date or, if not, exempt on a medical or educational disadvantage basis. There is follow-up by the Department of Health if a child is exempt on an educational disadvantage basis. Once enrolled, the student's details are known and can be followed up by the Department of Health if they are not up to date. In effect, allowing for a grace period simply delays the point at which the decision needs to be made about whether a child is up to date or exempt. In doing so, it adds another layer of administration for the school that could have a significant impact on planning for class sizes and operations.

Although government school kindies request applications well in advance of the first attendance date, not all parents comply with this request. Each school's circumstances are different and, as I said, are dictated by the level of demand. There is always a number of parents who enrol their children shortly before or when kindy has commenced. A grace period in such instances is therefore problematic. For those who apply earlier but are not compliant, it would create uncertainty and then have a knock-on effect for those waiting to get a place, subject to others meeting or not complying with the requirements during the grace period. If the decision is to be made at enrolment, the child must be either up to date or exempt when they enrol. If neither, the enrolment is not accepted. It becomes known that the position is that the child must be up to date at enrolment, whenever that occurs.

Questions were asked about the definition of a "child care service" under clause 4(2), which will insert in section 4(1) —

(b) does not include a child care service prescribed for the purposes of this definition;

There are not many types of childcare services that do not fall under the Education and Care Services National Law (WA) Act 2012 or the Child Care Services Act 2007. Having the ability to exclude services provides the ability to accommodate services that may in future be captured under these pieces of legislation, but which for regulatory reasons it may be impractical or unnecessary for them to be subject to the immunisation enrolment requirements; and to remove services from the excluded list, should these services' regulatory requirements change, to provide that the public health immunisation enrolment requirements apply to these services. To avoid duplicated or unnecessary regulatory burden, the bill proposes excluding childcare services that provide occasional care, mobile care, outside school hours care and vacation care. Children who attend before and after school care also attend school; therefore, their immunisation status will be reported when they enrol in a kindergarten program. Standalone vacation services will not enrol a child unless they are enrolled in school. Again, the immunisation status of those children will already be captured.

Hon Aaron Stonehouse quoted from a letter from the Royal Australasian College of Physicians that was tabled in the South Australian Parliament, in which it recommended that states and territories did not implement their policies until they had been reviewed and published. Although the college may not support the policy, the Australian Medical Association of Western Australia suggests that no jab, no play will likely improve vaccination rates and, importantly, it will send a message to families that it is a shared responsibility to contribute to the eradication of serious vaccine-preventable diseases. The AMA's view is that for the most part, families of under-vaccinated children do not object to vaccination, but are more likely to be too busy and unaware of the vital importance of vaccination or may simply not have got around to keeping on top of the vaccination schedule. It is anticipated that this policy will provide the motivation for these families to get their children's immunisation status up to date.

A question was asked by Hon Alison Xamon about data between 2016 and 2019. In data extracted on 31 December 2018, WA had the second lowest immunisation rates compared with those in other jurisdictions. For children aged between 12 and 15 months, the rate was 93.4 per cent, and for children aged between 24 and 27 months, 90 per cent. We also had the lowest immunisation coverage for children aged between 60 and 63 months, at 93.6 per cent. For the past two years, immunisation rates for WA children in all the above age groups have also been lower than in New South Wales, Victoria and Queensland, where legislation based on similar underlying policy objectives to the bill have already been established. Looking at recent experiences in Victoria, immunisation rates have experienced an upward trend, and I have referred to that already. Prior to this time, immunisation rates in that jurisdiction were generally considered to be plateauing.

Regarding a lack of detail on schools verifying immunisation statuses, as I previously indicated, to support persons in charge of childcare services and kindy programs, supporting guidelines will be made available by the Department of Health and the Department of Education on their websites. Those guidelines will clarify the classes of children who are exempt and will advise people in charge how to assist parents and guardians to enrol their child under an exemption, should one apply. When required, a follow-up will be made by the Department of Health. In terms of review provisions by the schools, a question was raised about regional education directors in the regional education offices. I have already talked about the guidelines. For government schools, any refusal to enrol a person associated with a request for an educational disadvantage exemption will be given the opportunity to seek a review by the regional education office. That is not unusual. That office deals with all sorts of reviews about decisions made by schools, whether it is an argument about an enrolment because there is a dispute about whether they are inside or outside the local intake area, or whether it is a dispute about the level of disability services that are being provided to a child. All sorts of decisions that are made at a school level are regularly reviewed at the regional education office.

Concern was expressed about children who have adverse reactions and are recommended by a GP to have delayed vaccinations. The bill provides the ability to address when a delay in vaccinations has been recommended. In this situation, the child's GP may place them on a catch-up schedule that is recorded with the AIR. A copy of the history form that the GP is required to complete to record the catch-up schedule can be provided to the childcare service or school. Alternatively, under proposed section 141C(1)(a)(ii), the Chief Health Officer may issue an alternative immunisation certificate for a child if the Chief Health Officer is satisfied that a special circumstance applies to the child and, but for that circumstance, the child's immunisations would be up to date. The specific process to be followed to obtain an alternative certificate issued by the Chief Health Officer has not been included in the bill, but this will enable flexibility in how a child's circumstance may be brought to the Chief Health Officer's attention for assessment. I think I have touched on that already. Assessment of a child's circumstance will be made on a case-by-case basis and the process will be managed by the communicable disease control directorate within the Department of Health.

There was a question about what exists to prevent conscientious objectors from establishing their own informal childcare arrangements. The Department of Communities currently approves and monitors childcare services through its education and care regulatory unit. Should the unit become aware of an unregulated childcare service,

it would investigate and take action if the service was found to be in breach of the law and regulations. WA is on record for having a tight compliance regime, and there are penalties for noncompliance.

How will the information on the AIR be kept up to date? The Australian Childhood Immunisation Register was introduced in 1996 to record all immunisations administered to children from birth to seven years. The earliest year of birth for which data was recorded is 1989. In September 2016, the ACIR expanded to become what we know now as the Australian Immunisation Register, a national register that records immunisations given to people of all ages in Australia. The AIR can record vaccines given from 1 January 1996. It includes vaccines given through the national immunisation program, through school programs and for reasons such as the flu or travel. Immunisation providers in WA must be providers with and regulated by the Department of Health. Currently, the Department of Health ensures that AIR records are updated by immunisation providers in two ways: national immunisation program vaccines are provided to immunisation providers on the agreement that immunisation events are recorded in the AIR for the receiving individual; and regular audits are conducted to match the number of vaccines ordered by an immunisation provider against the number of immunisation events recorded in the AIR. When there is a discrepancy in numbers, the Department of Health undertakes an investigation and follows up with the relevant immunisation providers. In the event that there are AIR data issues, the department seeks to rectify these.

As part of the implementation, immunisation providers, which include child health clinics, community healthcare centres, general practitioners, Aboriginal health services and the central immunisation clinic, will be advised of the legislation and reminded of the importance of ensuring that all vaccines provided to an individual are recorded promptly and accurately on the register. Additionally, under recently introduced regulations, the Department of Health has requested the reports of children currently enrolled in childcare services, kindy programs and preprimary who are under-vaccinated or whose immunisation status is unknown. With this information, the Department of Health intends to undertake follow-up with these families to ensure that these children receive their missing vaccinations and their AIR records are updated. This will improve the quality of the register's data for WA children and ensure a robust implementation.

A question was asked about how parents obtain acceptable documentation if their child was vaccinated overseas. The parent can take their child's records of vaccination to their local immunisation provider and ask them to update the Australian Immunisation Register. The immunisation provider should check which vaccinations match the national immunisation program schedule, provide advice on any catch-up vaccinations required and submit the data to the AIR. Once the AIR is updated, these vaccines will be recorded on the child's Australian Immunisation Register immunisation history statement. If the overseas vaccination records are in a language other than English, a free translating service is available through the Australian government's Department of Social Services; I do not know that it is called that anymore. If a child is waiting for their Australian Immunisation Register entry to be updated to reflect any overseas vaccinations, and the time it is taking for this administrative process to occur is impacting on the ability to enrol the child in a childcare service or kindy program, the bill provides a mechanism under new section 141C by which the Chief Health Officer may issue an alternative certificate in the interim for the purpose of enrolment.

The vaccinations on the childhood immunisation schedule are still free if taken at a later date. Vaccines listed on the national immunisation program schedule are free. From 1 July 2017, people up to 19 years of age—Hon Martin Aldridge made this point—can get catch-up vaccinations for free under the NIP if they did not receive them during their childhood. I do not know how old the honourable member's sons are, but if they are under 18 years, they are covered. This catch-up vaccination also applies to the HPV vaccination should a student miss the vaccination that is routinely administered to students through the secondary school program. Refugees and other humanitarian entrants aged 20 years and over are also eligible for free catch-up vaccines through the NIP.

Hon Martin Aldridge asked whether this bill in fact constitutes a money bill and may well be compromised when it gets to the Legislative Assembly. The answer is no. The government has advised that the Assembly would not take that view, so it is not an issue. I have to check whether I can table that advice for the member, which is from the Deputy Clerk of the Legislative Assembly.

Another question was asked about the estimated number of children who could be exempt. I have touched on this already. Then there were issues about myGov; I feel the member's pain. The honourable member referred to question on notice 2179. I am advised that an answer was provided to the honourable member. I have a copy of it and it is also on the website. The answer was no. Hon Martin Aldridge also asked about the purple book. It is hard for schools and childcare services to interpret. The AIR certificate provides one form of easily recognisable and nationally recognised documentation that clearly states whether a child is or is not up to date with their vaccines. No additional interpretation is required for schools and care services.

In respect of commencement, if the bill comes into effect by 1 July 2019, it will apply to any new enrolments into childcare services from 1 July 2019 and any new enrolments into schools and community kindergartens from 1 July 2019 for the 2020 school year.

Hon Donna Faragher interjected.

Hon SUE ELLERY: That is how I feel. That concludes my second reading reply. I commend the bill to the house.

Question put and passed.

Bill read a second time.

Committee

The Deputy Chair of Committees (Hon Dr Steve Thomas) in the chair; Hon Sue Ellery (Minister for Education and Training) in charge of the bill.

Clause 1: Short title —

Hon NICK GOIRAN: The minister revealed in her second reading reply that the Commissioner for Children and Young People was first consulted on the bill yesterday. What prompted this consultation to occur?

Hon SUE ELLERY: It was done by the Minister for Health, and I am sorry, but I have not spoken to him directly, so I am not sure what the motivation was.

Hon NICK GOIRAN: Was the consultation in person or in writing?

Hon SUE ELLERY: I am sorry, honourable member, but I have not spoken to the Minister for Health, so I cannot give the member that information. One of the questions I think the member asked by way of interjection when I was giving the second reading reply was whether the response from the commissioner had been in writing. I have seen an email, but, as I said, I have not spoken to the Minister for Health. I will check, and if the commissioner is comfortable with me providing the member with that email, I am happy to table it, but I will need to check that; I will probably do that when we break.

Hon NICK GOIRAN: Let us come back to that once the minister has had the opportunity to find out what consultation took place with the Commissioner for Children and Young People. Ultimately, I would be seeking the tabling of any documents created or received as part of that consultation process. We can follow that up in due course.

In the second reading speech, the minister stated that, in 2017, Western Australia recorded the lowest immunisation coverage for two-year-olds, at 89.1 per cent. What is Western Australia's current rate of vaccination for two-year-olds?

Hon SUE ELLERY: The advice I have been given is that, for the age group 24 months to 27 months, the rate is 90 per cent, and the date for that information is 31 December 2018.

Hon NICK GOIRAN: To ensure that we are comparing apples with apples, is that the same age range as was mentioned in the second reading speech, where the reference was to 89.1 per cent?

Hon SUE ELLERY: I am not in a position to tell the member; I do not have advice here. If the member wants to tell me how that helps him, I am happy to see whether I can provide him with some other information about what the reference was for that number in the second reading speech.

Hon NICK GOIRAN: I am happy to elaborate. In the second reading speech, the minister said that Western Australia recorded the lowest immunisation coverage for two-year-olds of all Australian states. The answer that the minister has just given me is for the age range 24 to 27 months, so that is for a three-month period above two-year-olds, or part of the two to three-year-old range. I just want to make sure that we are comparing like with like.

Hon SUE ELLERY: In the second reading speech, I think the sentence the member is referring to is —

> In particular, in 2017 WA recorded the lowest immunisation coverage for two-year-olds at 89.1 per cent.

The information I have just provided to the member is not about two-year-olds; it is about that three-month age group that the member has just identified.

Hon NICK GOIRAN: I go back to my original question: what is WA's current rate for vaccination of two-year-olds?

Hon SUE ELLERY: We do not have at the table the 2017 figure. If Hon Nick Goiran would like to explain what he is looking for in particular, I might be able to explain from the table, but I do not have the comparative reference for 2017 available to me at the table.

Hon NICK GOIRAN: The government thought it was sufficiently important that the house be informed that the coverage for two-year-olds was 89.1 per cent. I did not decide that nor did any other member. The government decided it was so important that it put it in the second reading speech. It goes to great lengths to explain to members that WA recorded the lowest rate across the nation. The government thought it was important—and I agree. If it is an issue, we should be concerned. Wherever the government got that information from I would like to know. Given that was 2017, what is the rate today? Are we concerned only because it was that rate in 2017 and now it is a fantastic rate or maybe it is a worse rate? I do not know; I am simply asking the government to indicate to the chamber the source of the information that it thought was so important it put it in the second reading speech.

Hon SUE ELLERY: As I have said already, we do not have the reference at the table. I will undertake to find out whether we can get the reference. I think the point needs to be made that our vaccination rates are too low.

Hon MICHAEL MISCHIN: Thank you, minister for that, but it is pretty fundamental to the point of the bill, is it not? We are being told that certain children will be excluded from the preschool education system on the basis that it is a public health measure to increase vaccination rates. Do not get me wrong; I am not unsupportive of the idea. I think it is entirely proper that the government make a judgement to compel public health measures when they can be established. We have been told that our vaccination rates are too low, and that by increasing that rate, it will improve public health, but the minister cannot tell us whether the trend is an increase anyway. The other way it flows through is that the government is compelling certain people to go against their conscientious objections to this. The government is not looking at trying to persuade them but to force them to get vaccinations, whereas for a vast group of exempted children, the government is saying that the best way of dealing with that problem is to persuade them after they have enrolled. I do not understand how this public health policy is being translated into a bill. We will get to the exemptions in due course. It seems to me to be pretty fundamental if the minister is saying that there is a significant public health risk by not improving our vaccination rate and that underpins the purpose of the bill, but the minister cannot tell us with any certainty what the figures are.

Hon SUE ELLERY: I am not sure which part of my last answer to Hon Nick Goiran that Hon Michael Mischin missed, but I did say that I do not have it at the table and I will undertake to get it.

Hon NICK GOIRAN: I will move on to a different topic and wait to hear back from the minister about the consultation with the Commissioner for Children and Young People and on the immunisation rates as they stand.

In the minister's reply to the second reading debate, she made mention of advice from early educationalists. Where can we find this advice?

Hon SUE ELLERY: It is the advice provided to me and the government by the Department of Education.

Hon NICK GOIRAN: I think the minister explained to us that she was relying on that advice for the exemptions because the advisers had indicated that it was very important for children who I think are described as "educationally vulnerable" to have access to early education. Has that advice been provided to the minister in writing?

Hon SUE ELLERY: I appreciate that the honourable member will not have my second reading reply available in *Hansard* yet, but when he does, he will note that I referred at one point to research and I gave a reference. I can find it if the member wants me to. As the Minister for Education and Training, I can say that there are swathes of decent public servants in the Department of Education in the area of early education. It is not disputed—I cannot believe that the honourable member would dispute it—that investment in the early years is where we get the biggest bang for our buck because children's brains are still developing. We can set them up to be successful learners if we invest in early education. Indeed, when the Liberal Party was in government, the former education minister introduced KindiLink, which is a really successful program specifically aimed at providing better intervention for Indigenous children in the early years. It is a program I am pleased to be able to support, because it was based on the advice I have just referred to, which is now held to be common amongst all educationalists—that is, the early years are a critical time for investment and assistance, making those connections and setting children up to be successful learners.

Hon NICK GOIRAN: For the record, of course I do not dispute that whatsoever. I appreciate that the minister may not have a copy of my second reading contribution to hand, but she will recall that I mentioned that the opposition not only supports immunisation—in fact I said "strongly pro-immunisation"—but also, we are strongly pro–early education. I was simply asking the minister to provide the advice she referred to on multiple occasions in her second reading speech. I understand that is not available, other than a paper that the minister referred me to, and I will have a look at that and we may come back to it at a later stage.

I understand from the minister's second reading reply that the scheme in Western Australia is intended to be similar to those in New South Wales, Victoria and Queensland. Can the minister indicate to the house in what respect the scheme is different from those jurisdictions?

Hon SUE ELLERY: I set some of these things out in my second reading reply. In New South Wales, the exemptions are different. There are limited classes of children who are temporarily exempt. These include those who are subject to a guardianship order—we have that; placed in out-of-home care; being cared for by an adult who is not the child's parents due to exceptional circumstances such as illness or incapacity; those who have been evacuated following a state of emergency; and, Aboriginal and Torres Strait Islander children. Parents and guardians of children temporarily exempt have 12 weeks—that is the grace period—from enrolment to provide documentation. In New South Wales there is a smaller number of exemptions and slightly different exemptions and the grace period. Victoria has a grace period similar to New South Wales. Temporary exemptions are available to recognised, vulnerable and disadvantaged children, including evacuated children following an emergency, and children in emergency care—for example, children in emergency foster care. Queensland's immunisation policy is slightly different. It does not require the exclusion of children, but it authorises childcare services, after following a prescribed process, to exercise a discretion to refuse, cancel or place a condition on the enrolment or attendance of a child whose immunisation status is not up to date.

Committee interrupted, pursuant to standing orders.

[Continued on page 4198.]

Sitting suspended from 4.15 to 4.30 pm