

annual report 2013

ACCOMMODATION
behaviour
THE COST OF NOT CARING



2013

THE COST OF CARE

contents

ANNUAL REPORT

synapse

contents

- 05 About ABI
- 07 Executive Summary
- 09 Accommodation Report
- 11 Development of Outcomes
- 12 Evaluation
- 15 The Human Face
- 17 Disability Care Australia
- 19 Research and Development
- 21 Synapse Indigenous Projects
- 25 Synapse Services
- 31 Media and Exposure
- 35 ABI Awareness
- 39 Our People
- 42 Financial Report

OVER 1.6 MILLION AUSTRALIANS are affected with some form of Brain Injury – that’s over 1 in 12 (World Health Organization, 2007).

SYNAPSE AND ACQUIRED BRAIN INJURY (ABI)

Acquired Brain Injury (ABI) is a complex spectrum disorder that refers to any type of (organic) damage to the brain or neurological disruption occurring after birth. The Diagnostic and Statistical Manual of Mental Disorders 5 (DSM5) has recently moved to the term ‘Neurocognitive Disorder’ as a descriptor for this condition which is inclusive of ‘Acquired Brain Injury’, with causes including (but not limited to) trauma, vascular disease, Alzheimer’s disease, Parkinson’s disease and infections.

The term Neurocognitive Disorder, however, provides a diagnosis for people experiencing cognitive symptoms alone, without memory or physical impairments. This means that many individuals who are not currently receiving recognition or services (due to the lack of memory or physical impairments) will have this opportunity for understanding.

With your help we want to show the community how to send a message of support to all those adults and children living with a Neurocognitive Disorder:

- Because the “one punch didn’t kill”,
- As a result of falls, motor cycle and motor vehicle accidents, and other trauma,
- As a result of degenerative diseases, brain tumours, Dementia, Parkinson’s, Huntington’s, Multiple Sclerosis, Cerebral Palsy and other brain illnesses,
- As a result of stroke and other cardiovascular diseases,
- As a result of alcohol, drug abuse, concussion or repeated knocks to the head from sports.

Through our work and the work of our affiliates across Australia, we know that the current statistics don’t mirror society. They grossly underestimate the real numbers, and many people with a Neurocognitive Disorder are either misdiagnosed or undiagnosed. Unfortunately it is often the most vulnerable people in the community affected, but never diagnosed, including:

- Indigenous Australians,
- Homeless people,
- Survivors of domestic violence,
- Soldiers who survive the ravages of war,
- People in the criminal justice system.

Around twice as many people are diagnosed each year with ABI compared with those for breast cancer and yet very few people know about ABI (AIHW, 2010).



2013
COMMUNICATION

COMPLEX AND CHALLENGING BEHAVIOUR ARE TREATED AS DISABILITY
JUST BECAUSE YOU HAVE A DISABILITY, YOU CANNOT OWN YOUR OWN HOME

complex

For those with complex and challenging behaviour, our hospitals are prisons, and our prisons are treated as disability accommodation. Synapse has evidence that through comprehensive behaviour support plans, based on the needs and communication style of an individual, the cost of care can be reduced significantly. There is no reason that, just because you have a disability, you cannot own your own home and become a tax-payer again.

THE COST OF CARE
behaviour

As a social enterprise, Synapse has become the conduit by which some 1.6 million Australians living with a Neurocognitive Disorder can seek to gain a genuine reconnection with society.

WE WORK TO **RECONNECT THE LIVES** of those most at risk in the community, no matter where they live or the culture they belong to.

SYNAPSE CONTINUES TO **GROW AND EVOLVE**

With over 1.6 million Australians affected by Neurocognitive Disorders (including Acquired Brain Injury), this is one of the largest national health epidemics on both a humanitarian and economic scale. The need is overwhelming – this is a national human rights issue. We will not accept the most vulnerable people in our community being ignored.

Synapse will continue to fight for the rights of those with an Invisible Disability.

Those affected by Neurocognitive Disorders present with a complex range of disabilities that call for sustainable specialist disability support. Unfortunately, the majority of these individuals are placed in nursing homes, hospitals and prisons. The effect of inappropriate placement on clients is thought to include increased incidence of complex behaviours, deterioration in general and mental health and well-being and heightened risk of readmission. They may experience social dislocation and exclusion and fail to receive appropriate services and supports to live meaningful lives in the community.

The long term care in health facilities runs contrary to contemporary approaches to disability and human rights (CRPD 2006). In addition, the cost to government of accommodating this cohort in a medical setting compared to a specialist disability service is of major concern. Synapse has proven models to provide this support at a significantly decreased cost, with meaningful benefits to the client.

Further evidence however, is still required to facilitate the development of appropriate services that effectively address early intervention, timely service provision and effective outcomes.

As a social enterprise, Synapse has galvanised both government and public support to assist in the funding and development of highly specialist support services including accommodation services, education and training, and shared services.

We will not compromise on our values or our commitment – to support the massive amount of unmet need through the provision of highly specialist and individualised services to those who are most disadvantaged. To enable anyone affected by a Neurocognitive Disorder and Acquired Brain Injury to lead a life of quality, based on their own decisions and choice.



Jennifer Cullen
CEO SYNAPSE

With over 1.6 million Australians affected by Neurocognitive Disorders, including Acquired Brain Injury, this is one of the largest national health epidemics on both a humanitarian and economic scale. The need is overwhelming – this is a national human rights issue. We will not accept the most vulnerable people in our community being ignored.

WE CONTINUE TO **grow**

Synapse

SYNAPSE WILL CONTINUE TO FIGHT FOR THE RIGHTS OF THOSE WITH AN INVISIBLE DISABILITY

ENABLING A LIFE OF QUALITY FOR THOSE TOUCHED BY BRAIN DISORDERS

2013 REFLECTION

Further evidence however, is still required to facilitate the development of appropriate services that effectively address early intervention, timely service provision and effective outcomes.

THE **COST OF CARE**



accommodation

OUR AIM IS TO **PROVIDE ACCOMMODATION** that promotes personal development, encourages independence, and provides a life of quality.

SYNAPSE **ACCOMMODATION**

Everyone strives to live in a place we can call home; a place where we belong; one where we can share with kindred souls. We all would rather live in a home than an institution. People with a disability are no different, some just have different needs. Synapse aims to provide accommodation for people aged between 18 and 65 who have an Acquired Brain Injury (ABI), other Neurocognitive Disorders, or behaviours that challenge our understanding.

Our aim is to provide accommodation that promotes personal development and dignity and encourages increased independence; a step in the pathway to a life of choice rather than a final destination.

The accommodation options we provide include:

- Transitional Accommodation,
- 24/7 Supported Housing,
- Independent Living,
- Community Access Options.

MODEL OF PRACTICE

Synapse Accommodation operates within a formalised Model of Practice. To achieve our goals we take four distinct approaches within our Organisational model of support:

- Positive Behaviour Support,
- Client-Centred Planning,
- Strengths-Based Approach,
- Least Restrictive Alternatives.

Through Client-Centred Planning, the services we provide focus on addressing the clients' behaviour(s) that limit their inclusion. Services include, but are not limited to:

- Community Access – supporting clients to access vocational, leisure and social activities, and attending appointments,
- Home Management – supporting clients to pay bills, budget, prepare meals, shopping complete household tasks,
- Personal Care – overnight support, mobility transfers, showering, toileting, medication management.

Our evidence continues to show a reduction in behaviours using the model of Positive Behaviour Support.



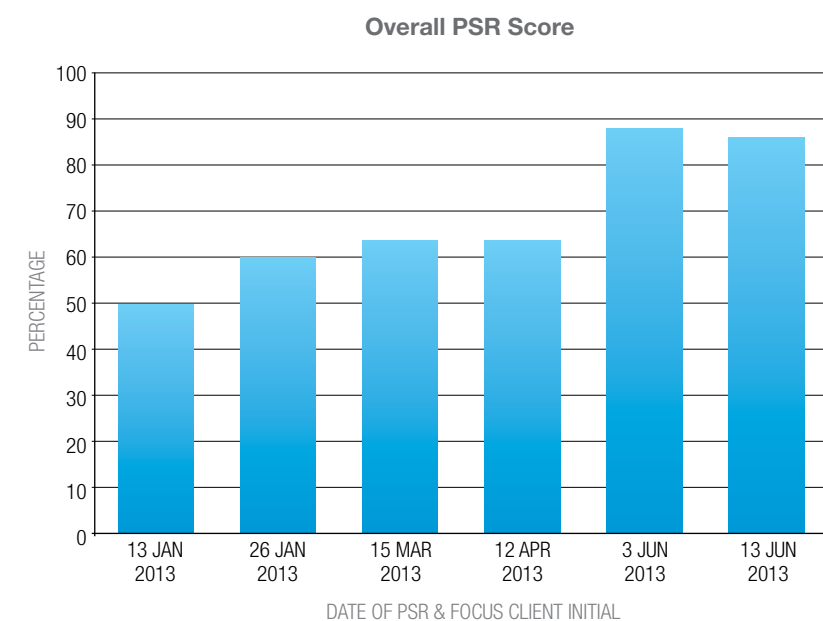
PERIODIC SERVICE REVIEW (PSR) **AND QUALITY OF LIFE**

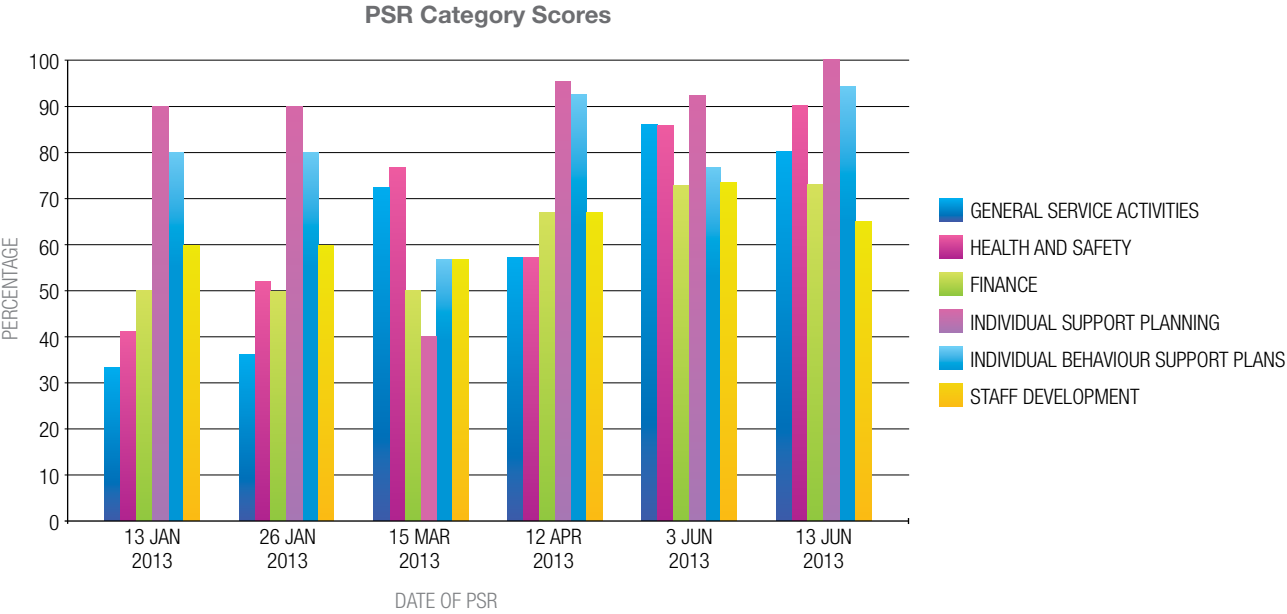
In the past behavioural interventions have focused on reduction of challenging behaviours (CB) as the primary outcome – too often behavioural interventions have produced reduction in CB without enhancing the broader living and learning options of the service user. Synapse has moved from focusing on reducing CB for its own sake to considering behaviour reduction as a means to achieve personal outcomes and Quality of Life (QOL).

The introduction of the Periodic Service Review (PSR) will enable Synapse to quantify and measure changes in behaviour and whether people were achieving day to day goals. Organisations such as Synapse that operate within a human rights framework seek to deliver services and supports that will enable clients to live more meaningful and inclusive lives in the community.

The PSR is a service evaluation instrument designed to assess the consistency of the support provided to an individual client, the ability of the staff to implement recommendations regarding individual services, and the overall quality of the services provided. This model has been adapted from instruments provided by the Institute for Applied Behaviour Analysis (IABA).

Below is an example of PSR scores for one of our accommodation facilities.





In the next quarter Synapse is going to start measuring not only whether our clients meet their day to day goals but also whether our clients are experiencing increased QOL as a result of those goals being met. We want to measure whether our clients are enjoying a life of quality using validated QOL measures.

- What will we measure?
 - QOL domains & Indicators,
- Quality outcomes as a result of an intervention, activity or service,
- How: SUBJECTIVE & OBJECTIVE appraisal,
 - Objective: Measured through direct observation, assessed & verified against commonly held standards,
 - Subjective: Can only be measured from the subjectively perceived experience of the individual through self report,
 - Comprehensive QOL measures include separately measured subjective & objective indicators,
- Who: service users & people who know the client well,
- Where: in natural context,
- When: every 6 months.



By the end of 2013 we intend to have commenced routine QOL measurement in our services. To become useful, data will be systematically collected, recorded, scored, interpreted and fed back in a timely fashion. We will have an ongoing system that provides the evidence base for decision making at direct service delivery, managerial and policy level to inform practice, resource allocation and policy.

Ideally, as the system is incorporated into the organisation, staff will conduct their own outcome assessment and make appropriate care decisions based on this evidence. Importantly, clients, service users and families, will also become active participants in the process using models such as the Maryland Ask Me Project (Bonham et al 2004).

A workshop was held on 24 July 2013 with Support Workers. Support Workers were introduced to the concept of QOL, including the eight (8) validated domains of QOL and routine measurement. Support workers used the San Martin Scale, Assessment of Quality of Life in Persons with Significant Intellectual Disabilities and Developmental Disabilities (Verdgo et al 2013) to consider both their own QOL and what was important to them and also that of their clients.



SYNAPSE HAS NEVER KNOWN HARRY TO BE A VIOLENT PERSON TO WALK
COMPASSIONATE. PROFESSIONAL. ETHICAL. INCLUSIVE.

engage

2013 REFLECTION

THE COST OF CARE approach

the human face

EVERYONE HAS A STORY, like our own, that has shaped who we are. We must learn to understand and share in one's experiences, before we judge their behaviour.

OUR CLIENT'S VOICE – CASE STUDY

Harry became known to Synapse in 2012 after an enquiry from a delegate of the Office of Adult Guardian. There had been many attempts from the delegate to link Harry with service providers to enable Harry to access and engage with the community. The profile provided by Harry's accommodation provider portrayed him as *high risk, potentially dangerous* and with a *long history of previous assaultive behaviour*.

Synapse met Harry and developed a relationship based upon who Harry is now, not how Harry was portrayed. It became evident that Harry loved to walk, play basketball, spend time with his mother, and that he really enjoyed engaging in productive work in the outdoors, such as gardening and mowing. When Synapse met Harry it was mandatory that he had double up staffing at all times and was only allowed to travel in the back seat of the vehicle used by his accommodation service. As Synapse got to know Harry, it became evident that Harry was responding well to being given another chance by an open minded service provider who refused to accept that the reputation which followed Harry could also define who he was and who he always will be.

A few short months after Synapse commenced providing service to Harry, Lifestyle Support Workers accompanied Harry on an overnight holiday. Harry, after getting his 'front seat license' proudly waved to onlookers as he left in the front seat of the vehicle, with only one staff member.

Synapse has never known Harry to be a violent person and refuses to respond to him in a manner which expects such behaviour. After one year of successfully providing incident-free community access support to Harry, the Adult Guardian made the decision that Synapse was to be Harry's new accommodation provider. In a few short months, Harry will move into a unit in the community, which will receive 24/7 Synapse support.



DISABILITYCARE **AUSTRALIA** is the national disability insurance scheme - a new way of providing community linking and individualised support for people with permanent and significant disability, their families and carers.

DISABILITYCARE AUSTRALIA

It's about YOUR choice. Synapse is working towards developing itself as a leading Plan Management Provider (PMP), in view of providing a specialist support service that understands the complexity and diversity of Neurocognitive Disorders.

A registered plan management provider is a term used to describe an individual or organisation that undertakes managing funding for supports on a participant's plan.

Financial and service (intermediary) activities include such things as the organising of providers and their payment, the processing of expense claims, the development of monthly statements for participants, and assisting the participant in negotiating and coordinating the provision of support (<http://www.disabilitycareaustralia.gov.au>, 2013).

INDIGENOUS ASSESSMENT TOOL

The National Disability Insurance Scheme's (NDIS) Practical Design Fund provided funding to develop a culturally appropriate NDIS assessment process for Aboriginal and Torres Strait Islander persons living with an Acquired Brain Injury (ABI). The project was co-managed by Brain Injury Australia and Synapse, with the research being undertaken by James Cook University.

The key results of this research were:

- Guidelines for appropriate protocols for engaging Aboriginal and Torres Strait Islander Australians in the assessment process,
- A four-stage Planning and Assessment framework that describes the appropriate actions that DisabilityCare Australia Planners and/or Local Area Coordinators need to take during the assessment process when determining eligibility to DisabilityCare Australia,
- A prototype instrument toolkit (requiring scientific validation before use), containing cognitive and functional assessments that are culturally acceptable for assessment of acquired brain injury in Aboriginal and Torres Strait Islander Australians, and
- The identification of necessary training components for the professional development of DisabilityCare staff, including cultural awareness and competency.

THE COMPLEXITY AND DIVERSITY OF NEUROCOGNITIVE DISORDERS

disabilitycare

THE NATIONAL DISABILITY INSURANCE SCHEME

2013

REFLECTION

NATIONAL SUPPORT

A new way of providing community linking and individualised support for people with permanent and complex disability, their families and carers.



2013 COMMITMENT

research

EXPERIENCE EQUALS knowledge

EVIDENCE-BASED RESEARCH HAS OUTCOMES FOR THE REAL WORLD

EXPLORE THEIR LIFE EXPERIENCES AND PATHWAYS

ASK QUESTIONS

Synapse is committed to high quality evidence-based research in a way that has practical outcomes for the real world — a better quality of life for everyone affected by Neurocognitive Disorders.

research and development

WE NEED A **STRONG EVIDENCE BASE** to reduce the number of people with complex disabilities being admitted to inappropriate accommodation because of misunderstood behaviours.

SYNAPSE IS **COMMITTED TO QUALITY**

There is a lack of demographic, clinical and qualitative data regarding the problems, experiences and issues of people who reside in long term accommodation that is not appropriate to their needs (e.g. hospital), and their families. Research is needed to explore their life experiences and pathways to care and experiences of care.

Synapse is committed to high quality evidence-based research in a way that has practical outcomes for the real world — a better quality of life for everyone affected by Neurocognitive Disorders.

An overview of our Research and Development strategic plan includes, but is not limited to:

Promote Synapse as a leader in brain injury and challenging behaviour.

- Build relationships with government departments and other agencies,
- Focus on evidence-based research,
- Represent Synapse in Federal and State research groups,
- Publicise our findings widely.

Base our practice on quality research that is open to review by others.

- Conduct research with practical positive outcomes for our clients,
- Develop ways to measure and ensure these positive outcomes,
- Ensure further research will continue to improve our services.

Contribute to quality research on brain injury and challenging behaviour in Indigenous communities.

- Create a state wide data base,
- Create an independent research group,
- Monitor and continually improve our existing projects.

Raise awareness through publicising our research findings.

- Create a central storage of research information and resources,
- Extend these resources as widely as possible to relevant services, the public and government departments.

Expand our research capabilities.

- Coordinate existing and future projects to optimise outcomes,
- Increase funding through government contracts and research grants,
- Build relationships with key academics and researchers.

Building sector capacity

- Maximise outcomes for clients through promoting team work in our sector,
- Avoid “reinventing the wheel” through sharing information widely,
- Increased efficiency and outcomes for agencies and clients through collaboration and partnerships,
- Maximise outcomes for clients through promoting team work in our sector.





SYNAPSE **IS COMMITTED** to closing the gap, by working together with the community to increase health, life expectancy, and quality of life outcomes for all Australia's Aboriginal and Torres Strait Islander peoples.

INDIGENOUS PROJECTS

Aboriginal and Torres Strait Islander Australians experience higher rates of disability than do other Australians. After taking into account age differences between the Indigenous and non-Indigenous populations, the rate of disability among Aboriginal and Torres Strait Islander Australians is almost twice as high as that among non-Indigenous people.

By any measure, Aboriginal and Torres Strait Islander people with a disability are among the most disadvantaged members of the Australian community. They often face multiple barriers to meaningful participation in their own communities as well as the wider community, facing double disadvantage because of discrimination on the basis of their Aboriginality as well as their disability.

Synapse is building partnerships with Indigenous people in order to build on their ideas, strengths and leadership. These partnerships will go a long way to finding practical answers to long-standing health problems such as Acquired Brain Injury.

THE SUPPORTED ACCOMMODATION INNOVATION FUND (SAIF) PROJECT

The SAIF project will provide supported accommodation for eight clients with severe and profound disabilities. The Wabu Gadun Bulmba Gurriny Mukanji Centre ("Come share the good heart of the healing home" translated from Yidinji) is the result of a consortium of nongovernment, corporate, Indigenous and non-Indigenous organisations working together to provide an innovative accommodation facility and model of support for Indigenous clients with ABI and severe and profound disabilities. As a transitional facility, clients will move on from the centre either back to country or into the care of existing service providers in the Cairns region.

Exciting aspects of the project include:

- Indigenous design promoting the seamless integration of indoor and outdoor spaces,
- Traditional bush food forest and billabong used for both nutritional and therapeutic purposes,
- An elders reference group providing valuable advice on all aspects of the project from design, model of support and HR practices,
- Partnership with James Cook University to provide research that contributes to developing contemporary best practice in disability service delivery.

Major Project Partners Include:

- Indigenous Construction and Training Company (ICTC),
- Hutchinson Builders,
- Davis Langdon,
- Wuchopperen Health Service,
- Apunipima Cape York Health Council,
- James Cook University.

2013
COMMUNICATION
support
EXPERIENCE HIGHER RATES OF DISABILITY THAN OTHER AUSTRALIANS
DISCRIMINATION ON THE BASIS OF THEIR DISABILITY
DISADVANTAGED
ALL AUSTRALIANS
inclusive

We advocate for this invisible disability through innovation, research, and strong leadership. Synapse understands that we all work towards the same goal of providing quality services to improve other people's lives.

CAPE & TORRES STRAIT DISABILITY SERVICE DELIVERY PROJECT

After taking into account age differences between the Indigenous and non-Indigenous populations, the rate of disability among Aboriginal and Torres Strait Islander Australians is almost twice as high as that among non-Indigenous people (ABS, 2008).

Individuals with a disability residing in remote locations within Cape York and the Torres Strait face significant barriers to having their disability support needs met including limited access to culturally relevant assessment tools and a lack of specialist disability service providers within their community. The lack of culturally appropriate assessment tools and regional assessment resources contributes to a limited allocation of individualised funding packages, undermining the creation of a financially viable market for service providers.

Invariably the remote location of these communities drives up the cost of service provision ensuring disability support services remain out of reach of individuals with existing packages as allocated funding fails to cover adequate and sustainable service provision.

The Cape & Torres Strait Disability Service Delivery Project will provide training, mentoring and assessment services to the communities of Saibai Island, Badu Island, Weipa and Kowanyama. Synapse will assess the support needs of identified clients and work within the individuals existing resources to provide innovative solutions to their support requirements. Synapse will ensure service providers are delivering suitable and sustainable disability support services that enhance the individuals' quality of life.

The project will be undertaken within a twelve month period culminating in a comprehensive report detailing the disability support needs of each community. The report will outline the steps required to establish disability support services that meets the needs of each community including suggested time-frames and budgetary impacts.

FNQ TRAINING (YARRABAH)

Training was conducted for staff working in Yarrabah supporting children with complex care needs. The training covered topics such as Introduction to Acquired Brain Injury, Recognising Foetal Alcohol Spectrum Disorder, and Working with Complex and Challenging Behaviours. Participants reported:

"The interactive workshop, resources, role playing and discussion surrounding ongoing training required was very productive."

Participant evaluation also showed a reported increase in confidence when working with children experiencing complex care needs.

CHILD SAFETY TRAINING (LOGAN)

An Introduction to ABI workshop was specifically tailored to child safety needs. This was presented to Child Safety Officers to increase their understanding of ABI and their ability to support individuals.

Synapse has undertaken training and/or assessments and has existing relationships in the following communities: Yarrabah, Cairns, Wujal Wujal, Mount Isa, Thursday Island, Mornington Island and Normanton.

FNQ RESEARCH

Queensland Health facilities across the Far North Queensland (FNQ) region currently accommodate 16 (and up to 25) clients who do not require acute care. They are accommodated in hospital in FNQ because of their challenging behaviours and service inability to manage these behaviours. These clients are exposed to facilities that are inappropriate to their needs.

The Department of Communities has contracted with Synapse to undertake a range of assessments for a variety of disability types and support needs, including severe and profound ABI and challenging behaviours, who are currently living in Queensland Health Facilities. Assessment will be followed by transition of clients into appropriate supported living arrangements. Transition and support plans will be delivered in order to ensure clients receive appropriate supported accommodation and are at reduced risk of re-admission to Queensland Health facilities. Department of Communities, Child Safety and Disability Services (DCCSDS) will support recommendations for future service provision (service provider, support plans, transitional arrangements) and champion their success.

Project Objectives:

- Develop individual support plans for up to 14 clients that includes sustainable accommodation options,
- Develop and implement transition plans for clients to exit Queensland Health Facilities within established time frames,
- Support funded non-government service providers to establish support for clients in accordance with the person's support plan.

SYNAPSE RECONCILIATION ACTION PLAN (RAP)

The Synapse 2013 Reconciliation Action Plan (RAP) affirms our public commitment to the reconciliation process. Our RAP commits us to a learning journey which will enhance all our lives as we move to a more profound appreciation of Aboriginal and Torres Strait Islander people.

Developing our RAP is a significant step in developing our awareness of Aboriginal and Torres Strait Islander people. This will further deepen the positive impact of our strategic initiatives and partnerships across the communities in which we work.

You can view the Reconciliation Action Plan at our website <http://synapse.org.au>

2013

COMMUNICATION

training

SUPPORT PEOPLE WHOSE BEHAVIOURS CHALLENGE COMMUNITY
INCREASE THE CAPACITY ACROSS THE COMMUNITY SECTOR

SPECIALIST SERVICE

understand

WE HAVE **CONSOLIDATED OUR RANGE** of specialist services to increase the capacity of organisations across the community sector, provide real cost-benefit, and more strategic outcomes.

SYNAPSE TRAINING

Synapse Training empowers attendees to appropriately support people whose behaviours challenge community understanding through increasing a client's quality of life.

We provide training on practical tools and techniques for responding to behaviour that may seem challenging or limits access to community inclusion. Ours is a positive approach that works.

There is a significant cost benefit for organisations for tailoring training options; not only are the outcomes from the training sustainable, but you will see a significant:

- Reduction in client behaviours and overall level of need,
- Reduction in workplace incidents, work cover, and overall staff costs,
- Increase in staff engagement, retention, and culture.

CUSTOMISED CORPORATE TRAINING

Our range of courses are particularly essential for anyone who is charged with the care of someone who is affected by Brain Disorders, Acquired Brain Injury (ABI), or complex and challenging behaviours. As the content is based on a strong, evidence-based behavioural model of support, our customised training solutions are relevant for almost any organisation, whether they deal with disability or not.

Synapse will develop training sessions that are totally customised to the needs of your organisation, utilising our existing evidence-based, practical and innovative training content.

We pride ourselves in delivering high quality and innovative training. We are a Registered Training Organisation able to tailor courses to meet the needs of your organisation. Training can be delivered in either two or four hour blocks, or full day sessions.

Training Seminars include, but are not limited to:

- Supporting Individuals with Complex and Challenging Behaviours (SICCB),
- Positive Behaviour Support (PBS),
- Understanding Acquired Brain Injury (UABI),
- The Effective Support Person (TESP),
- Customised Induction to specific Organisational requirements.

SHARED SERVICES

Synapse can provide varying degrees of back of house support, including accounting, financial and human resource processes. The nature and scope of the support available is outlined below.

Payroll

Provision of payroll processing support including:-

- Fortnightly Processing,
- Monthly Processing,
- Annual Processing.

Accounting

Provision of accounting support services as outlined below:-

- Income and Accounts Receivable,
- Accounts Payable,
- Banking and Cash Management,
- End of Month Processes,
- BAS and Statutory Processes.

Board or Management Committee Reporting

The preparation of a monthly financial report that includes the financial statements, an analysis, forecasts for the remainder of the financial year and projections for future years.

Reporting

- Statement of Financial Position,
- Statement of Comprehensive Income,
- Cash Flow Statement,
- Accounts Receivable Ageing,
- Accounts Payable Ageing,
- Supplier Payment Summary.

Analysis and Interpretation

To provide context to the figures reported, an analysis and interpretation. The analysis highlights and explains material variances to the budget and to amounts reported in previous reporting periods and previous financial years.

Forecasting

With projections based on the budget and other information available at the time of reporting, an income and cash flow forecast can be generated. This can be employed for planning purposes and identify potential risks and opportunities for the organisation in the medium to long term.

COMMUNITY RESPONSE

People who have an Acquired Brain Injury and their families know the devastating impact it can have on their lives. The diversity of the impact is reflected in the enquiries that our Organisation receives.

The Community Response Service responds to enquiries on all issues relating to Acquired Brain Injury. All enquiries can be directed to a Community Response Officer who listens to the concerns of the individual, discusses the types of assistance or information that may be appropriate, and facilitates ways the individual can access support or information. This response may include the provision of appropriate resources and/or linking the individual to some of the thousands of services listed in our database.

Individuals with Acquired Brain Injuries and their families can contact the Community Response Service by emailing, calling or writing. We want to ensure that you are able to use the communication method that you are most comfortable with.

Respond to the public

- Ensure continuous improvement by listening and responding to the requests of both service providers and individuals,
- Develop and undertake research, policy and planning for effective service delivery models and practices that contribute to quality services for Commonwealth Home and Community Care (HACC) clients.

Increase knowledge in ABI

- Provide education and training to Commonwealth HACC Service providers to deliver quality services to Commonwealth HACC Clients,
- Provide strategic advice to the Australian Government to support future Commonwealth HACC service development and planning.

Support families and people with ABI

- Identify and break down barriers to facilitate equitable access to Commonwealth HACC services,
- Provide resources and information for Commonwealth HACC services providers and clients.

ASSESSMENTS AND PLANNING

Synapse Assessment and Planning can offer support, advice, consultation and assessment services for people with an Acquired Brain Injury and their families

The Assessment and Planning Service has a high level of proven expertise in assessment and community-based support. Their extensive experience includes the successful completion of 200 assessments throughout QLD as part of the Younger People In Residential Aged Care (YPIRAC) Initiative. This included providing assessments in remote regions of Far North QLD and Indigenous populations. The service has networked extensively with allied health and community services to provide the best possible outcomes for clients with Acquired Brain Injury.

What services do we provide?

The Assessment and Planning Service provides functional and comprehensive assessments for people with Acquired Brain Injuries and their families. These assessments may occur in the home, in the hospital or community facilities and are guided by a model of client-centred planning and strength-based practice.

The Assessment and Planning Service provides experienced case managers who can assist clients or their decision makers to identify appropriate options based on a client specific assessment inclusive of, but not limited to:

- Preliminary Assessment of Skills and Functioning (Activities of Daily Living) – This involves an assessment of all activities associated with daily living including personal care, physical, cognitive and social functioning,
- Options & Future Planning – Advice and assistance on transitioning from hospital to another facility or living arrangement,
- Risk Assessment – Determine level of support required in-home and in a shared environment. Determine safe working standards for prospective or existing service provision. Occupational Health Safety Assessment & consultation,
- Allied Health Support & Assessment – Planning a client specific holistic care regime in consultation with client, family, allied health, stakeholders, Case Managers and Insurers,
- Behavioural Support and Consultancy – The Assessment and Planning Service is able to conduct Behavioural Assessments, and provide comprehensive reports based on applied behaviour analysis. Develop and assist with the implementation of behaviour management plans based on a framework of positive behaviour support and client-centred practise.

YOUTH JUSTICE CONFERENCING SUPPORT

Youth Justice Conferencing is a response to youth offending that aims to educate offenders and reduce crime – notably offences of violence against other young people that can cause a brain injury or other disability.

Conferencing brings together the young offender, their family, the victim (if they wish to attend), and the arresting police officer to discuss the matter in a respectful environment. The aim of the Youth Justice Conference is for all affected parties to talk about the offence and come up with an agreement about how the offending young person can begin to repair the harm caused.

Synapse's Community Response Team is involved in conferences in Queensland as a Community Representative. It is our role to explain to the group how an act of violence, excess alcohol/drug consumption, or 'joyriding' (common offences in young people) could cause a Brain Injury – and what that could mean for the injured individual. Conferences are about discussing possible consequences and outcomes if the individual decides to re-offend.

Synapse believes that young people given this chance, and educated about the natural consequences (rather than being threatened by the justice system) of their behaviour, are less likely to offend in the future.



THROUGH STRATEGIC **COMMUNICATIONS PLANNING**, strong branding and an innovative approach to media and advertising, Synapse is proving increased engagement with our audience and exposure for our partners.

PUBLICATIONS AND WEBSITES

PUBLICATIONS DISTRIBUTION

Electronic and hard copy: **95,000** publications distributed nationally and internationally

Publications

Bridge Magazine (formerly Synapse Magazine)

Bridge is a full colour glossy magazine (published quarterly since 2000) with practical information and strategies for people affected by Acquired Brain Injury and Brain Disorders, as well as their family, friends, health professionals and corporate partners.

Bridge is a collaborative publication, and we encourage submissions, stories, and/or practical articles from other stakeholders. Corporate sponsorship is also available on request.

Acquired Brain Injury – The Facts (Fourth Edition)

“ABI – The Facts” is a collection of our most comprehensive or most popular fact sheets, taking the reader from the hospital stage, right through to long-term rehabilitation and employment options. This publication has been one of our most popular resources and is used widely nationally and internationally.

Awareness Posters – Series 2

These posters are available as hard copies or for free download (as jpegs, PDFs and desktop wallpapers) via our website and Facebook. Each poster has been customised to appeal to a wide demographic including youth and alternative cultures. The focus is on raising awareness about Acquired Brain Injury, disability issues, mental health, behaviour, and harm minimisation / prevention in the wider community.



2013

speaking

COMMUNICATION

SPREADING THE message

In just 3 months of activity:
Social networking - Over 415,000 impressions by over 125,000 users. Web Traffic - Over 205,000 impressions by over 110,000 unique visitors. Publications - Over 25,000 electronic and hard copy publications distributed.

WWW.SYNAPSE.ORG.AU

With a new design, over 400,000 unique visitors and over 800,000 page views per year, Synapse's range of websites is a leading electronic resource both nationally and internationally. Synapse.org.au features a comprehensive range of free Fact Sheets, online publications and posters (over 200 online resources).

They provide information and practical strategies for clients, family members, friends and associated professionals.

Additional features include:

- Information on all our services,
- Online publications,
- Web store and integrated payment gateway,
- eConnect – our monthly electronic newsletter,
- Customised design to maximise accessibility,
- Interactive content and regular updates.

WEBSITES – ANNUAL STATISTICS

Unique Visitors: 411,184
Page views: 827,640

OVERVIEW / SNAPSHOT – JUNE TO AUGUST

Social networking:
Over 415,000 impressions by over 125,000 users.

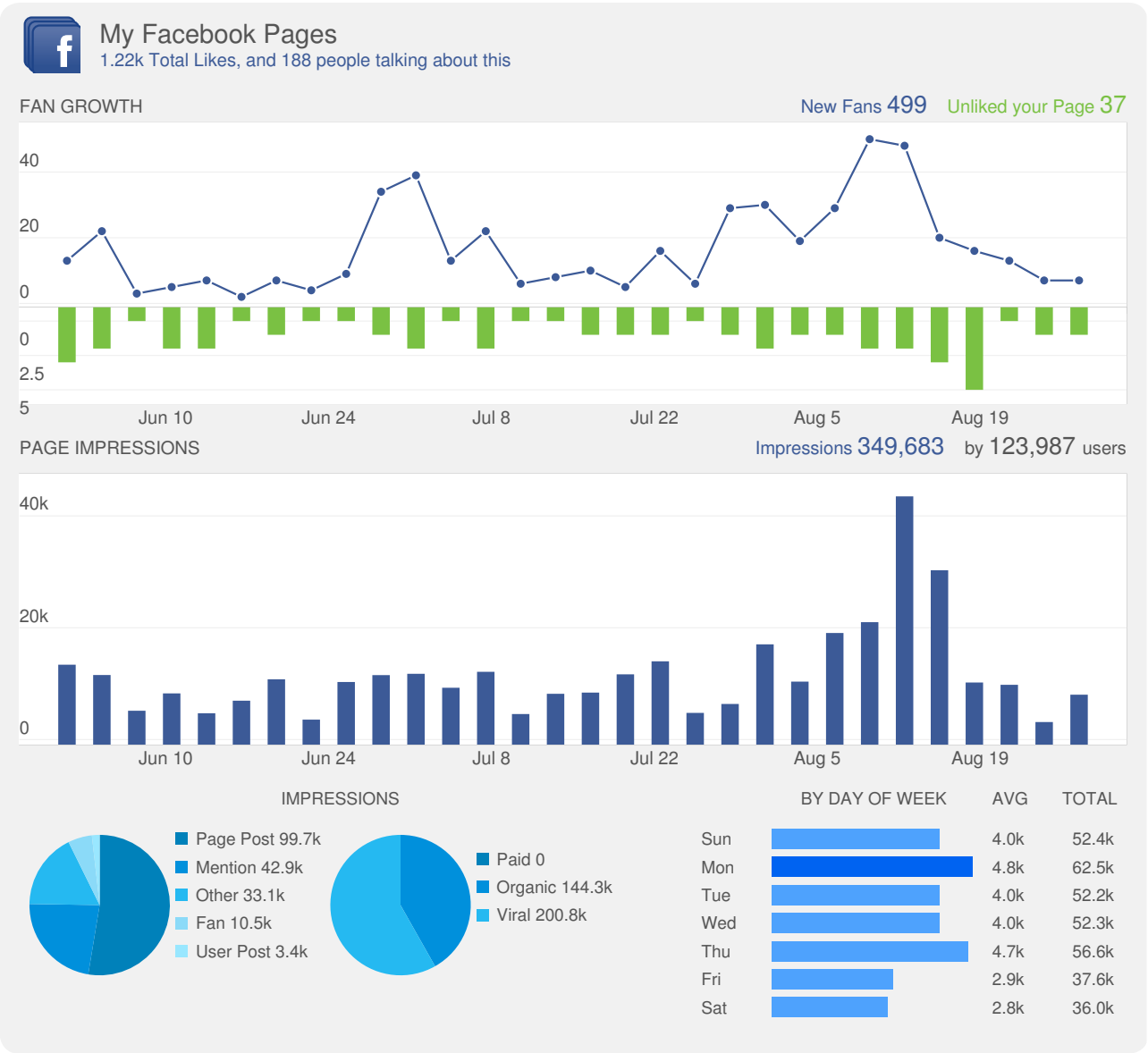
Web Traffic:
Over 205,000 impressions by over 110,000 unique visitors.

Publications:
Over 25,000 electronic and hard copy publications distributed.



MARKETING STATISTICS CONTINUED

Facebook Stats across all Facebook accounts





abi awareness

EVERYONE KNOWS **SOMEONE AFFECTED** by Brain Injury. Synapse offers unique opportunities for partners and sponsors through targeted national awareness campaigns.

BANGONABEANIE

BANGONABEANIE is a Synapse initiative (started in 2011) designed to create awareness of Acquired Brain Injury (ABI) across Australia – in essence, to turn an “Invisible Disability” into a very visible one.

BANGONABEANIE supports the over 1.6 million Australians affected by ABI, and the campaign encourages people to buy and proudly wear a blue beanie in support of Brain Injury Awareness Week (3rd week of August each year).

All profits from BANGONABEANIE go toward improving essential and much needed services, including accommodation, support and resources.

BANGONABEANIE is designed to increase the capacity of the community sector as a whole, with any Not-For-Profit or Charity who sells a blue beanie on behalf of the campaign, retaining a percentage of the profit.

Synapse works with a consortium of major Brain Injury Associations from each state to roll out this national campaign, and by supporting BANGONABEANIE, the community also helps these Associations raise vital funds to support Australian families affected by ABI.

BANGONABEANIE AIMS & OBJECTIVES:

- 1 Increase awareness and media coverage of Acquired Brain Injury in Australia and across the world,
- 2 Raise funds to provide appropriate accommodation for young people,
- 3 Develop sustainable and mutually beneficial partnerships with organisations across the country.

2013
MASS ACTIVITIES
Synapse offers unique opportunities for partners and sponsors through targeted national awareness campaigns.
A COMPLEX MESSAGE HAS MADE INROADS INTO THE LACK OF AWARENESS
shouting
BEING A LITTLE different
TO STAND OUT
WE NOW HAVE A VOICE
VERY LOUDLY

A NEW LEVEL OF COMMUNITY ENGAGEMENT

As in previous years, the beanie was the hero of the campaign, appearing on the heads of everyone from AFL players, to politicians, to movie producers. **BANGONABEANIE** merchandise (including new t-shirt, badge, and temporary tattoo designs) sold at post offices, banks, universities, workplaces, and cafes all across Australia.

BangOnABarbie proved to be highly successful in igniting conversations around ABI, raising funds, and providing an accessible way for individuals and groups to get involved with the campaign. Other national events this year saw an array of exciting events including a fun run, motorcycle ride, **BANGONABEANIE** day at Brisbane central station, and a flash mob.

2013 brought with it the addition of some exciting new elements to the campaign. Our Everyday Hero peer-to-peer fundraising platform enabled both individuals and groups to share their stories, raise funds, and ultimately make a significant impact to the lives of those living with ABI by rallying the support of friends, family, and colleagues.

The **BANGONABEANIE** Social Media Campaign successfully grew our online community via Twitter and Facebook, with levels of engagement markedly up from previous years, providing followers with an opportunity to share photos, events, and stories with one another.

Successful delivery of key messages was achieved via articles in local newspapers, interviews on radio, and across social media, with our passionate and dedicated ambassadors sharing their personal stories to inspire others to get involved.

Collaborative partnerships were created with over 30 organisations, including government, corporate and other not-for-profit organisations, as individuals, families, and community groups from all around Australia embraced **BANGONABEANIE** 2013 with great energy and enthusiasm.

BANGONABOA

BANGONABOA is the launch event for Brain Injury Awareness Week, and the signature fundraising event for **BANGONABEANIE**.

Key objectives of the event were to raise funds for young people in supported accommodation and educational resources for families; build awareness of Acquired Brain Injury; and promote sustainable relationships between Synapse and other organisations.

Cloudland in Fortitude Valley, Brisbane, was the exclusive venue hosting the event in 2013. Featuring 5,000 plants climbing a 14 meter interior wall; a 10 meter waterfall; onyx adorned walls and a glass bar made from 19,000 crystal balls threaded by hand, the venue provided a stunning backdrop to the breathtaking performances. The 1920s Gatsby theme brought guests into a world of opulence and glamour.

The burlesque acts encouraged guests to thrust themselves out of their comfort zones and into a situation where life around them is extraordinary and unexpected; something people affected by Brain Injury experience every day.

Audiences were wowed by breathtaking performances from a dozen of Brisbane's premier Burlesque artists as well as the multi-skilled 'Boa Boys' and 'Boa Babes' performance troupe who showcased everything from flapper tap to acrobatic twirls. The fabulous sounds of the Eastside Belles and The Sugar Shakers, had guests dancing well into the night.

With over 600 people attending and an amazing line-up of entertainment, **BANGONABOA** was a resounding success. Tickets sold out prior to the night and the event brought together an eclectic mix of people from bankers to lawyers, IT professionals to corporate consultants, as well as those affected by ABI and their family and friends, providing an excellent opportunity for networking and brand exposure.

In 2014, there will be the invaluable opportunity for a **BANGONABOA** Major Presenting Partner, whose generous support will help to build on this year's phenomenal successes to bring together another unforgettable evening.





our people

THE SYNAPSE **COMMUNITY IS OUR STRENGTH** – our staff, clients, members and supporters provide the foundation for big things to grow through dedication and a commitment to quality.

OPERATIONS / HUMAN RESOURCES

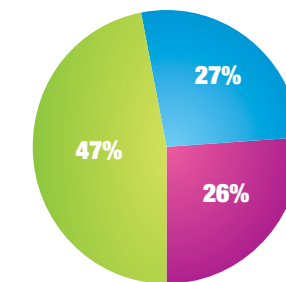
Synapse is proud to have over 70% of our workforce as permanent employees. The Independent Enquiry into Insecure Work notes, “Insecure work is rife in the Not for Profit Industry.” Insecure work is characterised by unpredictable, fluctuating pay, no access to paid leave, and insecurity of ongoing employment. “In the long-term the insecurity of workers should be a concern for business, due to the loss of skills and motivation which it represents for many members of our workforce.” Synapse recognises the need to commit to, and invest in, our employees with over significant expenditure spent on building team resilience and an intensive 3 day induction program for new employees.

Our investment in employees has led to skill retention which we strongly believe contributes to enhanced outcomes for our clients. Additionally, and happily, we are proud to welcome over 8 new babies into the extended Synapse family.

Synapse offers Salary Packaging entitlements to our employees. To date 63% of eligible Synapse employees have taken up salary packaging.

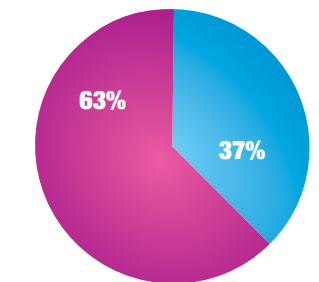
Offering these salary packaging services makes Synapse an employer of choice and enhances employee recruitment and retention.

Permanent Employees
73% of Workforce



CASUAL FULL TIME PART TIME

63% of Eligible Employees
are Salary Packaging



NOT SALARY PACKAGING SALARY PACKAGING

OUR PEOPLE ARE THE FACE OF SYNAPSE, THEY ARE THE HAND EXTENDED THROUGH DEDICATION AND A COMMITMENT TO QUALITY

people

2013 REFLECTION

Investment in our staff has led to skill retention which we strongly believe contributes to enhanced outcomes for our clients. Additionally, and happily, we are proud to welcome over 8 new babies into the extended Synapse family.

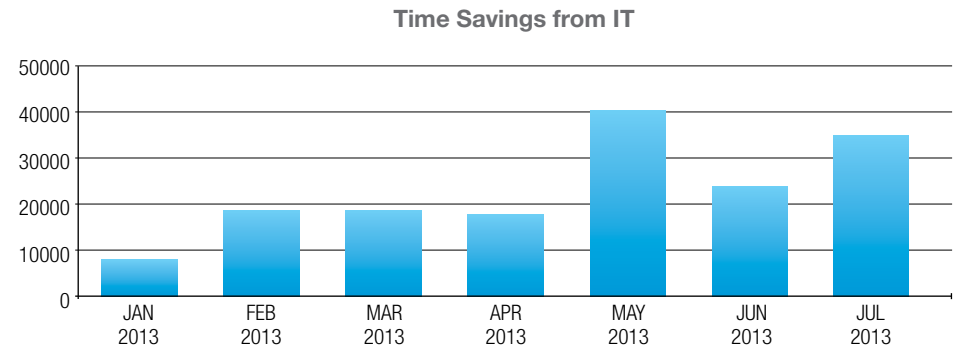
THE DIFFERENCE we make

COMMITMENT TO QUALITY

our people

In 2011 “A Study Into Productivity” provides evidence to suggest that the wait time from insufficient IT infrastructure is approximate 10 minutes out of every employee’s hour. This has significant impacts on organisational costs and productivity. Synapse continues to invest in and utilise IT technology. From management of client confidential information to creating individualised behaviour support plans, these minutes saved can be focused on direct client support.

Synapse’s focus on connected IT infrastructure is based on a philosophy of connection and efficiency. From payroll integration to payment gateways, Synapse’s investment in IT infrastructure continues to return productivity gains.



financial report

FOR THE YEAR ENDED 30 JUNE 2013

Brain Injury Association of Queensland Inc.
Trading as Synapse ABN 75 631 135 125

BOARD OF MANAGEMENT REPORT

The Board of Management presents its report on the Association for the year ended 30 June 2013 and report in accordance with a resolution of the Board of Management.

The names of the Board of Management at any time during or since the end of the year are:

- Mr Chris Thompson
- Mr Neil Federer
- Mr Peter Lake
- Mr John Chambers – appointed 25/02/2013
- Mr Bede King
- Mr Neil Jackson – appointed 25/02/2013
- Ms Donna Sanderson
- Mr Gordon Geoghegan – appointed 25/02/2013

GOALS

The specific goals for 2013 / 2014 are:

- Significant and lasting impact on the fulfilment of “Life Quality” for our clients,
- A strong national strategic communications plan based on neurocognitive disorders that would at least double the number of current users engaged with our social media network,
- Income and cash flow that supports our expanded accommodation program and achieves improvement in “Life Quality” of our clients,
- Closing the gap in Aboriginal and Torres Strait Islanders’ disadvantaged through the commencement of culturally relevant accommodation and support.

financial report

FOR THE YEAR ENDED 30 JUNE 2013

Brain Injury Association of Queensland Inc.
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REVIEW OF OPERATIONS

Overview:

The Association recorded an operational surplus from ordinary activities of \$295,347 with the net result of \$324,143 (Note: the revaluation of Land and Building resulted in a \$206,846 additional income transferred to Property Reserve and not included with ordinary operational result). This compared with a net operating surplus of \$24,313 for the previous financial year.

It is extremely encouraging to report that during the past twelve months the Association has recorded \$280,646 in added value to total operations. The annual result has ensured that the Bankmecu financial covenants of interest cover and current ratio relating to the commercial loans for the accommodation and West End properties has been achieved.

Revenue:

Revenue received from grants (both State and Commonwealth) remained around the same position as the previous year (the variation being a small decline of \$2,425). The increase in the number of compensable clients resulted in a significant year on year increase (the variation being \$304,901).

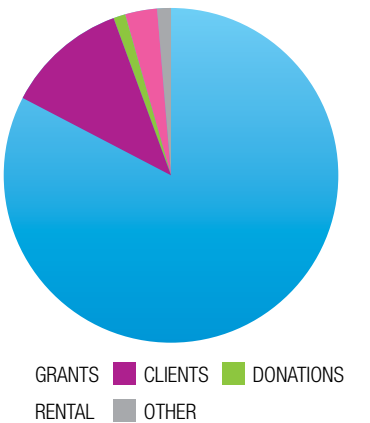
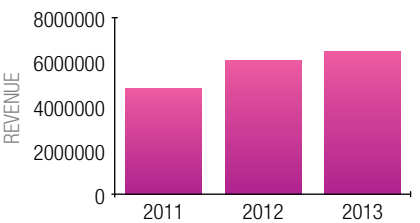
As a result of the actions taken last year to control the level of expenditure specifically related to human resources, there has been an improvement in the overall operating position, returning the Association to surplus.

The specific focus for 2012 / 2013 year has been the fundamental belief in the individual, providing leadership to support the most vulnerable in our society, the provision of accommodation and striving to improve the individual’s quality of life.

The Association remains largely reliant on State and Commonwealth funding to maintain its client focused support services. While we continue to have discussions with organisations in relation to client support services, we have experienced difficulty in increasing the number of compensable clients – it is clear that organisations are aware of our outstanding results achieved through positive behaviour support and client centred practice.

The focus for 2013 / 2014 year continues to be the fundamental belief in the individual, striving to improve the individual’s life quality, with the expectation that we will increase the number of accommodation units during the year.

The State economic position for disability services continues to be tight following the change in government early in 2012. The Department of Communities, Child Safety and Disability Services is working positively “side-by-side” with us to ensure the long term commitment to clients will result in an improvement in life quality.



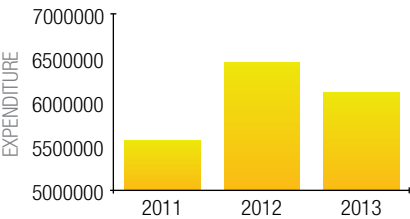
financial report

FOR THE YEAR ENDED 30 JUNE 2013

Brain Injury Association of Queensland Inc.
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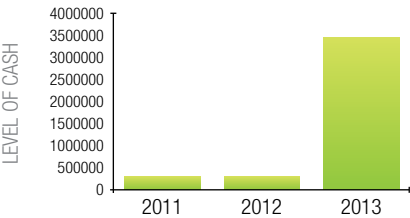
Expenditure

The level of expenditure reduced during the 2012 / 2013 period, with Employee Benefits Expense declining 5%. There were two other specific expense items where the achieved savings were significant. Computer Expenses reduced \$126,197 or 49% year on year, although the expenses related to the development of the external website have been amortised over 24 months. Resulting from the Senior Officers' focus on ensuring long sustainability, management of cash flow has improved. There has been an interest reduction of \$65,849 or 17% year on year.



Cash Management

The level of cash and cash equivalents at the end of the financial year has increased, resulting from the Senior Officers' focus on managing the cash flows and long term sustainability. The relationship established with Bankmecu – a community based bank that understands the requirements of our clients and their life quality, will ensure that future accommodation facilities will be undertaken to meet the community need.



Significant Changes in the State of Affairs

In the opinion of the Board of Management the operating results of the Association were in-line with expectations.

Events Subsequent to Balance Date

The Board of Management is not aware of any matter or circumstance not otherwise dealt with in this report that has significantly or may significantly affect the operations of the Association, the result of those operations or the state of affairs of the Association in subsequent financial years.

Board of Management Benefits

The members of the Board of Management receive no remuneration for their services as members of the Association.

Board of Management Interest in Contracts

Since the date of the last Board of Management report, no Board Member has declared, pursuant to Section 231 of the Corporations Act 2001, an interest in any contract by virtue of their membership or membership of other entities except as reported in *Note 15 Related Party Transactions*.

financial report

FOR THE YEAR ENDED 30 JUNE 2013

Brain Injury Association of Queensland Inc.
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Remuneration Report

Synapse's remuneration policy sets salaries at the lower end of what might be earned in the general market for equivalent positions. This balances the compassionate and not-for-profit status of the association with the need to attract and retain quality staff from the market.

Remuneration (Including Superannuation)	Number of Senior Officers in the Group
\$130,000 – \$140,000	1
\$90,000 – \$100,000	3
\$80,000 – \$90,000	3
\$70,000 – \$80,000	2

Board of Management Meetings

During the financial year, nine (9) meetings of the Association's Board of management were held. The nominated individuals forming the Board of Management attended the following meetings:

	Number of BoM Meetings Eligible to Attend	Number of BoM Meetings Attended
Mr Chris Thompson	9	9
Mr Neil Federer	9	6
Mr Peter Lake	9	7
Mr John Chambers – appointed 25/02/2013	5	4
Mr Bede King	9	6
Mr Neil Jackson – appointed 25/02/2013	5	2
Ms Donna Sanderson	9	6
Mr Gordon Geoghegan – appointed 25/02/2013	5	5

financial report

FOR THE YEAR ENDED 30 JUNE 2013

Brain Injury Association of Queensland Inc.
Trading as Synapse ABN 75 631 135 125

STATEMENT OF COMPREHENSIVE INCOME

For the year ended 30 June 2013

	Note	2013 \$	2012 \$
Operating Revenue	2	6,415,950	6,006,800
Accountancy and Auditor's Remuneration		(24,705)	(10,816)
Advertising and Promotions		(61,129)	(80,500)
Client Support Services		(373,736)	(205,970)
Computer Expenses		(132,260)	(258,457)
Consultancy Fees		(8,890)	(28,644)
Depreciation and Amortisation Expense		(189,314)	(187,836)
Employee Benefits Expense		(4,425,954)	(4,674,345)
Finance Costs and Charges		(317,547)	(383,396)
Flood Emergency Expenses		-	(3,701)
Insurance		(76,672)	(51,379)
Legal Expenses		(30,180)	(27,734)
Office Expenses		(153,139)	(174,188)
Motor Vehicle Expenses		(51,976)	(42,719)
Other Expenses		(144,263)	(135,798)
Property Expenses		(130,838)	(155,456)
Loss on Disposal of Assets		-	(25,076)
Operating Surplus for the year		295,347	(439,215)
Non-Operating Activities	2	28,796	463,528
Surplus for the Year	3	324,143	24,313
Other Comprehensive Income			
Revaluation of Land and Buildings (West End, Lawnton and Narangba)		206,846	-
Total Comprehensive Income for the Year		530,989	24,313

The accompanying notes form part of these Financial Statements

financial report

FOR THE YEAR ENDED 30 JUNE 2013

Brain Injury Association of Queensland Inc.
Trading as Synapse ABN 75 631 135 125

STATEMENT OF FINANCIAL POSITION

	Note	2013 \$	2012 \$
Current Assets			
Cash and Cash Equivalents	4	3,456,386	298,131
Trade and Other Receivables	5	222,947	147,042
Inventories		33,736	21,777
Other Current Assets	6	122,106	15,380
Total Current Assets		3,835,175	482,330
Non-Current Assets			
Property, Plant and Equipment	7	7,790,659	7,591,156
Intangible – Website Development Projects	8	27,505	-
Total Non-Current Assets		7,818,164	7,591,156
Total Assets		11,653,339	8,073,486
Current Liabilities			
Trade and Other Payables	9	774,523	383,059
Grants and Revenue Received in Advance	9	3,053,460	297,710
Borrowings	10	180,421	3,874,197
Provisions	11	241,764	187,269
Total Current Liabilities		4,250,168	4,742,235
Non-Current Liabilities			
Borrowings	10	4,361,551	813,137
Provisions	11	66,714	74,197
Total Non-Current Liabilities		4,428,265	887,334
Total Liabilities		8,678,433	5,629,569
Net Assets		2,974,906	2,443,917
Equity			
Accumulated Surplus		2,768,060	2,443,917
Property Revaluation Reserve		206,846	-
Total Equity		2,974,906	2,443,917

The accompanying notes form part of these Financial Statements

financial report

FOR THE YEAR ENDED 30 JUNE 2013

Brain Injury Association of Queensland Inc.
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financial report

FOR THE YEAR ENDED 30 JUNE 2013

Brain Injury Association of Queensland Inc.
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STATEMENT OF CHANGES IN EQUITY

	Note	Accumulated Surplus \$	Asset Revaluation \$	Total \$
Balance at 30 June 2011		2,419,604	-	2,419,604
Surplus / (Deficit) for the year		24,313	-	24,313
Other comprehensive income for the year		-	-	-
Balance at 30 June 2012		2,443,917	-	2,443,917
Surplus / (Deficit) for the year		324,143	-	324,143
Other comprehensive income for the year		-	-	-
Increase in Asset Revaluation Reserve		-	206,846	206,846
Balance at 30 June 2013		2,768,060	206,846	2,974,906

The accompanying notes form part of these Financial Statements

financial report

FOR THE YEAR ENDED 30 JUNE 2013

Brain Injury Association of Queensland Inc.
Trading as Synapse ABN 75 631 135 125

STATEMENT OF CASH FLOWS

	Note	2013 \$	2012 \$
Cash Flows from Operating Activities			
Receipts from Clients		9,971,004	6,136,116
Payments to Suppliers and Employees		(6,132,970)	(5,565,476)
Interest Received		27,245	21,616
Finance Costs		(317,547)	(383,396)
Net Cash Provided by Operating Activities	12	3,547,732	208,860
Cash Flows from Investing Activities			
Proceeds from Sale of Property, Plant and Equipment		-	970,470
Purchase of Property, Plant and Equipment		(93,347)	(99,948)
SAIF and Website Development Projects		(127,891)	-
Net Cash Provided by / (Used in) Investing Activities		(221,238)	870,522
Cash Flow from Financing Activities			
Proceeds from Finance Leases – Borrowings		-	3,531
Proceeds from Bankmecu Loans		4,448,259	-
Repayment of Borrowings		-	(962,287)
Repayment of Finance Leases – Borrowings		(52,697)	-
Repayment of National Australia Bank Loans		(4,449,944)	-
Net Cash Used in Financing Activities		(54,382)	(958,756)
Net Increase in Cash Held		3,272,113	120,626
Cash and Cash Equivalents at beginning of Financial Year		184,273	63,647
Cash and cash Equivalents at end of Financial Year	4	3,456,386	184,273

The accompanying notes form part of these Financial Statements





www.synapse.org.au

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