

I.P.I.A

INDEPENDENT PRACTISING INTERPRETERS ASSOCIATION

25 MONK ST SOUTH PERTH WA 6151

TEL. 6142 1024 FAX. 9367 9642 Email sbcmonk@ozemail.com.au

www.ipia.org.au

Member of WACOSS

Member of the Ethnic Communities Council of WA

Dr Richard Chadwick
General Manager Adjudication Branch ACCC
Lev. 35 the Tower
360 Elisabeth St Melbourne, Victoria 3000

By email to adjudication@acc.gov.au

Dear Sir

I am writing on behalf of I.P.I.A, the largest association of interpreters in WA. I.P.I.A is exclusively comprised of interpreters, we have translators amongst our members but their membership covers only interpreting issues.

Our association is unanimously in support of the application of PA, formerly known as APESMA, on behalf of interpreters and translators. Since 2012 we have been working with APESMA and we fully support the present application. The approach followed by PA is not new to the interpreters of WA. During the early years of the last decade our association lobbied the state government with the result that in 2008 the Health Services Union of WA, together with the Department of Health, came to the conclusion that there was a pressing need to regulate the service that interpreters provide. The result was the formation in two of the public hospitals, RPH and PMH-KEMH, of a body of highly specialised, accredited interpreters who work as casual employees of these two hospitals. It has been a very successful experiment unique to the WA interpreters, but it has not been repeated anywhere else in Australia. The remuneration and conditions were negotiated between the IR of the HD the HSU and our association. Interpreters are paid the award rates and are provided with paid professional development at the highest level.

Unfortunately this successful experiment was limited to two hospitals. Consequently the remaining interpreters continue to receive very low remuneration. Successive state governments have ignored calls for some form of regulation of the sector. Furthermore, in 2012 the WA government brought in the CUATI2012 which fragmented the sector even further and introduced the licence to interpret without accreditation, creating one more category of interpreter; the \$60.00 one, where an interpreter is paid \$60.00 to work for one hour, if the job extends to 1 ½ or two hours the interpreter is paid \$7.00 for every 15 minutes but the job doesn't always extend beyond the hour and very rarely the interpreter has more than one job a day. We understand that in Victoria it has gone down to \$45.00. In WA there is a company in WA that has already tried the \$45.00. As it was predictable the standard fell with the obvious consequences for all involved. The patients receive a

substandard service, the hospitals are under the constant risk of been sued, and the interpreters continue to work for an ever diminishing access to interpreting work. Court cases are delayed at great cost to the tax payer, due to the lack of accredited interpreters. It is often the case that there will be lack of accredited interpreters because the few existing have been taken for work on Christmas Island and other detention centres.

In your final deliberation, we would like you, to take into account the fact that, in the last few years the federal governments of both persuasions, settle the newly arrived migrants in regional areas. This at \$60.00 makes impossible the delivery of language services to these newly arrived communities, who need more that anyone else the provision of language services. WA is a case on its own. It has the most diverse population in comparison to any other state. More than 33% of the WA population is speaking a LOTE at home. WA DoH 2012.

WA is the biggest state in Australia and the distances to cover while going for an interpreting assignment are bigger than in any other state. Even within the metro area it is easy to travel more than 100 for an assignment. There are relative big towns in WA that have not even heard about interpreting services, even if they are home to big ethnic communities both old and established like Italians and Yugoslavs and new like Afghans and Kurds.

This problem becomes more obvious when one considers indigenous communities at the North of WA. More often than not, when the indigenous patients come from the North down to the Perth Hospitals for treatment there are no interpreters provided, due to the cost. These patients have always to rely on relatives for interpreting. Even within our North the distances are of hundreds of km return and the cost of travelling is not covered by anyone else but the interpreter.

Finally we would like to draw your attention to the fact that it is legislated, that all the citizens of this country should have equal access to the government agencies. It is our understanding that if the budget of, say TIS, runs out, the government of the day will have to find the funds. It is absurd to sustain that the interpreters have to be underpaid to subsidise the service so the budget is not blown.

Should you require further information on matters regarding the industry in WA, please do not hesitate to contact us at the above address.

Yours sincerely

Sergio Cooper J.P. M. in Bio SC.
M. of the M.C. of ECCWA
M. of the M.C. of HCCWA
M. of C.A.C of SCGH
President of I.P.I.A
M. of WACOSS

Perth WA 1st of May 2014