Response to Ofcom's Review of Relay Services

SignHealth is delighted to be involved in this consultation exercise. Improving communication support for Deaf BSL users is a core activity of the charity. We have provided specific responses to the three questions related to Text Relay and further four questions for Video Relay.

Consultation questions

Text Relay

Question 1: Do you agree that NGTR would provide greater equivalence than the existing approved TR service? Do you agree that we have considered an appropriate range of improvements?

SignHealth would support the introduction of NGTR. It would clearly be an improvement to the existing TR service and increase flexibility for users. Furthermore, delivery of NGTR should be subject to the same open competition criteria proposed for VRS. Without open competition future development of the service may be stifled.

Question 2: Do you agree with the proposal to implement NGTR through the amendment to GC15? Do you agree that the criteria we propose satisfactorily embody improvements we suggest for NGTR?

Use of an amendment to General Condition 15 will allow more choice for consumers. However, the fact that a fund cannot be established under this route could lead to confusion about how the cost of the service will be met. Ofcom needs to be clear about the funding mechanism in its final recommendation.

Question 3: Do you agree that a period of up to 18 months for implementation of NGTR, following an Ofcom statement, is appropriate?

We suspect it will take longer than 18 months. While we would obviously like to see NGTR in place before that, we think it is important the system is working 100% before it is publicly available, and would prefer a realistic time-frame rather than one which may encourage corners to be cut.

Video Relay

Question 4: Do you consider that the requirement to ensure equivalent services for disabled end-users would require a mandated VR service in some form for BSL users? Please indicate the basis of your response.

A VR service is the closest one can get to equivalence. Such technology now allows Deaf people who use BSL to access the telephone service on a similar basis to the hearing population. We can see no other option that would be more appropriate for BSL communication. Mandating a VR service would obviously be necessary to make this a reality.

Question 5: Do you agree that a restricted service would be more proportionate in providing equivalence for BSL users than an unrestricted service?

No. SignHealth believes the approach to this is flawed, although we can understand the reasoning. To us, it is important to start with the principle. The principle is that Deaf people should have a system that is as closely equivalent as possible. Once the system is agreed upon, then questions of delivery and economics can come into play, but not at the cost of the principle.

An unrestricted VR system meets the requirements in principle. That should be inviolable. Questions of accountancy can then be introduced to see how best to deliver an unrestricted VR system. SignHealth believes that starting with the accountancy alters the whole framework of the debate, and undermines the principle. You no longer have equivalence as a principle.

Additionally, we are not convinced by the arguments for a restricted service. The consultation paper does a very good job of arguing the case and providing lots of detail. However, a lot of it is conjecture. Nobody knows how much demand there will be. We do not believe there will be a huge rise in demand. Many Deaf people especially the older generation will still be reluctant to use the service. While the paper sees high demand as a bad thing (and a financial risk) we are inclined to see high demand as a good thing: it will mean that Deaf people are finally getting proper access to the telephone system, 135 years after it was introduced.

The paper also raises vague worries about it being a 24hr service. Demand for a VR service through the night is likely to be very low (as recognised in 5.93). Depending on the approach taken, it need not be expensive to operate through the night. It may only require one on-call interpreter to cover the whole country. The point is that the one call made at 3am may be extremely important. Indeed, a call to the emergency services at this time maybe life saving. The long-awaited emergency SMS service is not, by itself, adequate.

Large parts of rural Britain still do not have a mobile signal, and it is precisely these people who would benefit most from a landline solution as alternatives may not be available.

Question 6: Please provide your views on Methods 1 – 5 for a restricted VR service discussed above. Are there any other methods that are not mentioned that we should consider? In making your response, please provide any information on implementation costs for these solutions which you believe is relevant.

The different methods are all interesting, but all destroy the principle of equivalence. Therefore, we oppose all five methods. Imagine the same methods being applied to hearing telephone users. Such rationing would not be accepted and there is no reason why it should be accepted by Deaf people.

Question 7: Do you agree that a monthly allocation of minutes combined with a weekday/business hours service would be the most appropriate means to restricting the service?

No. At first glance this method looks like it may be about equality. But closer examination shows that not to be the case.

Imagine the caller who is having trouble with her housing benefit claim. She has to make repeated calls and is often kept on hold. The 30 minute allowance is soon used. What is she to do now? Pay to continue using the service at a far higher rate? That may be possible, but not until her housing benefit is sorted out. Perhaps wait until next month? Meanwhile she goes further into arrears and risks eviction.

Rather than focus on the detail of the preferred method, we would rather focus on finding a system which satisfies the principle of equivalence; and does so in the most economically efficient way possible.