



Government of **Western Australia**
Department of **Health**

Evaluating the impact of the No Jab No Play legislation

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Abbreviations and definitions

Term	Description
AIR	Australian Immunisation Register
Catch-up	Any immunisation given after the recommended age listed on the National Immunisation Schedule.
CDCD	Communicable Disease Control Directorate
CEO	Chief Executive Officer
CERIPH	Collaboration for Evidence, Research, and Impact in Public Health
Child care service	Refers only to long day care and family day care services
CHO	Chief Health Officer
Early childhood educator	Refers to early childhood education providers and administrators involved in child care, pre-kindergarten, or kindergarten programs. This includes principals, directors or managers and other staff employed in these settings.
Family	Refers to parents or guardians of children aged 7 years or younger. The term 'parent' and 'family' will be used interchangeably to refer to parents, carers or guardians who participated in this evaluation.
Health professional	Refers to a person who practises a discipline or profession in the health area based on formal training and experience, such as a medical practitioner or nurse immuniser.
Herd immunity	A situation when enough people are immunised against a disease to prevent it from spreading in a community.
Immunisation	Process where the body induces immunity to a disease as a result of a vaccine.
Immunisation coverage	Percentage of children who have had all vaccines recommended for their age (i.e. child's immunisation status is up-to-date).
NJNPay	No Jab No Pay – Commonwealth legislation requiring a child's immunisation status to be up-to-date to receive family assistance payments
NJNPlay	No Jab No Play
Pre-compulsory schooling	Refers to pre-kindergarten and kindergarten programs offered at schools or community kindergartens
Up-to-date (immunisation status)	A child is considered up-to-date if they have received all vaccinations listed on the National Immunisation Program Schedule for their age.
Vaccination	Refers to the act of giving a vaccine to a person.
Vaccine hesitancy	Defined as a delay in acceptance or refusal of vaccination despite availability of vaccination services.
WA	Western Australia

Executive summary

In Western Australia (WA), No Jab No Play (NJNPlay) legislation came into effect on 22 July 2019. This legislation required children to be up-to-date with their immunisations to enrol in child care services, pre-kindergarten and kindergarten programs, with limited exceptions.

In 2021, Curtin University was awarded a service agreement to conduct an evaluation aiming to:

- compare the immunisation coverage of children before and after the NJNPlay legislation was introduced
- investigate the impact and identify any unintended consequences of the NJNPlay legislation on families, early childhood educators and health professionals.

The evaluation included:

- a descriptive analysis of immunisation coverage using annualised data from the [Australian Immunisation Register](#) for 2017 to 2021
- online surveys and semi-structured interviews with families, early childhood educators and health professionals between May and September 2022.

Evaluation findings

Immunisation coverage for 1, 2 and 5 year old children was higher in 2020 and 2021, compared to 2017 and 2018, with the greatest increase in coverage among the 2 year olds. There were 261 parents, 55 early childhood educators and 39 health professionals who participated in the survey. Over half of the parents surveyed indicated that NJNPlay legislation did not have any financial (59.0%, n=154) or emotional impact (52.5%, n=137) on their families. Parents reporting negative financial or emotional impacts of the NJNPlay legislation were mostly associated with a parent's inability to engage in paid employment due to being unable to access child care.

Of the 54 early childhood educators from schools who were surveyed, 27.7% (n=15) believed that the NJNPlay legislation affected enrolment numbers. However, [Department of Education Annual Reports](#) data does not support this perception. Concerns raised by early childhood educators included the potential disadvantage a child may experience because of not attending kindergarten, and that vaccine hesitant parents may seek like-minded groups that reinforce negative attitudes towards vaccination. Concerns raised by health professionals were that the NJNPlay legislation disadvantaged a child for the decisions of his/her parent, although it should be noted that kindergarten is not a compulsory year of schooling in WA.

Confusion with the rationale and types of exemption categories were expressed by parents and early childhood educators. Poor documentation of exemption eligibility and a lack of accountability, especially around catch-up programs, were sources of frustration for both health professionals and early childhood educators. Of the 1849 children who enrolled under an exemption category between 2019 and 2022, 37.0% (n=685) were up-to-date by the next financial year.

Discussion

The Department of Health consulted with multiple stakeholders prior to the introduction of the NJNPlay legislation. Submissions received from this consultation and Department of Health's responses were documented in a [Decision Regulatory Impact Statement](#). Most negative findings from this evaluation on the impact on families and kindergarten enrolments were similar to those described in the Decision Regulatory Impact Statement.

Limitations to this evaluation were the impact of the COVID-19 pandemic on recruitment and immunisation coverage, poor responses to some questions, under-representation of some groups (e.g. culturally and linguistically diverse communities) and over-representation of vaccine hesitant families. These limitations severely constrain interpretation of the results of this evaluation. Therefore, it cannot be determined if the NJNPlay legislation had the intended effect on immunisation coverage.

Recommendations

To address issues raised in this evaluation, it is recommended that the Department of Health:

1. Provide support and resources for health professionals and early childhood educators to administer the NJNPlay legislation.
2. Enhance understanding and awareness of the NJNPlay legislation and immunisation among families, early childhood educators, and health professionals.
3. Strengthen understanding of exemptions among families, early childhood educators and health professionals.
4. Provide adequate resources to support children on catch-up schedules.

1 Background

Immunisation refers to the process of becoming immune to a disease as a result of a vaccine. Immunisation protects people against specific diseases by using the body's natural defence mechanism – the immune response.

The World Health Organization considers immunisation to be the most effective medical intervention we have to prevent deaths and reduce disease in our communities.

If enough people are immunised, it is possible to protect most of the community from the disease, known as herd immunity. Herd immunity means there are enough people immunised in the community to slow or stop the spread of disease, which helps protect people who are at increased risk of getting the disease, or who are unable to be immunised, such as very young infants and people with certain medical conditions¹.

While the percentage of people needing to be immunised to achieve herd immunity varies for individual diseases, Australia has set a target of 95% coverage for childhood immunisation based on evidence, consultation and practical considerations².

To achieve Australia's target of 95% coverage for childhood immunisation, a range of incentives under federal and state legislation were introduced to prompt parents to keep their children up-to-date with immunisations³. These changes aimed to increase immunisation coverage of children and better protect the community from vaccine-preventable diseases.

1.1 National childhood immunisation-related legislation

Introduced on 1 January 2016, the Australian Government's "No Jab No Pay" (NJNPay) legislation requires a child's immunisation status to be up-to-date to receive [family assistance payments](#), such as the Child Care Subsidy and the Family Tax Benefit Part A. This was in response to sub-optimal coverage among children aged 5 years and younger in preceding years (Figure 1).

¹ Department of Health. Western Australian Government. Vaccines, vaccination and immunisation. Accessed 18 October 2023. Available from: https://www.healthywa.wa.gov.au/Articles/A_E/About-immunisation.

² Department of Health and Aged Care. Australian Government. Childhood immunisation coverage. Updated 31 August 2023. Accessed 27 October 2023. Available from: <https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage?language=en>.

³ Attwell KC, Navin M. Childhood vaccination mandates: scope, sanctions, severity, selectivity, and salience. *Milbank Q.* 2019;97(4):978-1014.

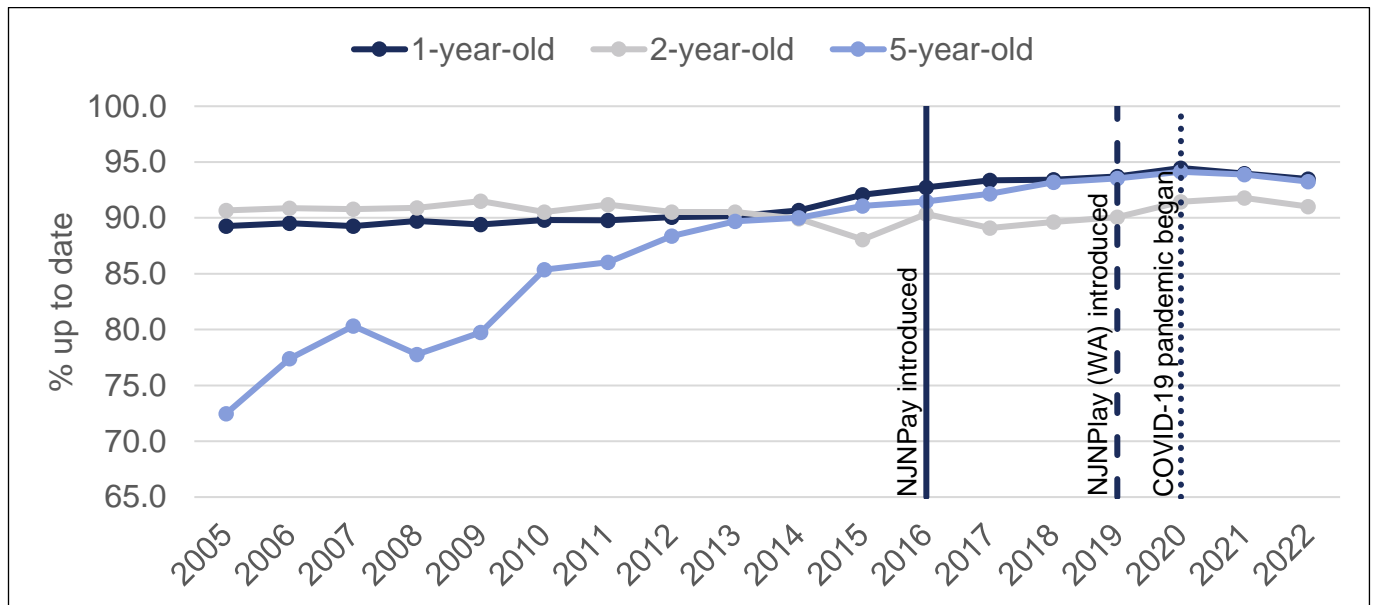


Figure 1 Coverage for children in WA by age (2005-2022)⁴

Note that the y-intercept was set at 65%. There were several changes to the National Immunisation Program Schedule and methods for calculating immunisation coverage over this period. Details of these changes are available via the [National Centre for Immunisation Research and Surveillance](https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage/historical-coverage-data-tables-for-all-children).

In March 2017, former Prime Minister Malcolm Turnbull requested that all jurisdictions implement “No Jab No Play” (NJJNPlay) policies, as part of a nationally consistent approach to prevent under-vaccinated children from attending child care services and pre-schools. An overview of NJNPlay legislation in each state and territory in Australia is available via the [National Centre for Immunisation Research and Surveillance](https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage/historical-coverage-data-tables-for-all-children).

To comply with the former Prime Minister’s request, increase immunisation coverage of children and better protect the community from vaccine-preventable diseases, NJNPlay legislation came into effect on 22 July 2019 in Western Australia (WA). The legislation requires children enrolling in child care services and pre-compulsory schooling to be up-to-date with their immunisations according to the [National Immunisation Program Schedule](https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage/historical-coverage-data-tables-for-all-children).

1.2 “No Jab No Play” legislation in Western Australia

NJJNPlay is regulated under the [Public Health Act 2016 \(WA\)](https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage/historical-coverage-data-tables-for-all-children) and the [School Education Act 1999 \(WA\)](https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage/historical-coverage-data-tables-for-all-children). These Acts state that persons in charge of child care services, community kindergartens and schools have legal responsibilities in relation to the immunisation status of children which include:

- collect immunisation status information at the time of a child’s enrolment in child care services, community kindergartens and schools
- report the immunisation status of enrolled children to the Chief Health Officer (CHO), when directed to do so

⁴ Department of Health and Aged Care. Australian Government. Historical coverage data tables for all children. Updated 1 April 2022. Accessed 3 March 2023. Available from: <https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage/historical-coverage-data-tables-for-all-children>.

- not permit a child to attend or participate in an educational program of the child care service, community kindergarten or school, if the child has not been immunised against a vaccine-preventable notifiable infectious disease, when directed to do so by the CHO.

Additional legal requirements for child care services, pre-kindergarten and kindergarten programs include only enrolling a child:

- whose [Australian Immunisation Registry](#) (AIR) [immunisation history statement](#) is up-to-date; and
- who is following an approved catch-up schedule as indicated on the child's AIR immunisation history statement; or
- who has a valid immunisation certificate issued or declared by the CHO; or
- whom the person in charge is satisfied is exempt because of particular family circumstances.

To mitigate the risk for socially disadvantaged groups, the legislation enables exemptions from the NJNPlay requirements for some children. These exemptions include:

- Aboriginal and Torres Strait Islander children
- children in the care of the Chief Executive Officer (CEO) of the Department of Communities
- children living in crisis accommodation
- children currently evacuated from home due to an emergency (e.g. flood)
- children in care of an adult who is not the child's parent or guardian (e.g. due to parental illness or incapacity)
- children in care of a Commonwealth-issued card holder (Health Care Card, Pensioner Concession Card, Veterans' Affairs White or Gold Card)
- children holding a refugee or humanitarian visa who first entered Australia less than 6 months before enrolment.

Persons in charge at child care services, community kindergartens and schools (hereafter referred to as early childhood educators) are responsible for assessing a child's eligibility for exemption, which occurs at the time of enrolment.

Early childhood educators are required to report to the Department of Health, any child enrolled to their service whose immunisation status is not up-to-date. This reporting facilitates follow-up by WA Health with the aim of supporting these children to become fully vaccinated.

2 Evaluation rationale and aims

Under section 306A of the [Public Health Act 2016](#) (WA), the Minister for Health is required to prepare a report reviewing the operation and effectiveness of the first 3 years of the NJNPlay legislation (2019-2021). Alongside data published in the Department of Health [Annual Reports](#), this report constitutes a part of the review required by the [Public Health Act 2016](#) (WA).

In May 2021, the Department of Health's Communicable Disease Control Directorate (CDCD) released a Request for Quote for an external party, independent of the Department of Health, to conduct an evaluation into the impact of NJNPlay on families, early childhood educators and health professionals. The Collaboration for Evidence, Research, and Impact in Public Health (CERIPH) research centre at Curtin University was awarded a service agreement to conduct this evaluation on 31 August 2021.

The evaluation aims were to:

- compare the immunisation coverage of children before and after the NJNPlay legislation was introduced
- investigate the impact and identify any unintended consequences of the NJNPlay legislation on families, early childhood educators and health professionals.

This report is based on the data collected and analysed by the Curtin University research team and provided to CDCD in March 2023.

3 Methods

The evaluation comprised a descriptive analysis of immunisation coverage, online surveys, and semi-structured interviews. Survey questions and interview guides were informed by a literature review⁵ on the impact of NJNPlay and NJNPay legislation on childhood immunisations and enrolment. Findings from this evaluation were confirmed through a group model building workshop⁶ with 6 family participants, 3 early childhood educators, and 2 health professionals.

Ethics approval was obtained from the Department of Health Human Research Ethics Committee (RGS0000005134) and the Department of Education provided site approval (D22/0503712).

3.1 Immunisation data

Data were extracted from the AIR and used to compare immunisation coverage for young children before (2017-2018) and after (2020-2022) the introduction of the NJNPlay legislation. Children were allocated to either metropolitan or regional WA based on their residential postcode.

The Commonwealth's reporting age groups of 12-15 months (1 year olds), 24-27 months (2 year olds), and 60-63 months (5 year olds) were used to compare coverage by age and Aboriginal⁷ status. Details of the methods used to calculate childhood immunisation coverage rates are available at the Department of Health and Aged Care [website](#).

3.2 Online surveys and semi-structured interviews

Families, early childhood educators and health professionals were invited to participate in online surveys between May and September 2022. Survey questions were tailored to each group and took approximately 15 minutes to complete.

Recruitment of early childhood educators at child care services, families, and health professionals involved social media and distribution of recruitment materials (e.g. fliers) by stakeholder organisations.

Recruitment of early childhood educators at schools involved directly approaching a random sample of government and independent non-government schools. School principals were

⁵ Burns S, Bhoyroo R, Leavy JE, Portsmouth L, Millar L, Jancey J, et al. The impact of the No Jab No Play and No Jab No Pay legislation in Australia: A scoping review. *Int. J. Environ. Res. Public Health*. 2023;20(13):6219. Available from: <http://dx.doi.org/10.3390/ijerph20136219>.

⁶ Siokou C, Morgan R, Shiell A. Group model building: a participatory approach to understanding and acting on systems. *Public Health Res Pract*. 2014;25(1):e2511404.

⁷ Within WA, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

emailed information about the evaluation and invited to participate or forward the invitation to an appropriate person at the school, for example, the deputy principal or the coordinator of the early childhood program. Catholic Education WA declined to participate in this evaluation due to impacts related to the COVID-19 pandemic and Catholic schools were therefore not included in this evaluation.

Potential participants could choose to participate in the online survey only, semi-structured interview only, or both survey and interview. Interview participants were a subset of survey participants (i.e. all interview participants also chose to participate in the online survey). A summary of participants for the survey and interviews is given in Table 1.

Table 1 Summary of survey and interview participants

	Survey			Interview		
	Total	Target	% of target	Total	Target	% of target
Parents	261	600	43.5	18	10	180.0
Early childhood educators	55	50*	110.0	12	25**	48.0
Health professionals	39	100	39.0	9	10	90.0

* Only one participant from a child care service was recruited and school-based educators were not further defined according to type (e.g. community kindergarten, government school, or non-government school).

** Recruitment targets for early childhood educators were split into those from child care services (n=10) and those from schools and community kindergartens (n=15). There were no (0) interview participants from child care services.

4 Results

4.1 Summary

Readers should note the limitations of this evaluation (detailed in Section 5.1 and 5.2) severely constrain interpretation of the results from this evaluation.

Immunisation coverage for 1, 2 and 5 year old children was higher in 2020 and 2021, compared to 2017 and 2018, with the greatest increase in coverage among the 2 year olds. Among Aboriginal children, coverage increased in 2020 for all 3 age cohorts of 1, 2 and 5 year old children.

Of the 261 parents who participated in the survey, over half indicated that the NJNPlay legislation did not have any financial (59.0%, n=154) or emotional impact (52.5%, n=137) on their families. Financial burdens were associated with a parent's inability to engage in paid employment as they were unable to access child care. Feelings of discrimination and exclusion were also described.

Although 27.7% (n=15) of early childhood educators surveyed believed that the NJNPlay legislation affected enrolment numbers, data from the [Department of Education Annual Reports](#) did not support this perception. Overall, early childhood educators and health professionals surveyed demonstrated positive opinions, attitudes, and beliefs towards childhood immunisation. Over a quarter of early childhood educators (27.3%, n=15) and 51.3% (n=20) of health professionals surveyed felt that their workload had increased because compliance with the NJNPlay legislation required increased support for families.

Confusion with the rationale and types of exemption categories were expressed by both parents and early childhood educators. Poor documentation of evidence for exemption eligibility and a lack of accountability, particularly for completing catch-up programs, were sources of frustration

for both health professionals and early childhood educators. Of the 1849 children reported as not up-to-date at enrolment between 2019 and 2022, 37.0% (n=685) became up-to-date by the next financial year.

4.2 Impact on immunisation coverage

Immunisation coverage for 1, 2 and 5 year old children was higher in 2020 and 2021, compared to 2017 and 2018 (Figure 2). Coverage fell in 2022 for all age groups. The 2 year old cohort reported the greatest increase in coverage post-NJNPlay introduction but was lower, overall, compared to 1 and 5 year old cohorts (Figure 2).

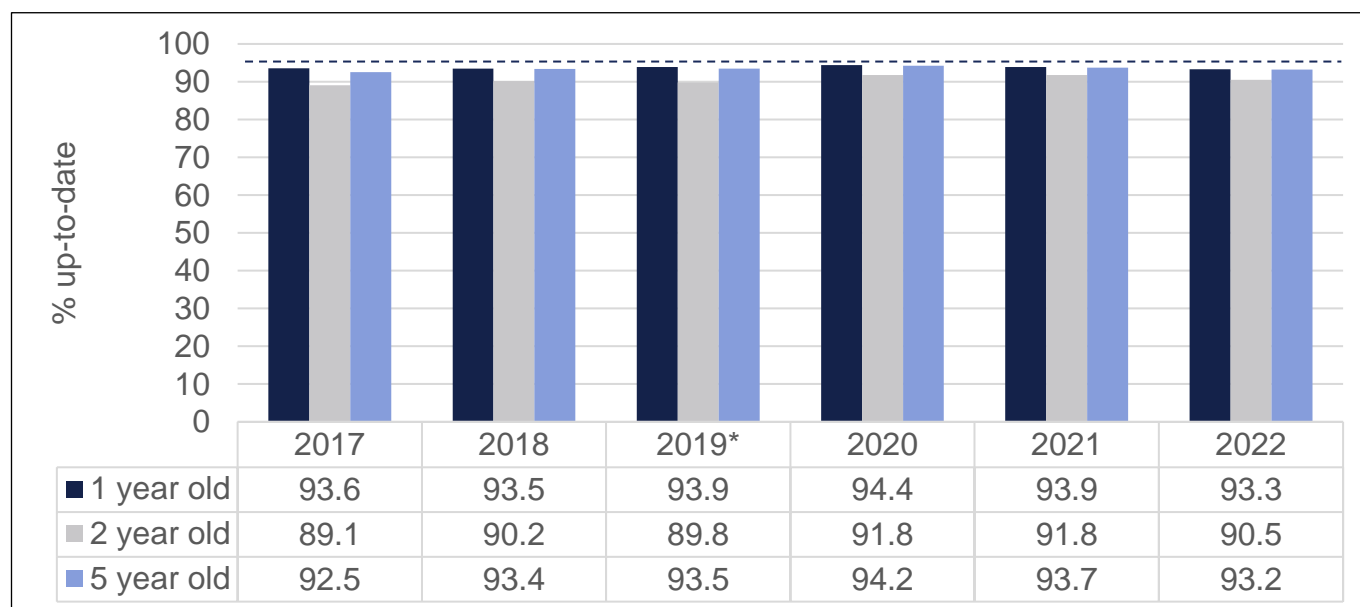


Figure 2 Coverage for children in WA by age (2017-2022)

*NJNPlay legislation came into effect on 22 July 2019. Dotted line indicates aspirational target of 95%.

4.2.1 Coverage by age and location

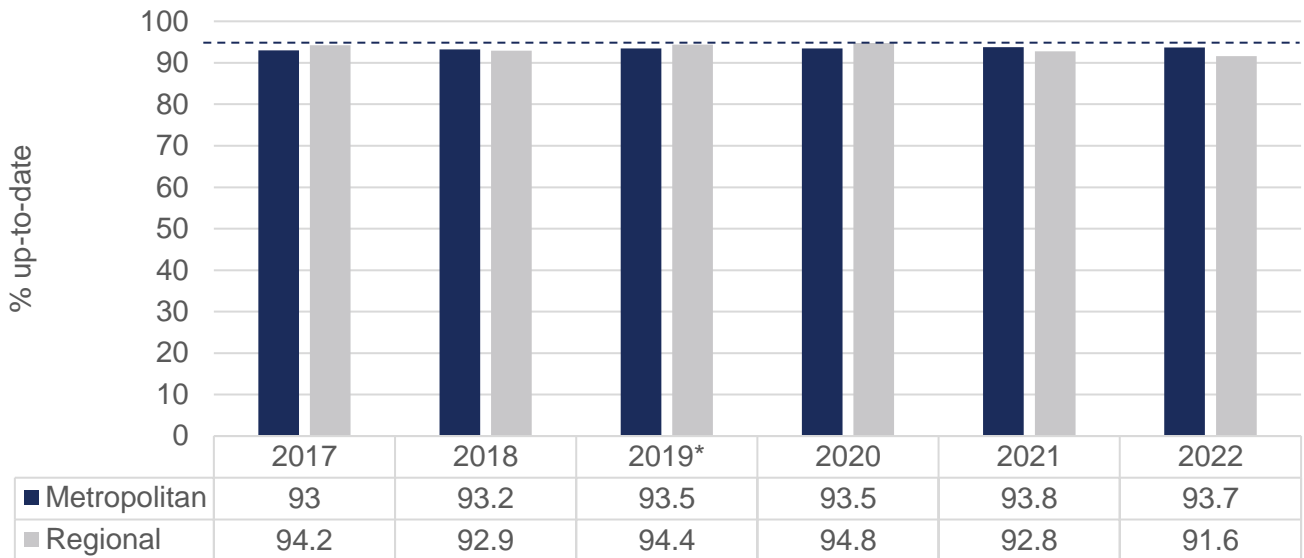
Although all cohorts remained below Australia’s aspirational target of 95% throughout the study period, further analyses by location showed increases in coverage among some age groups.

Coverage of 1 year olds in metropolitan WA increased steadily from 93% in 2017, reaching 93.7% in 2022 (Figure 3A). Regional WA saw an overall decrease in coverage of 1 year olds in this period, falling from 94.2% in 2017 to 91.6% in 2022, peaking at 94.8% coverage in 2020.

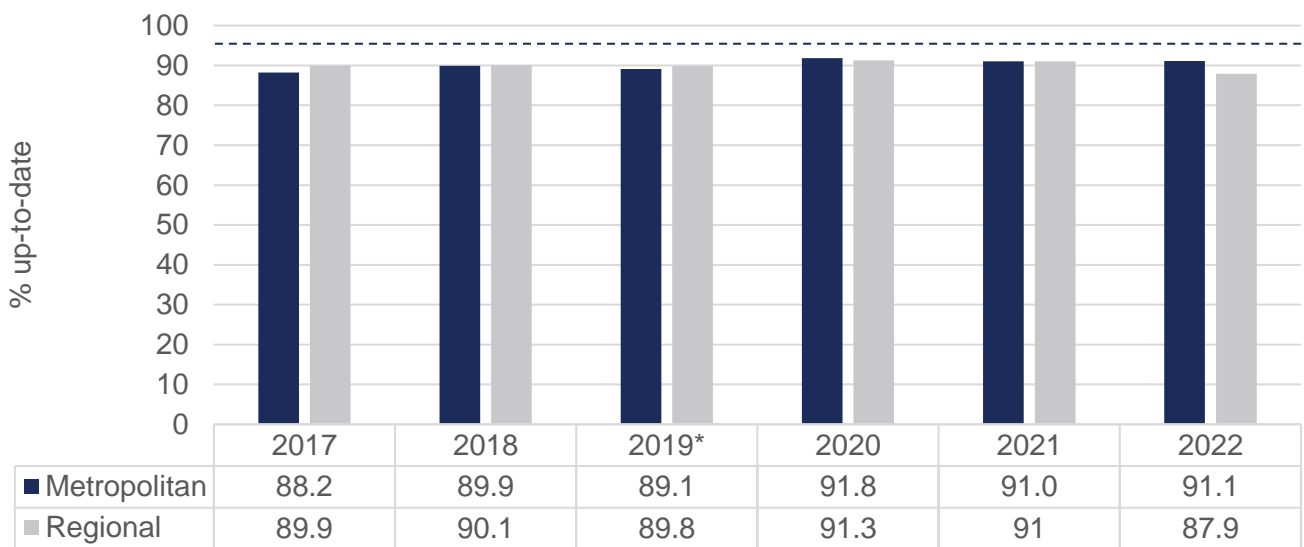
Coverage of 2 year olds in metropolitan WA showed an overall increase from 88.2% in 2017 to 91.1% in 2022 (Figure 3B). Regional WA experienced a similar increase in coverage, rising from 89.9% in 2017 to 91% in 2021, before decreasing to 87.9% in 2022.

Coverage of 5 year olds in metropolitan WA increased from 91.3% in 2017 to 93.4% in 2022 (Figure 3C). However, regional areas experienced an overall decrease in coverage, falling from 94.3% in 2017 to 92.3% in 2022.

A) 1 year old



B) 2 year old



C) 5 year old

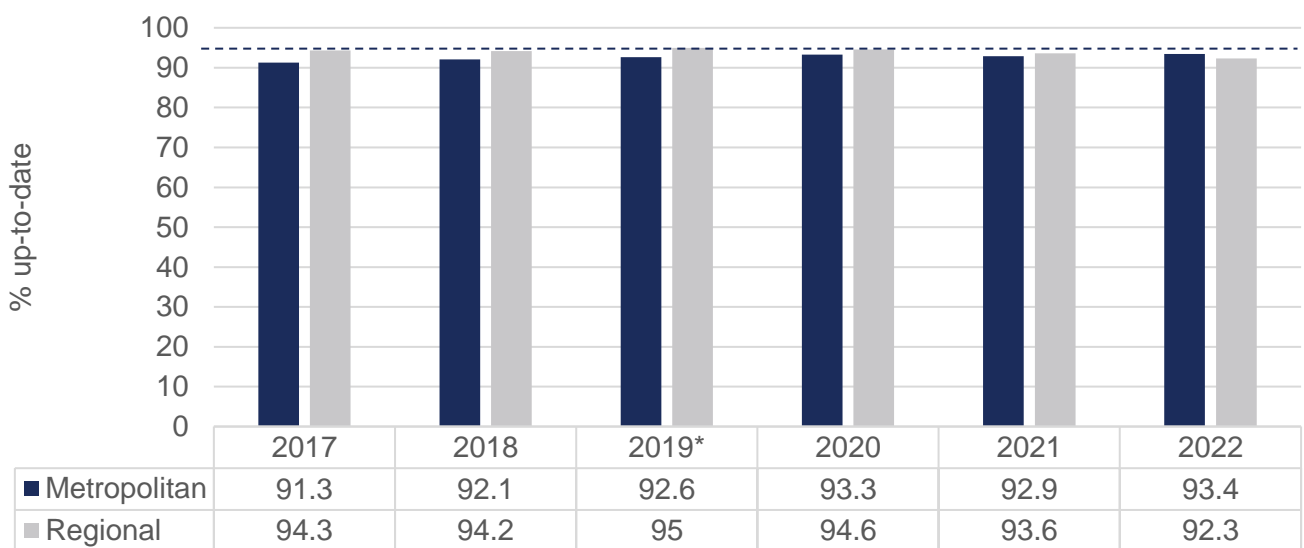


Figure 3A, B and C Coverage for children in WA by age and location (2017 – 2022)

*NJNPlay legislation came into effect on 22 July 2019. Dotted line indicates aspirational target of 95%.

4.2.2 Coverage by Aboriginality

Coverage increased in 2020 for all 3 age cohorts of 1, 2 and 5 year old Aboriginal children. Between 2019 and 2020, the highest increase was seen among 2 year old Aboriginal children (2.5%). Compared to 2021, coverage decreased in 2022 for all 3 age cohorts, by 2.7%, 6% and 2.3% for 1, 2 and 5 year old Aboriginal children respectively (Figure 4). For 5 year old Aboriginal children, immunisation coverage was generally high and exceeded the 95% coverage target between 2017 and 2021, but decreased to 93.8% in 2022. Note that Aboriginal children were exempted from the NJNPlay requirements (see Section 1.2).

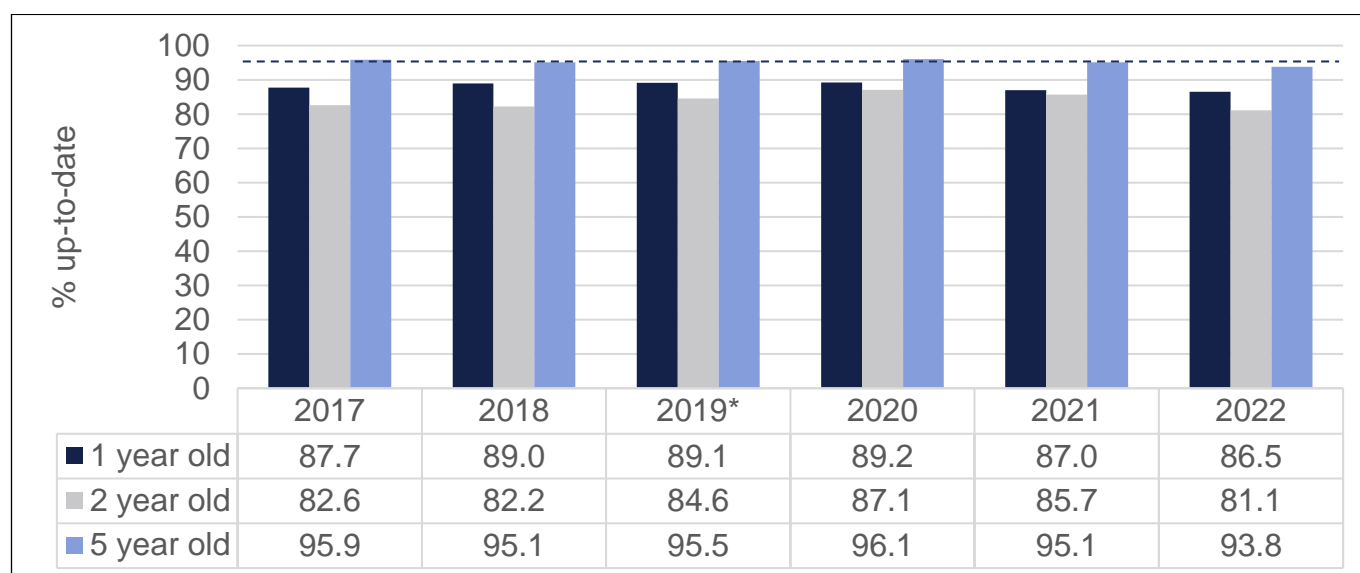


Figure 4 Coverage for Aboriginal children in WA by age (2017-2022)

*NJNPlay legislation came into effect on 22 July 2019. Dotted line indicates aspirational target of 95%.

4.3 Impact of the No Jab No Play legislation

4.3.1 Impact on families

Over half of the 261 parents surveyed indicated that NJNPlay legislation did not have any financial (59%, n=154) or emotional impact (52.5%, n=137) on their families. Of the parents who reported any financial impact (n=107), 79.4% (n=85) indicated this was negative. Of the parents who reported any emotional impact (n=124), 68.5% (n=85) indicated this was negative.

About 56.3% (n=147) of parents surveyed were of the incorrect impression that NJNPlay was linked to financial incentives (i.e. Commonwealth NJNPay family assistance payments) and secondary school enrolment eligibility. As a result, many parents discussed the effects of both legislations interchangeably in the interviews and survey comments.

Survey and interview respondents broadly articulated concerns regarding the financial burdens associated with a parent's inability to engage in paid employment as they were unable to access child care. Family respondents also described feelings of discrimination, exclusion and issues associated with unanticipated career disruptions.

4.3.2 Impact on early childhood educators

Almost 60% of children (244 of 427 children) represented in the survey attended a child care service but there was only one early childhood educator survey participant. There were no (0) interview participants who were based at a child care service.

Catholic schools did not participate in the evaluation and the survey did not differentiate between early childhood educators from government and non-government schools.

Of the 54 early childhood educators from schools who were surveyed, 27.7% believed that the NJNPlay legislation affected enrolment numbers. Some early childhood educators noted that parents of under-vaccinated children may choose to defer their child’s enrolment in school until the start of compulsory schooling in pre-primary.

However, data from the [Department of Education Annual Reports](#) did not support this perception. There was an overall increase in kindergarten enrolments observed between 2020 and 2021 compared to 2019 when the NJNPlay legislation was introduced (Table 2). Although there was a decrease in kindergarten enrolments in 2022, this may be partly due to lower migration as a result of COVID-19 border closures.

Table 2 Kindergarten enrolments at Western Australian schools 2019-2022

	2019		2020		2021		2022	
	Number	Number	% change compared to 2019	Number	% change compared to 2019	Number	% change compared to 2019	
Public schools	24,397	25,060	2.7	24,263	-0.5	23,661	-3.0	
Non-government schools	8,210	8,387	2.2	8,518	3.8	8,425	2.6	
Total	32,607	33,447	2.6	32,781	0.5	32,086	-1.6	

Note: Adapted from data released by the Department of Education. Based on Semester One census for each year. Public schools include community kindergartens. Totals include ungraded students.

Overall, early childhood educators surveyed demonstrated positive opinions, attitudes, and beliefs towards childhood immunisation.

Concerns raised by early childhood educators highlighted the potential disadvantage a child may experience because of not attending kindergarten such as missed opportunities for early intervention, socialisation, and education. These missed opportunities may result in some of these children being less prepared for compulsory schooling.

Interview respondents also noted that in lieu of kindergarten programs, families may choose alternatives to meet their child’s socialisation and educational needs, such as education programs in the home or other activities. Delayed engagement with schools has raised concerns that vaccine hesitant parents may seek support from each other and reinforce negative attitudes towards vaccination.

4.3.3 Impact on health professionals

Overall, health professionals surveyed demonstrated positive opinions, attitudes, and beliefs towards childhood immunisation. Five of the nine health professionals interviewed were supportive of the NJNPlay legislation.

Most of the positive views raised by health professionals centred on providing help, reassurance, and education to families. Negative attitudes highlighted concerns that the legislation was unfair, essentially disadvantaging a child for the decision of his/her parent. This sentiment was also expressed by family and early childhood educator respondents.

4.4 Implementation issues

4.4.1 Workload

Over a quarter of early childhood educators (27.3%, n=15) and 51.3% (n=20) of health professionals surveyed felt that their workload had increased because of the NJNPlay legislation. Both cohorts indicated the workload increase included supporting families to negotiate the requirements of the NJNPlay legislation. Assisting families from overseas, families with poorer access to immunisation services, and vaccine hesitant families added an extra layer of complexity for early childhood educators.

4.4.2 Exemption categories

Approximately half (49.1%, n=27) of early childhood educators surveyed reported that they had enrolled a child who was not up-to-date and exempt from immunisation requirements. Most health professionals surveyed (79.5%, n=31) were aware of these exemption categories.

Confusion with the rationale and types of exemption categories were expressed by both parents and early childhood educators. This has led to the misconception that children eligible for an exemption do not need to be vaccinated.

Interview respondents in both the early childhood educator and health professional cohorts voiced frustration and disillusionment with the exemptions permitted by the NJNPlay legislation. Awareness and misuse of exemption categories was more common in some communities. Poor documentation of evidence for exemption eligibility and a lack of accountability, particularly for completing catch-up programs, were sources of frustration for both health professionals and early childhood educators.

Following up exempt children

Exemption categories were put in place to enable vulnerable families to continue to access early childhood education services and not to further disadvantage these families (refer to Section 1.2 for a list of exemption categories).

Children who were not up-to-date at enrolment (i.e. following an approved catch-up schedule or eligible for an exemption) are reported to the Department of Health. This reporting facilitates follow-up by WA Health with the aim of supporting these children to become fully vaccinated.

Of the 1849 children reported as not up-to-date at enrolment between 2019 and 2022, 37.0% (n=685) became up-to-date by the next financial year (Table 3). A further 1.4% (n=25) children were on a catch-up schedule.

Table 3 Immunisation status of children who were not fully immunised by enrolment cohort, 2019-2022

Enrolment cohort	Reported as not up-to-date	Immunisation status by the next financial year							
		Up-to-date		On a catch-up schedule		Not up-to-date		Unable to find on AIR	
		Number	%	Number	%	Number	%	Number	%
2019-20	679	342	50.4	2	0.3	270	39.8	60	8.8
2020-21	586	196	33.4	2	0.3	304	51.9	84	14.3
2021-22*	584	147	25.2	21	3.6	333	57.0	83	14.2
Total	1,849	685	37.0	25	1.4	907	49.1	227	12.3

*Data for the 2021-2022 cohort is considered preliminary and will be updated in the 2022-23 Annual Report.

Note: Adapted from data included as part of Department of Health Annual Reports.

5 Discussion and recommendations

The Department of Health consulted with multiple stakeholders prior to the introduction of the NJNPlay legislation. Submissions received as part of this consultation and Department of Health's responses to these were documented in a [Decision Regulatory Impact Statement](#) to the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019 published in April 2019.

The majority of findings relating to the negative impact of the legislation were similar to those described in the Decision Regulatory Impact Statement. Opposition to the Bill primarily focused on concerns relating to the disruption of a child's right to early education, removal of personal choice on vaccination, and marginalisation of vaccine-refuser families.

Results of the evaluation suggest that the NJNPlay legislation appears to have had a positive impact on immunisation coverage for 1, 2 and 5 year old children in WA. However, contextual limitations and limitations to the methods used, severely constrain the generalisability of evaluation findings. As such, it cannot be determined if any increases in coverage can be solely attributable to the introduction of the legislation.

5.1 Contextual limitations

In January 2020, the [World Health Organization](#) reported the outbreak of coronavirus disease (COVID-19), an infectious disease caused by the SARS-CoV-2 virus. As a result, Western Australian borders were closed to domestic and international travellers on 5 April 2020⁸.

The data collection period for this evaluation, May to September 2022, occurred soon after the reopening of the WA state borders, which saw a sharp increase in community transmission of COVID-19 disease, peaking in May 2022⁹. This likely impacted data collection for this project, noting low participation rates of parents, health care professionals, and early childhood educators based at child care services (see Table 1). The ongoing impact of the COVID-19 pandemic was also the reason Catholic Education WA declined to participate in this evaluation.

⁸ Parliament of Australia. COVID-19: a chronology of state and territory government announcements (up until 30 June 2020). Updated 22 October 2020. Accessed 2 March 2023. Available from:

https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements.

⁹ Department of Health and Aged Care, Australian Government. Coronavirus (COVID-19) case numbers and statistics. Updated 23 February 2023. Accessed 3 March 2023. Available from: <https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics>.

Therefore, any changes to childhood immunisation coverage from 2020 onwards cannot be solely attributable to the NJNPlay legislation.

Additionally, the COVID-19 pandemic has resulted in increased demands on health systems, diversion of immunisation resources to COVID-19 vaccination, healthcare worker shortages, and stay-at-home measures (lockdowns). Worldwide, increased misinformation, COVID-19-related service and supply chain disruptions, resource diversion to response efforts, and containment measures that limited immunisation service access and availability, have also contributed to declines in childhood immunisation coverage from 2020 onwards¹⁰, and these factors are also at play in Australia¹¹.

5.2 Limitations to methods

Vaccine hesitant parents were disproportionately represented in this evaluation (both survey and interview cohorts), potentially skewing results. As of 31 December 2022, childhood immunisation coverage in WA indicates that fewer than 10% of children aged 5 years or younger in WA are recorded as not up-to-date¹², significantly lower than the 40.6% (n=106) of parents surveyed who responded that they did not intend or were unsure of their intention to vaccinate their child or children (Table 4). Over-representation of vaccine hesitant families was similar to the findings of a 2020 review of the NJNPlay legislation in Victoria¹³.

Table 4 Intention to vaccinate among parent survey participants

Were you intending on vaccinating your child/children aged 0-7 years?	Number	%
Yes	155	59.4
No/Undecided	106	40.6
Total	261	

Over-representation of some groups and under-representation of others is a limitation of the methods used to recruit participants for this evaluation. For example, recruitment of early childhood educators from schools relied on principals forwarding the survey invitation to a relevant staff member. This may have resulted in poor participation rates among early childhood educators. Additionally, low participation rates overall meant responses for some questions were combined for analyses, thereby limiting the robustness of evaluation findings.

Furthermore, recruitment did not specifically target different ethnic groups, Aboriginal people, migrants, and refugees. Potential participants must be able to read and speak English, which further limited the diversity of evaluation participants.

¹⁰ World Health Organization (2022) 'COVID-19 pandemic fuels largest continued backslide in vaccinations in three decades'. Available from <https://www.who.int/news/item/15-07-2022-covid-19-pandemic-fuels-largest-continued-backslide-in-vaccinations-in-three-decades>

¹¹ Giles ML, O'Bryan J, Angliss M, Lee S, Krishnaswamy A. How COVID-19 has impacted immunisation service delivery in Australia: a national study. *Aust N Z J Public Health*. 2022; 46(4): 495-501.

¹² Department of Health and Aged Care, Australian Government. Current coverage data tables for all children. Updated 27 February 2023. Accessed 7 March 2023. Available from: <https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage/current-coverage-data-tables-for-all-children>.

¹³ *No Jab No Play 2020 review*. Victoria State Government, Department of Health and Human Services; 2020. Accessed 21 October 2022. Available from: <https://apo.org.au/node/309795>.

5.3 Recommendations

To address implementation challenges raised in this evaluation, it is recommended that the Department of Health:

1. Provide support and resources for health professionals and early childhood educators to administer the NJNPlay legislation.
2. Enhance understanding and awareness of the NJNPlay legislation and immunisation among families, early childhood educators, and health professionals.

To address concerns around exemption categories, it is recommended that the Department of Health:

3. Strengthen understanding of exemptions among families, early childhood educators and health professionals.
4. Provide adequate resources to support children on catch-up schedules.

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