# New Zealand Telecommunications Relay Services Beyond 2019: Submission template

The closing date for submissions is 5.00pm, Friday 13 April 2018.

You can make a submission by emailing <a href="mailto:RelayConsultation@mbie.govt.nz">RelayConsultation@mbie.govt.nz</a> or by posting your feedback to:

NZ Relay Project Team
ICT Policy & Programmes
Ministry of Business, Innovation & Employment
PO Box 1473
Wellington 6140
New Zealand

If you post your submission, please also send it electronically if possible (as a PDF or Microsoft Word document).

New Zealand Sign Language (NZSL) users are also able to make video submissions in NZSL. For Further information please visit <a href="http://www.mbie.govt.nz/info-services/sectors-industries/technology-communications/communications/telecommunications-relay-service/">http://www.mbie.govt.nz/info-services/sectors-industries/technology-communications/communications/telecommunications-relay-service/</a>.

#### Please complete the following contact details:

| Your n         | ame:                  | Kate Milford  |
|----------------|-----------------------|---|
| Your e         | mail address:         |   |
|                |                       |   |
|                |                       |   |
|                |                       | If a fine a constant and a                          |
| -              |                       | If of an organisation?                              |
| <b>√</b> - cop | y and paste this symi | bol to mark your answer if completing on a computer |
| ٧              | Yes                   |   |
|                |                       |   |
|                | No                    |   |

If yes, please write the name of the organisation and your position here:

| AphasiaNZ Charitable Trust - Trustee |  |  |
|--------------------------------------|--|--|
|                                      |  |  |
|                                      |  |  |

If you or your organisation do not wish your name to be included in any summary of submissions that the Ministry may publish, please advise here:

|   | No. I do not want my name / organisations name published in any summary of submissions |
|---|--|
| L | No, I do not want my name / organisations name published in any summary of submissions |

| Auckland  Auckland  Tasman  Waikato  Bay of Plenty  Marlborough  Gisborne  West Coast  Hawke's Bay  Canterbury  Taranaki  Otago  Manawatu-Wanganui  Southland  Outside New Zealand. Please specify location:  completing as an individual, which age bracket do you (or the person you are completing orm on behalf of) fall into?  copy and paste this symbol to mark your answer if completing on a computer  Under 18  45 – 54  18 – 24  25 – 34  Over 65  35 – 44  Prefer not to disclose  | - copy and paste this symbol to mark you<br>Northland   | wr answer if completing on a computer  Wellington   |
|--|---|---|
| Waikato  Bay of Plenty  Marlborough  Gisborne  West Coast  Canterbury  Taranaki  Otago  Manawatu-Wanganui  Outside New Zealand. Please specify location:  f completing as an individual, which age bracket do you (or the person you are completing orm on behalf of) fall into?  - copy and paste this symbol to mark your answer if completing on a computer  Under 18  45 – 54  18 – 24  25 – 34  Over 65  35 – 44  Prefer not to disclose  |   |   |
| Bay of Plenty  Gisborne  West Coast  Hawke's Bay  Canterbury  Taranaki  Otago  Manawatu-Wanganui  Outside New Zealand. Please specify location:  f completing as an individual, which age bracket do you (or the person you are completing form on behalf of) fall into?  I - copy and paste this symbol to mark your answer if completing on a computer  Under 18  45 – 54  18 – 24  25 – 34  Over 65  35 – 44  Prefer not to disclose  | Auckland  | Tasman  |
| Gisborne  Hawke's Bay  Canterbury  Taranaki  Otago  Manawatu-Wanganui  Outside New Zealand. Please specify location:  f completing as an individual, which age bracket do you (or the person you are completing form on behalf of) fall into?  J-copy and paste this symbol to mark your answer if completing on a computer  Under 18  45 – 54  18 – 24  25 – 34  Over 65  35 – 44  Prefer not to disclose  f you are comfortable doing so, please tick any communications disabilities that apply to you person you are completing this submission on behalf of, and/or the body of people you or you prepanisation represents: | Waikato   | Nelson  |
| Hawke's Bay  Canterbury  Taranaki  Otago  Manawatu-Wanganui  Outside New Zealand. Please specify location:  If completing as an individual, which age bracket do you (or the person you are completing form on behalf of) fall into?  V-copy and paste this symbol to mark your answer if completing on a computer  Under 18  45 – 54  18 – 24  25 – 34  Over 65  35 – 44  Prefer not to disclose  | Bay of Plenty   | Marlborough   |
| Taranaki Otago  Manawatu-Wanganui Southland  Outside New Zealand. Please specify location:  If completing as an individual, which age bracket do you (or the person you are completing form on behalf of) fall into?  V-copy and paste this symbol to mark your answer if completing on a computer  Under 18  45 – 54  18 – 24  55 – 64  25 – 34  Over 65  35 – 44  Prefer not to disclose   | Gisborne  | West Coast  |
| Manawatu-Wanganui  Outside New Zealand. Please specify location:  If completing as an individual, which age bracket do you (or the person you are completing form on behalf of) fall into?  V - copy and paste this symbol to mark your answer if completing on a computer  Under 18  18 - 24  25 - 34  Over 65  35 - 44  Prefer not to disclose  If you are comfortable doing so, please tick any communications disabilities that apply to you person you are completing this submission on behalf of, and/or the body of people you or you proganisation represents:  | Hawke's Bay   | Canterbury  |
| Outside New Zealand. Please specify location:  If completing as an individual, which age bracket do you (or the person you are completing form on behalf of) fall into?  V - copy and paste this symbol to mark your answer if completing on a computer  Under 18  45 – 54  18 – 24  55 – 64  25 – 34  Over 65  35 – 44  Prefer not to disclose  If you are comfortable doing so, please tick any communications disabilities that apply to you person you are completing this submission on behalf of, and/or the body of people you or you organisation represents:  | Taranaki  | Otago   |
| If completing as an individual, which age bracket do you (or the person you are completing form on behalf of) fall into?  V - copy and paste this symbol to mark your answer if completing on a computer  Under 18  45 – 54  18 – 24  55 – 64  25 – 34  Over 65  35 – 44  Prefer not to disclose  If you are comfortable doing so, please tick any communications disabilities that apply to you person you are completing this submission on behalf of, and/or the body of people you or yorganisation represents:  | Manawatu-Wanganui   | Southland   |
| Under 18  18 – 24  25 – 34  Over 65  35 – 44  Prefer not to disclose  If you are comfortable doing so, please tick any communications disabilities that apply to you person you are completing this submission on behalf of, and/or the body of people you or your organisation represents:  | 1   |   |
| 25 – 34  Over 65  35 – 44  Prefer not to disclose  If you are comfortable doing so, please tick any communications disabilities that apply to you person you are completing this submission on behalf of, and/or the body of people you or you organisation represents:  | form on behalf of) fall into?   |   |
| 35 – 44 Prefer not to disclose  If you are comfortable doing so, please tick any communications disabilities that apply to yo person you are completing this submission on behalf of, and/or the body of people you or you   | form on behalf of) fall into?  N - copy and paste this symbol to mark you   | ur answer if completing on a computer   |
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| person you are completing this submission on behalf of, and/or the body of people you or y organisation represents:  | form on behalf of) fall into?  V - copy and paste this symbol to mark you  Under 18  18 – 24  | ur answer if completing on a computer  45 – 54  55 – 64   |
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|  | form on behalf of) fall into?  V - copy and paste this symbol to mark you  Under 18  18 - 24  25 - 34  35 - 44  If you are comfortable doing so, please tie | ur answer if completing on a computer  45 – 54  55 – 64  Over 65  Prefer not to disclose  ck any communications disabilities that apply to yo |

If you or your organisation object to the release of any information contained in this submission,

please advise here:

|   | Hearing Impaired                                     |
|---|--|
|   | Speech Impaired                                      |
|   | Deafblind  |
| ٧ | Other (please specify) – language impaired - aphasia |
|   | Prefer not to disclose                               |

## Are you a hearing recipient of relay calls, or user of the VIS?

 $\forall$  - copy and paste this symbol to mark your answer if completing on a computer

|   | Yes |
|---|-----|
| ٧ | No  |

## Are you a user of New Zealand Sign Language?

 $\ensuremath{\text{V}}$  - copy and paste this symbol to mark your answer if completing on a computer

|   | Yes |
|---|-----|
| ٧ | No  |

# Are you a user of any of the relay services? If so, please tick which services, and the frequesncy with which you use them, below:

 $\ensuremath{\mathsf{V}}$  - copy and paste this symbol to mark your answer if completing on a computer

|                         | Every day | Several | Once a | 1-3 times a | Less than |
|-------------------------|-----------|---------|--------|-------------|-----------|
|                         |           | times a | week   | month       | once a    |
|                         |           | week    |        |             | month     |
|                         |           |         |        |             |           |
| Teletypewriter to Voice |           |         |        |             |           |
| Voice Carry Over        |           |         |        |             |           |
| Hearing Carry Over      |           |         |        |             |           |
| Mobile Text Relay       |           |         |        |             |           |
| Internet Relay          |           |         |        |             |           |
| CapTel                  |           |         |        |             |           |
| Web CapTel              |           |         |        |             |           |
| Video Interpreting      |           |         |        |             |           |
| Service                 |           |         |        |             |           |

| <u> </u>  |  | 1                 |                  |                             | 1                | T                 |
|-----------|--|-------------------|------------------|-----------------------------|------------------|-------------------|
| Speecr    | n to Speech                                |                   |                  |                             |                  |                   |
| Video-    | Assisted Speech                            |                   |                  |                             |                  |                   |
| to Spe    | ech  |                   |                  |                             |                  |                   |
| •         | are a user of the re                       | •                 |                  |                             | •                | •                 |
| If you a  | are not a user of th                       | ne relay service  | , please desc    | ribe your intere            | st in this publ  | ic consultation:  |
| People    | with aphasia ofte                          | n struggle to us  | se the telepho   | one, and many               | will avoid talk  | ing on the        |
| -         | . This leads to socia                      | al isolation as w | vell as impact   | ing on their abi            | lity to carry or | ut activities of  |
| daily liv | ving.                                      |                   |                  |                             |                  |                   |
| Aphasi    | aNZ Charitable Tru                         | ıst aims to supp  | oort people w    | ith aphasia to <sub>l</sub> | participate in t | their             |
| commı     | unities.                                   |                   |                  |                             |                  |                   |
|           |  |                   |                  |                             |                  |                   |
|           | of the current ser                         | vices were you    | aware of pri     | or to completi              | ng this submis   | ssion? Please tio |
|           | y and paste this sy                        | mbol to mark y    | our answer i     | f completing on             | a computer       |                   |
|           | Teletypewriter to                          |                   |                  | CapTel                      | •                |                   |
|           | Voice Carry Over                           |                   |                  | Web CapTel                  |                  |                   |
|           | voice carry over                           |                   |                  | Web capter                  |                  |                   |
| ٧         | Hearing Carry Ove                          | er                |                  | Video Interp                | reting Service   |                   |
|           | Mobile Text Relay                          | /                 | ٧                | Speech to Sp                | eech             |                   |
|           | Internet Relay                             |                   |                  | Video-Assisto               | ed Speech to S   | Speech            |
|           |  |                   |                  |                             |                  |                   |
|           |  |                   |                  |                             |                  |                   |
| Availal   | hility of Compiess                         | Diama latuali     | and if your      |                             | a ta a spasific  | comico            |
| Avallal   | bility of Services –                       | Piease iet us k   | now ij your c    | omments relat               | e to a specific  | service           |
|           |  |                   |                  |                             |                  |                   |
|           | at is your view of t<br>ly service when yo |                   | ilability of the | e relay service (           | i.e. are you ab  | ole to access the |
| TCIO      | iy service when yo                         | u necu it:        |                  |                             |                  |                   |
|           |  |                   |                  |                             |                  |                   |
|           |  |                   | hat an the       |                             |                  | L - 12            |
| 2. If yo  | ou have encounter                          | ed problems, v    | vnat are thes    | e and what imp              | act nave they    | nad?              |
|           |  |                   |                  |                             |                  |                   |
|           |  |                   |                  |                             |                  |                   |
| . Wh      | at changes could b                         | e made to rela    | y services to    | improve their a             | vailability, and | d why?            |

| 4.      | What additional measures or initiatives could be introduced to increase awareness of the relay service and its benefits to users of the service and the wider community?        |
|---------|---|
|         |   |
| 5.      | If you had the choice between accessing a relay service from a fixed device at home or from you mobile, laptop or tablet, which would you prefer and why?                       |
| 6.      | What specific relay services would you like to see available on your mobile, laptop or tablet and why?  |
| 7.      | For those relay services that are available on your mobile, laptop or tablet already, are there any improvements that could be made that would make them easier to use and why? |
| 8.      | Are there any other issues related to ease of access and use with the current relay service that we should consider?  |
|         |   |
|         |   |
| A       | fordability – Please let us know if your comments relate to a specific service  |
| 9.      | Are the costs of connectivity a barrier to you accessing and using the relay service?   |
| <u></u> |   |
| 10      | If so, what are the specific problems you have encountered and what impact has this had?  |
| 11      | . What changes could be made to the relay service to improve its affordability and why?   |
|         |   |

Accessibility – Please let us know if your comments relate to a specific service

| Fit | for Purpose – Please let us know if your comments relate to a specific service   |
|-----|--|
| 12. | Are there any particular features or changes that you think should be made to the relay service t ensure it continues to offer a good experience to users and why?   |
| 13. | Are there any relay services or equipment that you consider are no longer relevant and could be phased out or discontinued? If so, what measures or support would need to be provided to transition users to other services or mainstream devices? |
| 14. | Have you ever discontinued use of any of the relay services? If so which service or services, and why?   |
|     |  |

15. What other comments do you have about New Zealand Telecommunications Relay Services?

Any Other Comments - Please let us know if your comments relate to a specific service

I think there is a gap in service for people who struggle to generate their message due to aphasia. I am unsure how a relay service might be able to fill this gap, but feel it is important that the voice of those with aphasia (estimated to be around 16,000 people in NZ) is not forgotten/overlooked.

Some people with aphasia are able to use text messaging if they cannot talk on the phone, but a relay service for people with aphasia would need to have trained RAs who were able to clarify the message of the person with aphasia, and to have a conversation with them to agree what the person is trying to convey, rather than simply repeating the message.

Ideally such a service might allow people with aphasia to use speech, text, and pictures to convey their message to the RA, who would check that they had understood the message correctly before relaying it on to the other person. The RA might also then be required to support the person with aphasia to understand the reply from the other person, either by simplifying the language used or by supporting the spoken message with text and/or pictures, and checking with simple questions.

Thank you for taking the time to complete this submission. Your feedback is appreciated.

#### **Publication of submissions**

Written submissions may be published at <a href="www.mbie.govt.nz">www.mbie.govt.nz</a>. We will consider you to have consented to publication by making a submission, unless you clearly specify otherwise in your submissions.

In any case, all information provided to the Ministry in response to this discussion document is subject to the Official Information Act 1982 (OIA). Please advise if you have any objection to the release of any information contained in a submission, and in particular, which part(s) you consider should be withheld, together the with reason(s) for withholding the information.

In particular, please clearly indicate in your submission if you do not wish your name and any other identifying details to be included in any summary of submissions that the Ministry may publish, or in any responses to OIA requests.

The Ministry will consider all such objections when responding to requests for copies and information on submissions to this document under the OIA. Please note that in certain circumstances information you have provided us may be required to be released to a requester under the OIA, even if you would prefer it to be withheld.

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