

Rethink Brain Injury

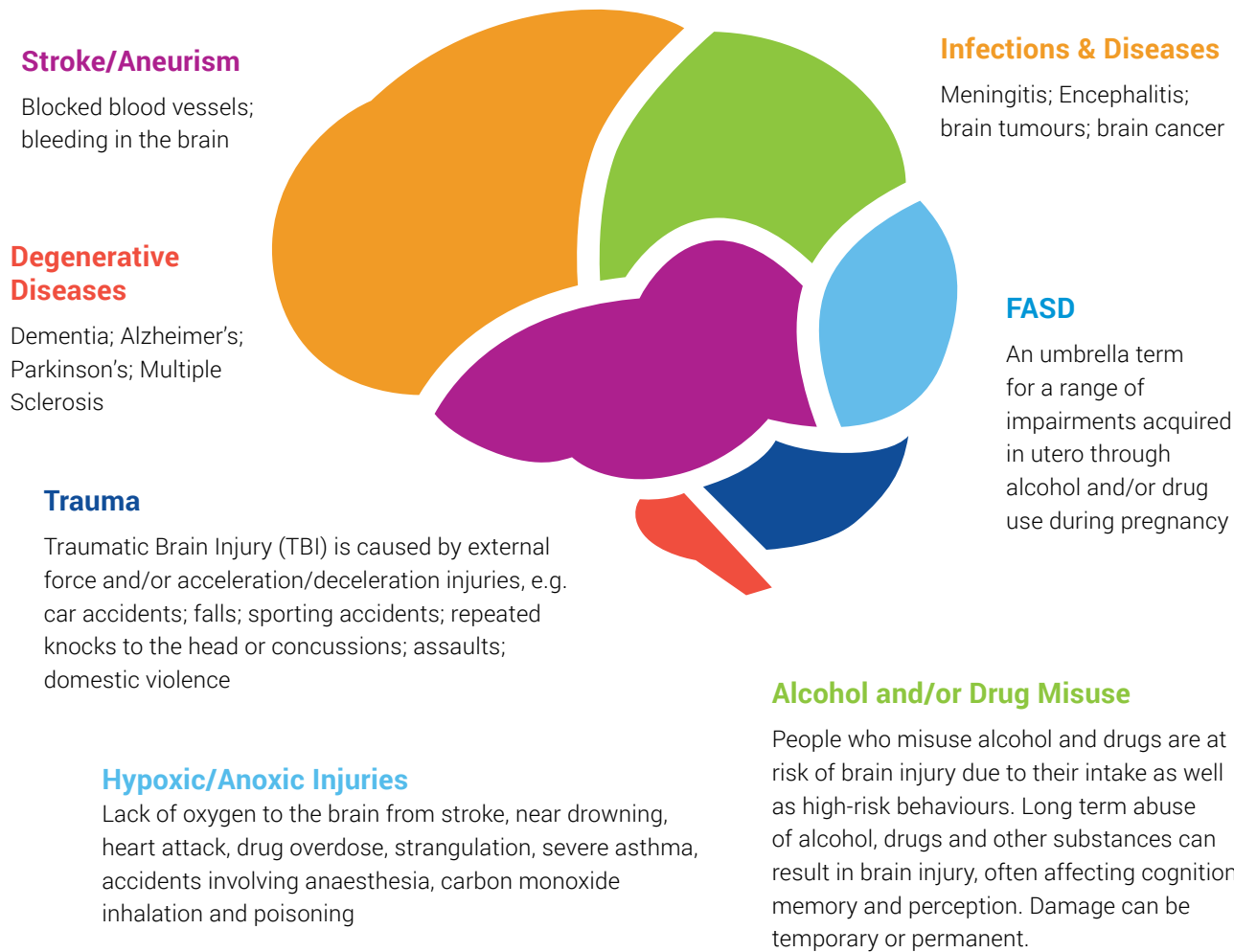
ANNUAL REPORT 2018

Defining Brain Injury

We use the term brain injury to refer to any type of brain disorder or neurological disruption which is acquired rather than developmental.

Generally, acquired brain injury (ABI) is defined as damage that occurs after birth. Fetal Alcohol Spectrum Disorder (FASD) is often classified as a developmental disorder because it is present at birth, however as it relates to impairments caused by exposure to alcohol or drugs in utero, we view it as an acquired brain injury.

Primary causes of brain injury



Brain injury is not

A Developmental Disorder	Intellectual disability, Autism and Down Syndrome present at birth and affect global functioning.
A Mental Health Disorder	May have similar effects and is often present with a brain injury.

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Our History

1984

Synapse was initially called Headway Queensland and was founded by Alwyn Ricci whose son, Mark, had sustained a severe brain injury. Alwyn volunteered his time to become Headway's first Director. Headway provided vocational and counselling services, case management, research, family support and referral.

1990

Headway was funded to deliver a research report on the state of brain injury services in Queensland. This report was instrumental in gaining further funding to establish additional services including advocacy, research, education and advice for people impacted by brain injury.

1996

Headway was renamed Brain Injury Association of Queensland and moved towards a more service-oriented role which included providing support and housing for people with brain injury.

2010

The Brain Injury Association of Queensland changed its name to Synapse. The name suggests the value of relationships rather than a label for an injury, and relates to the connections between people, communities and opportunities.

2013

Synapse established key partnerships with The Hopkins Centre at Griffith University and other partners including Anglicare North Queensland and Mission Australia. Partnerships were an integral part of Headway's ethos and Synapse continues this approach today.

2015

Synapse partnered with the Brain Injury Association of NSW which was established in 1979 under the name Cerebration, before changing its name in 1991. In 1999, the Brain Injury Association of NSW became the peak body for brain injury in NSW. Synapse formally merged with the Brain Injury Association of NSW in 2016, and continues to focus on and grow NSW peak activities, including advocacy, information, support and sector training.

2016

Synapse merged with the Stroke Association of Queensland which started in 1983 by a 46-year-old mother of four who had a stroke. Synapse ensures the legacy of the Queensland Stroke Association by providing information and support to people impacted by strokes.

2017

Synapse completed a culturally safe housing project in Cairns for Aboriginal and/or Torres Strait Islander people with a brain injury. The project is the first of its kind in Australia. Synapse remains a not for profit organisation, but changed from an Incorporated Association to a Company Limited by Members Guarantee

From the CEO

The past financial year proved to be pivotal for Synapse. Synapse's 2017-2020 Strategic Plan provides a roadmap to deliver more services to people impacted by brain injury. The strategy also details how we will help people impacted by brain injury from early years to older-age, and from a broader cross section of society.



While we continue to provide and expand existing services for people impacted by brain injury, such as support and housing, information and referral, and advocacy and peer support, we are extending our services further to include people impacted by brain injury who experience or interact with the criminal justice system, mental health, homelessness, child safety, and youth and family services.

Synapse is expanding our work across other jurisdictions including, most recently, Western Australia. In the ever-changing world of social policy reform in the community services area we continue to consider how we can implement our strategic direction to achieve the greatest impact at an individual, family, community and systemic level. 2017/2018 has seen Synapse become more involved in the criminal justice and corrections systems. We now work with our partners in re-entry services for female offenders; we provide training on the impact of brain injury and offending behaviours; we are supporting brain injury assessments in local courts and supporting offenders to access the NDIS.

The NDIS will only support a fraction of the disability population at full scheme and to this end we were successful in receiving SynapseConnect and SynapseCarers Information, Linkages and Capacity building grants. These grants will allow Synapse to develop new information and support programs for people impacted by brain injury nationally.

I would like to thank the Board of Directors for their continued support throughout the year and our strategic alliances which have assisted in supporting us to implement our strategic directions. To the Synapse team, sincere thanks for your dedication and commitment to achieving outstanding results throughout the year.

Our future is looking bright. I invite you to take a closer look at our achievements throughout 2017/2018 and welcome you to join us in the coming year as we continue our work together *Rethinking Brain Injury*.

Jennifer Cullen
SYNAPSE CEO

Our Board



Melanie Farris

CHAIR

Melanie is an experienced operations, communications and governance professional with a strong track record in the planning, management and delivery of strategic corporate projects across industries including life sciences, investment, not-for-profit and music industry marketing. She is currently in governance and operations roles with Telix Pharmaceuticals Limited (ASX:TLX), Factor Therapeutics Limited (ASX:FTT), Invion Limited (ASX:IVX) and Menzies Research Centre. Melanie's previous experience includes roles with HRH The Prince of Wales's Office, Global Asset Management, Imperial Cancer Research Fund, The Prince's Foundation, and The Ambassadors Ball for Ambassadors and High Commissioners appointed to the Court of St James. Melanie holds a Bachelor of Communication (Public Relations), and a Graduate Diploma in Applied Corporate Governance. She is a Fellow of the Governance Institute of Australia and a Fellow of the Institute of Chartered Secretaries (UK).



Perrin Moss

NON-EXECUTIVE DIRECTOR AND COMPANY SECRETARY

Perrin has been leading large-scale, multi-site projects across the health and tertiary education sectors for almost ten years. In his current role at Children's Health Queensland Hospital and Health Service, he has a portfolio of state-wide child and youth health projects that focus on integration, innovation and partnership development. Perrin has a successful track record in acquiring competitive grant and philanthropic funding to initiate projects, and has successfully transitioned many large scale projects into business as usual programs through securing recurrent funding sources. Perrin holds a Bachelor of Business (International Business and Management) and a Bachelor of Creative Industries (Media and Communication).



Siena Perry

NON-EXECUTIVE DIRECTOR

For over 12-years Siena has worked in Australia and internationally in the strategic communication, fundraising, digital communication, change management and engagement space, with a focus on not-for-profit organisations. She currently works for an Asia Pacific Internet governance and development organisation, and in the past has advised on strategic communication for the University of Queensland, the UN Food and Agriculture Organisation, Suncorp Group, Queensland Government Department of Premier and Cabinet, Jeans for Genes Day and Surf Life Saving Foundation, among others. A family member of Siena's suffered a severe brain injury and she serves in his memory.



Paul Raciborski

NON-EXECUTIVE DIRECTOR

Paul experienced a severe brain injury as the result of a fall in 2003. Since his injury, he has strived to make a difference for others who have been through similar experiences. Paul now works with people with severe intellectual and physical disabilities as a Disability Support Worker. In his previous career he worked in corporate project management, manufacturing and supply chains.



Paul Watson

NON-EXECUTIVE DIRECTOR

Paul Watson is a Director of Berrill & Watson Lawyers and is an expert in superannuation and life insurance. Paul has run seminars and workshops for disability support groups, financial counsellors and the consumer movement to improve the lives of people with a disability, injury or chronic illness for over a decade. Paul is a current member of the Consumer Law Committee of the Law Council of Australia and was awarded an Honorary Life membership with Palliative Care Queensland as a result of the support he provided to that organisation.



Dr Paul White

NON-EXECUTIVE DIRECTOR

Dr Paul White (MB, BS, FRANZCP) has extensive experience in many facets of health care, including: governance; education; sector planning, development and management; clinical leadership; public health; and direct clinical care. He has held a number of leadership, strategic and influential positions in the health care sphere. Dr White is a psychiatrist working across the state of Queensland and has a particular interest in Far North Queensland. He is Clinical Director of the Specialist Disability Assessment and Outreach Team, Department of Communities, Child Safety and Disability Services, Queensland. Dr White has based his career in trying to understand the experiences and illness of marginalised people.



Michael Dahl

NON-EXECUTIVE DIRECTOR

Michael is a Chartered Accountant, a member of the Australian Institute of Company Directors and has worked in senior commercial and financial roles for over 25-years. He also brings broad operational and systems expertise from his time working within a diverse portfolio of businesses. Michael is focused on supporting the team at Synapse to continue delivering high levels of care and service as they transition through the NDIS implementation.



Hannah Hiscox

NON-EXECUTIVE DIRECTOR

Hannah is a chartered accountant and registered company auditor with over 16-years professional experience. She is currently a Director in the Audit and Assurances team at Grant Thornton Australia and audits a portfolio of charities registered with the Australian Charities and Not-for-profits Commission (ACNC). Hannah holds a Bachelor of Business (Accounting) and a Graduate Certificate in Business (Philanthropy and Nonprofit Studies).

Our Leadership



Jennifer Cullen

Adjunct Associate Professor

CHIEF EXECUTIVE OFFICER

Jennifer Cullen has over 26 years' experience in disability and aged care services. Jennifer was appointed to the NDIS Independent Advisory Council as the Queensland Member in 2013, and was appointed to the National Disability and Carers Advisory Council as a Member in 2016. She leads a range of research and projects that focus on supporting Aboriginal and/or Torres Strait Islander peoples with complex neurocognitive disabilities, including Fetal Alcohol Syndrome Disorder (FASD), and is an Adjunct Associate Professor at James Cook University. Jennifer is a descendant of the Wakka Wakka people.



Clare Townsend

PhD

NATIONAL DIRECTOR - IMPACT AND EVALUATION

Clare leads the Synapse Impact and Evaluation team, which has specific focus on marginalised people with complex neurocognitive disabilities, including Aboriginal and Torres Strait Islander peoples, those living in rural and remote communities, homeless people and those involved in the Criminal Justice system.

Clare is an Adjunct Associate Professor at Griffith and James Cook Universities and heads a team consisting of post-doctoral Fellows, a Senior Projects Manager and Griffith University post-graduate students. She has a track record in the development and implementation of strategic research agendas which address the rights and needs of people with neurocognitive and other complex disabilities. She has published in industry relevant journals in neurocognitive disability (NCD), mental health and intellectual disability and represents Synapse research in academic and other fora.

Clare is Chief Investigator of The Guddi Project. The Project has developed a culturally safe Neurocognitive Disability Guddi assessment tool with capacity to identify complex disablement and facilitate appropriate service provision. Outputs from this project include a cumulative data set which better reflects the extent and nature of NCD amongst marginalised people that can be applied to policy and service development and reform. During her career Clare has worked and undertaken research in the areas of psychosocial disability and rehabilitation, intellectual disability and mental health policy and service delivery at national and international levels.



Adam Schickerling

Adjunct Research Fellow

NATIONAL DIRECTOR - STRATEGY & ENGAGEMENT

Adam Schickerling has over 18-year's experience within the government and community sectors in a variety of nationally oriented general management and executive management roles, with qualifications in Applied Science, Disability, Management and Training. With experience in business improvement and organisational development functions, Adam has expertise in leading national service development, expansion and growth strategies. Adam brings extensive experience in innovation, quality improvement, and practice and product development. Adam has led the design and scaling of numerous innovative service models and pilot programs recognised as exemplars in their respective fields and across the areas of Disability, Housing, Indigenous and Child/Youth/Family services and Aged Care. Adam's experience is strongly grounded in community capacity building and supporting community responses to realise health and social outcomes. Adam is an Adjunct Research fellow at Griffith University, Menzies Health Institute.



Judith Hunt

NATIONAL DIRECTOR - BUSINESS SYSTEMS

Judith is a qualified accountant (ACMA) with over 20-years financial management experience. Judith has worked for companies and not-for-profit organisations in Great Britain and Australia. Judith's role within Synapse includes the management of Synapse's financial services team, and the management and implementation of general business systems. Judith also serves in a volunteer role on the Board of Directors for Communitify Queensland.



Emily Anderson

NATIONAL COMMUNICATIONS MANAGER

Emily has worked in the not-for-profit sector for over fifteen years, providing strategic marketing, financial partnerships and communications advice and services to Growcom, Street Swags, The University of Queensland and QIMR Berghofer Medical Research Institute. Prior to entering the not-for-profit sector, Emily worked for Ergon Energy and Malouf Pharmacies. Emily also worked for Singleton Advertising, where she developed strategies and campaigns for national clients, including QANTAS, MLC and Telstra.



Dr Janet Hammill PhD

SENIOR RESEARCH FELLOW

Jan leads the Fetal Alcohol Syndrome Disorders Research stream at Synapse. She is also the coordinator of the Collaboration for Alcohol Related Developmental Disorders (CARD), formerly the Fetal Alcohol Spectrum Disorders (FASD) Research Network, at The University of Queensland Centre for Clinical Research and is a member of the National Indigenous Disability Researcher's Network.

Having a shared ancestry with the Gomeroi people of the NSW Pilliga Scrub and of the first convicts into the area, Jan's primary interest is in Aboriginal and/or Torres Strait Islander peoples health outcomes and advocacy for children and adults invisible to early diagnosis and intervention. She is an ethnographer who weaves narratives of family history of health and wellbeing into a biological framework that better illustrates the epigenetic and developmental burden placed on families. Jan has a particular interest in the neurobiology of stress, teratogenic exposures especially of alcohol and the transgenerational implications for children. In 2008 Janet was awarded an Order of Australia Medal (AM) for services to the community through health services for Aboriginal and/or Torres Strait Islander women and children, and research into the consequences of in utero exposure to alcohol, tobacco and cannabis.

Our Vision

Rethink Brain Injury.

Change society.

Our Mission

Ensure the rights of people impacted by brain injury, by connecting knowledge, policy, services and systems.



Synapse Strategic Direction

2017 – 2020

Synapse's 2017-2020 Strategic Plan ensures we continue our existing services, while also providing a roadmap for Synapse to deliver additional services to more Australians impacted by brain injury, from a broader cross section of society.

Many people who have been impacted by brain injury are further disadvantaged after adverse experiences while interacting with service systems. Synapse will strengthen our impact further by connecting evidence-based knowledge to policy, services and these systems to ensure the rights of people impacted by brain injury.

Rethink Brain Injury

We are rethinking brain injury by gathering and establishing knowledge and evidence to underpin and change policy, systems and services. Brain injury is sometimes called an 'invisible disability' because there may be no physical signs. Because of this, many people don't understand the effects of brain injury on individuals, carers, family, community and the systems they interact with. We encourage people to 'Rethink Brain Injury' so everyone better understands and supports people who are impacted.

Rethink What's Possible

Synapse doesn't shy away from the difficult, seemingly impossible to solve issues. No matter what the situation is, we see what's possible. Whether an individual, family, community or system is affected, we'll rethink our approach and develop new tools, services and ways to share knowledge to create new possibilities.

Rethink People Power

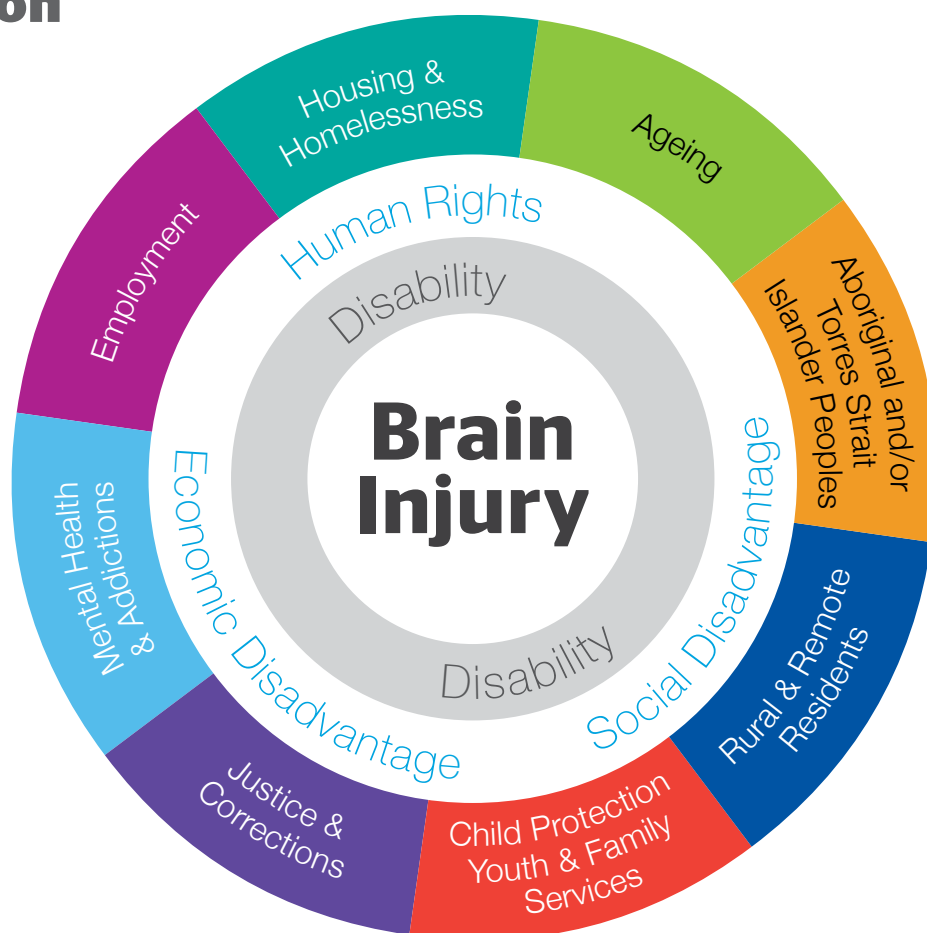
Brain injury doesn't discriminate. It affects different individuals from every culture, of every age, in any location. We're rethinking the way we find and keep the best people, so our teams reflect the communities and individuals we connect with—local people supporting local people. We aim to benefit all people impacted by brain injury irrespective of culture, different needs or life experiences. We're developing a workforce that supports people in urban, rural and remote areas across Australia. We acknowledge that the people we work with through services, employment and partnerships are the driving force behind Synapse making a difference.

Rethink Connections

Relationships and connections are at the heart of Synapse's work. Synapse develops social, cultural, health and financial connections for people and communities affected by brain injury. We foster strong partnerships with community and organisations, to share knowledge and extend the reach of our services. We know that our impact is far greater by sharing, learning and listening. We connect with marginalised and disadvantaged groups across Australia. Synapse has a cultural understanding of Aboriginal and/or Torres Strait Islander peoples which strengthens our connection with community. Synapse respects that communities hold the wisdom and knowledge about what is needed and how to make things happen. We rethink the connections between knowledge, policy, services and systems to ensure the rights of people impacted by brain injury.

Strategic Direction

People with a brain injury can interact with a broad range of services. These services typically have poor understanding of brain injury and inadequate processes for assessment and referral. This creates risks of disadvantage and inequality for people with brain injury across many service sectors.



Ageing

- Impacts of ageing for people with brain injury poorly understood and not well managed (Spicer, 2009)
- Ageing population means that rates of age-related brain injuries, including those caused by stroke, are predicted to rise in coming years
- Dementia has been described as the leading health problem in contemporary Australia (Deloitte Access Economics, 2011)

Justice and Corrections

- People with brain injury face disadvantage within the criminal justice system both as victims and offenders
- High proportion of adults and young people with brain injury in the Australian correctional system

Housing and Homelessness

- Lack of choice and control about housing
- At risk of homelessness, and homelessness a risk factor for brain injury
- Homeless services struggle to understand, identify and effectively support people with brain injury

Employment

- People with brain injury have high unemployment rates and need higher rates of employment assistance
- Poor understanding of brain injury across employment services and workforce
- People with a brain injury have low engagement with employment services compared to the general population.

Rural and Remote Residents

- Significant inequality between service access for people living in urban areas compared with rural and remote residents
- People can be away from family and support systems for extended periods, incurring high expense and emotional distress

Mental Health and Addictions

- High proportion of co-occurring mental health problems. Up to 42% of people with brain injury can have poor mental health (AIHW, 2007)
- Impacts of brain injury can be confused with mental health problems and inadequately addressed in mental health services



Highlights

Provided **national information** and **referral services** to around **1,300 people**

Provided **106,545 hours** of support

An Australian first - **Completed** the development of culturally appropriate **supported housing** in Cairns

Developed a **culturally safe work-force** model in Cairns

NSW **Peak Body**

Connected with around **1000 individuals** regarding NDIS access, eligibility, pre-planning, support coordination, financial plan management and plan review

Continued the **national roll-out of The Guddi Protocol**

Increased capacity with over **120 staff employed across two states** in both metropolitan and regional locations

Provided information, training and education to over **100,000 people online** and via other activities

Child Protection/Youth and Family Services

- Inadequate support for parents with a brain injury can increase the risk of them losing custody of their children
- Strong correlation between child protection and youth justice. Between 1 July 2013 and 30 June 2017, 48% of young people under youth justice supervision had also been in child protection (AIHW, 2018)
- Correlation between brain injury and domestic violence for perpetrators and victims
- 40% of victims of family violence attending Victorian hospitals in the 10-years between 2006 and 2017 had sustained a brain injury (Brain Injury Australia, 2018)

Aboriginal and/or Torres Strait Islander Peoples

- Disproportionate risk of brain injury, stroke and early onset dementia (Li et al., 2014; Smith et al., 2008)
- Aboriginal and Torres Strait Islander people, particularly women, are significantly over-represented among those hospitalised for head injury due to assault. (Jamieson, Harrison & Berry, 2008)
- FASD prevalence may be as high as 12% in some high-risk Indigenous communities in Australia (Fitzpatrick et al., 2015)

Rethink What's Possible

Over the past 34 years, Synapse has grown into a national organisation with over 120 employees. Synapse provides a range of support services for people who have been impacted by brain injury and promotes quality of life, self-determination and choice through information, specialist support and targeted research activities.

Synapse is continually looking for new and better ways to provide the very best support for people who have been impacted by brain injury.

Synapse Services Snapshot



Information and Referral

Providing advice and information about all issues relating to brain injury, including recovery after stroke.



NDIS Support Coordination

Support coordination and planning services to help people organise and manage their NDIS plans, services and supports.



Advocacy

Systemic and individual advocacy to protect the rights of people with a brain injury or disability and their carers.



Support and Housing

The provision of housing and support services for people with brain injury and complex disability.



Impact and Evaluation

Conducting research to connect knowledge, policy, systems and services to ensure the rights of people impacted by brain injury.



Synapse Reconnections

Providing the opportunity to create personal networks between individuals with brain injury, their family members and carers.



Information, Linkages and Capacity Building

Developing and implementing information, linkages and capacity building models and activities.



With the right support and adequate resources people with brain injury can lead fulfilling lives and maximise their health and wellbeing. However, life after a brain injury can be an overwhelming experience for individuals, carers and family. Many people are unsure about the stages of recovery and are given limited support after hospital and rehabilitation. They may also be unaware about where they can access information, or which services or supports are most appropriate for them.

In addition, the NDIS launch caused many people with brain injury to feel uncertain about NDIS eligibility, the application, planning and ongoing review processes, and the amount of funding available for services and support.

Information and Referral

Synapse plays a national role in providing information and referral services for people impacted by brain injury. Our team have qualifications in public health, social work and psychology, and have extensive knowledge about brain injury, disability, trauma, guardianship, financial guardianship, cultural awareness, positive behaviour support and restrictive practices. Synapse responds to a broad range of topics, including:

Advocacy

Housing and support

Medical and rehabilitation services

Post-hospital care

In-home care

Financial support options, and

The NDIS

In addition, Synapse maintains an up-to-date database, which includes service providers with neurological experience, so people impacted by brain injury can be directed to the most appropriate services.

Synapse rethinks the development of information resources, including nationally recognised publications *Acquired Brain Injury: The Facts*, *Bridge Magazine* and widely referenced online fact sheets. These publications are provided to people with a brain injury across Australia, so they can learn more about brain injury and other peoples' experiences. The publications are also distributed to hospitals and professionals who work with people with a brain injury.





Rethink What's Possible

NDIS Support Services

Synapse's Support Service takes the stress and confusion out of planning for and managing an NDIS plan by assisting with decisions and connecting people with the right supports. Synapse's Support Service liaises directly with people impacted by brain injury and disability to source services, and provide individualised advice and information about topics such as:

Registered local service providers

Housing

Assessments

Financial plan management

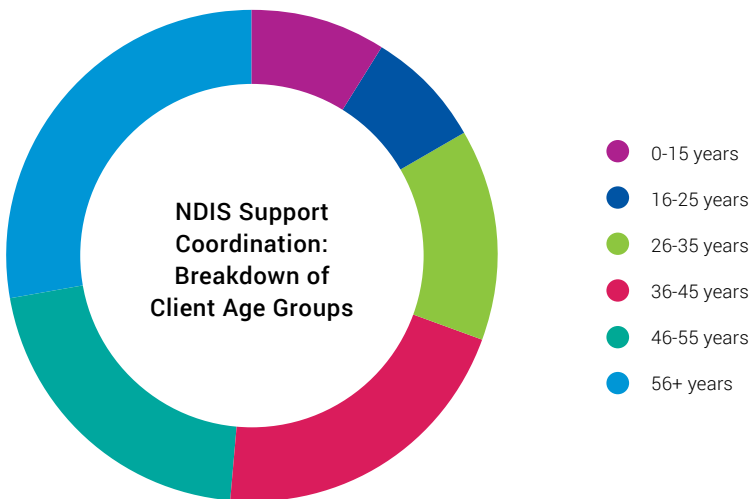
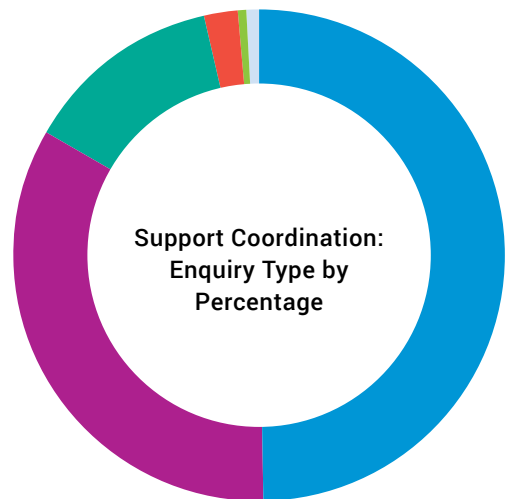
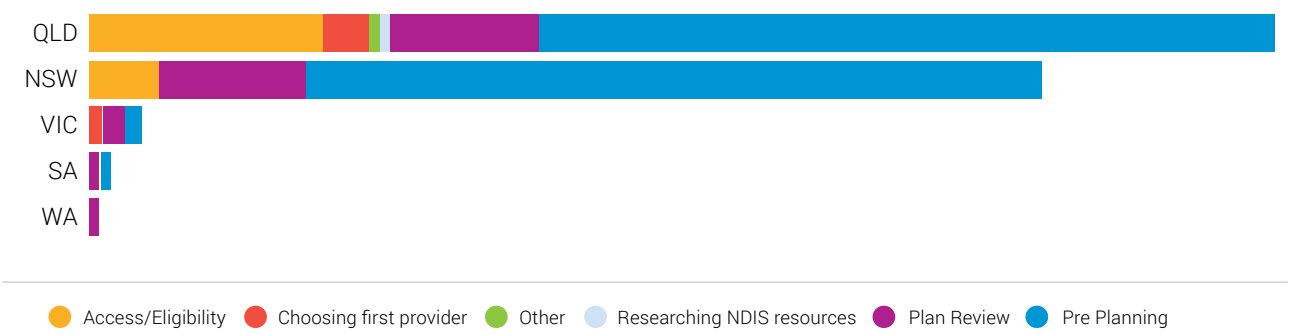
Pre-planning and plan review meeting
advice and guidance

Peer support groups



Almost 1000 people contacted Synapse seeking information and services regarding NDIS planning and coordination. Enquires were made from Victoria, South Australia, Western Australia, New South Wales and Queensland.

Support Coordination: Enquiry Types by state



Rethink What's Possible

Rethinking the NDIS

Synapse strives to understand the needs of the people that we connect with, so we can develop services and information to best meet these needs.

To do this, Synapse conducted a survey to research NDIS knowledge and awareness among existing Synapse clients. The survey reflected that people were confused about eligibility, the application process and how to prepare for NDIS planning and review meetings. Synapse was awarded funding from Family and Community Services, NSW Government, to develop information to help people check their NDIS eligibility and plan for NDIS meetings. Based on the survey feedback, Synapse developed an **NDIS Access and Eligibility Checklist**, **Pre-Planning Guide** and **Plan Review Guide**. Synapse made the Guides available online, and conducted a digital marketing campaign to promote and provide the Guides to a broader audience.



Providing Support for Older Australians

Ageing is a risk factor for brain injury. For people over 65, there is an increased incidence of conditions including stroke, Parkinson's disease and dementia disorders, as well as increased risk of traumatic brain injury through falls.

Despite medical advances, the ageing population means that rates of age-related brain injuries are predicted to rise dramatically in the coming years. For example, the Australian Institute of Health and Welfare (AIHW, 2012) found that while the death rate from stroke has dropped in the last 30-years, the ageing population means that the rate of stroke has increased 6%. The AIHW also found that dementia is the single greatest cause of disability in Australians over the age of 65 and the third leading cause of disability burden overall. Additionally, Aboriginal and/or Torres Strait Islander peoples experience dementia at a rate three to five times higher than the general Australian population (Flicker & Holdsworth, 2014).

People with a brain injury may need additional support as they age due to a range of possible challenges including the loss of skills gained in rehabilitation; increased risk of injuries from falls; high medical needs; increased risk of social isolation; reduced physical capacity; and decreased independent living skills (Spicer, 2009). The impact of ageing extends to carers who provide support but are also ageing themselves. According to the Australian Bureau of Statistics, the average carer in Australia is over 55.

Synapse provides a variety of services for older Australians impacted by brain injury including information and referral, advocacy services and NDIS support. Our Reconnections Program also provides peer support and networking opportunities for carers and older people impacted by brain injury.

Synapse continues to deliver the Commonwealth Home Support Program which is funded by the Australian Government, Department of Health. The Program supports older people throughout Queensland including in rural and remote communities and provides access information, social support and services that will help older people live well in their own homes.

In addition, Synapse has commenced establishment of a service to provide tailored support and information to families and individuals who have been affected by brain injury, stroke or a neurocognitive disorder to provide much needed information and support at a critical time, both in hospital and post-hospital discharge.



Peak Services and the Protection of Rights

Synapse provides individual and systemic advocacy to represent the interests of people with brain injury nationally and is the peak body representing people impacted by brain injury within New South Wales. Our work as a peak body involves influencing policy development to ensure the needs of people with a brain injury are met. We do this by developing the capacity to act as a strong and unified voice for people affected by brain injury nationally.

During the past year, Synapse's advocacy team assisted more than three-hundred individuals with a variety of matters, including housing and financial assistance negotiations, assistance in the courts or tribunals, the NDIS and providing advocacy for people who are vulnerable or socially isolated.

Synapse's NDIS Appeals Service provides independent advice and support to help people review decisions made by the NDIA about access to the NDIS or NDIS plans. This process has allowed Synapse to help shape the NDIS, as well as provide feedback to our constituents and stakeholders which further extends our influence. In the past, Synapse's advocacy services were only offered to people impacted by brain injury, but the NDIS Appeals process applies to any disability. Because of this, we have been able to expand our knowledge and deliver advocacy services to a broader range of people.

Synapse partners with stakeholders in health, government and non-government areas to ensure the provision of individual and systemic advocacy. For example, Synapse recently worked closely with iCare (formerly Lifetime Care

and Support), an integral stakeholder in motor vehicle related brain injury in New South Wales. Synapse has been selected to deliver the iCare Support and advocacy service, assisting participants in the iCare scheme to voice their complaints or dispute decisions, thus helping individuals, carers and families throughout their lifespan.

The advocacy ethos is instilled throughout Synapse and underpins all programs with respect to human rights, the *UN Convention on the Rights of Persons with Disabilities* and our overall commitment to continue to achieve respectful outcomes for all people living with a disability.





Protecting a Father's Rights

Michael Hampton (pictured) has advocated for the rights of people with brain injury for over seven years. He worked for the Brain Injury Association of NSW before its merger with Synapse in 2016.

"Advocating for people to ensure their rights and helping them navigate complex systems is vital," said Michael.

Michael recently assisted James* with advocacy matters. James requires assistance reading and writing and has experienced socioeconomic disadvantage. He started mixing with the wrong crowd, taking drugs and experienced homelessness before spending some time in prison.

"James will tell you that he was a rascal from the start, but the reality is, his circumstances had an impact on his opportunities in life," said Michael.

James now has a frontal lobe brain injury after being viciously attacked on the street one night. Because of this injury, he has difficulty controlling his impulses and communicating.

"We came into contact with James because he wanted to see his young son," said Michael. "To explain to someone that they need mediation to see their child is difficult in any circumstance. People don't understand the process generally, let alone if you have a severe cognitive disability."

Synapse arranged a solicitor and supported James through the instruction and mediation stage. Synapse also advocated for support staff to accompany James whenever he spent time with his son.

"James didn't have much money, but when he visited his son with the support worker, he spent any spare money taking his son to activities," said Michael. "Interacting with his son had a big positive impact on James's wellbeing."

Unfortunately, James was subject to court orders, and, due to a medication change and difficulty making decisions, James breached these orders. Michael and Synapse advocates supported James at police stations, in court and in custody during these breaches. The advocacy team also provided evidence, which allowed James to be diverted from the criminal justice system, so he could maintain close contact with his support and medical network.

"Because of Synapse's relationship with the health units, we arranged for James's doctor to speak directly to the magistrate, so they could explain how the medication affected his behaviour," said Michael.

"We'll continue to provide advocacy for people like James. Often, they have no one to support them, so it's important that we fight for their rights and do all we can, so they don't become a part of the criminal justice system because they have a disability."

**Pseudonym*

Rethink What's Possible

A Place to Call Home

Australia continues to have a significant shortage of housing and specialist support options for people with brain injury and disability. Because of this shortage, many people with brain injury and disability live in inappropriate institutional settings, such as aged care.

In response to this need, Synapse provides lifestyle support and housing across South East Queensland and in Cairns. Synapse aims to provide housing and support that promotes personal development and increased independence by ensuring individuals are actively involved in planning and directing the supports they receive.

Synapse understands the importance of home. We work to give people greater control over their lives, in their own homes and communities, connected to the things that are most important to them. Our housing and support service has a strong focus on person and family centered approaches within the context of community, culture and personal preference. This provides opportunities to try different ways of delivering housing and support to individuals with complex requirements and maximise the benefits to them, and their families and carers.

Every person has different hopes for their future. No two people are the same and our practice reflects an understanding of this. The learnings from this process are continually being embedded within the way we design new housing and support options.



Rethinking Culturally Appropriate Support and Housing

During 2017, Synapse launched a unique housing project in Cairns. The project started in 2011, after Synapse gained Supported Accommodation Innovation funding from the Commonwealth Government to build the first purpose-built, transitional housing in Australia for Aboriginal and/or Torres Strait Islander peoples with brain injury and disability.

In 2007 and 2008, Synapse undertook significant work in the Cairns community supporting young people living in, or at risk of, moving into residential aged care due to the shortage of suitable housing and support options. Synapse recognised that Aboriginal and/or Torres Strait Islander peoples experience higher rates of disability and homelessness. They are more likely to fall through cracks within the health and housing systems and as a result,

live in inappropriate and restrictive settings, including residential aged care, hospital or mental health facilities. Synapse rethought the provision of support and housing for Aboriginal and/or Torres Strait Islanders peoples with brain injury and disability and sought a much-needed alternative to mainstream supported housing and accommodation options.

Synapse aimed to deliver, culturally responsive, community led options for the Aboriginal and/or Torres Strait Islander community. Synapse partnered with community members to create homes and services that promote new ways of being supported and connected within the community. This included the design of culturally safe and appropriate buildings and landscapes, and an environment that is spiritually welcoming.

“

A tenant is now working part-time. It's given her a purpose—another reason to get out of bed. She longs for the chance to one day move back home to country.

”



Janine Taylor

Manager, Synapse
Community Living



Rethinking Culturally Appropriate Support and Housing continued

Synapse partnered with People Oriented Design, Indig Design, AbriCulture, Hutchinson Builders and AECOM to build the complex and in 2017 the housing complex was opened. Tenants have moved from aged-care or other inappropriate housing and a new workforce model has evolved that preferences community and cultural knowledge as key enablers of authentic, culturally

informed services for Aboriginal and/or Torres Strait Islander peoples. The project has become part of the neighbourhood and community members actively join in functions and gatherings. The evidence to date suggests that tenants' well-being and their self-determination has significantly improved.

Moving People Out of Institutional Settings

Adam Schickerling, Synapse's National Director - Strategy and Engagement, has seen the Cairns culturally safe housing initiative develop from an initial idea to a home for Aboriginal and/or Torres Strait Islander people with brain injury and disability.

"The people who now live in Synapse's supported housing in Cairns have come from diverse and often difficult circumstances and have often moved from institutional or restrictive settings, such as hospital or aged-care," said Adam. "They have been disconnected from their family and communities. These environments are not appropriate for young people of any culture to live in long-term."

In most cases, the tenants in Synapse's supported housing have come from distant regional areas and have been displaced from their communities due to a lack of services and support. Unlike many institutional settings, the Synapse Cairns housing initiative is focused on listening and responding to the needs of each person and understanding their life experiences.

"For some tenants, the move to their own home has been an enormous achievement. It's also been confronting for tenants who have moved in after being forced to live in locked environments like aged care or public hospitals," said Adam.

"Previously, they had little control over the things happening around them and little chance to make choices or to spend time with the people who are important to them. That's the difference between being in an accommodation service and living in your own home."

The Cairns staff have a broad depth of cultural experience and knowledge and have been the backbone of the supported housing's success.

"The heart of our work is about truly listening to understand, whether that's to our staff, tenants or partner organisations," said Adam.

Synapse's aim is for tenants to develop skills and confidence, so they can make the lifestyle choices which we are all entitled to, including making decisions about where and who they live with; securing employment; developing skills to help manage everyday activities; or connecting with friends and family.

**Adam Schickerling, National Director
Strategy and Engagement**



Rethink People Power

Responding to Local Need

As Synapse reaches more people from a broader range of life experiences, geography, age and cultures, we continue to establish a workforce that is reflective of the communities and individuals we connect with through our services.

As Synapse grows, we are fortunate to extend our workforce across additional states and sites, bringing employment to communities, and helping us respond to the local needs and priorities of people impacted by brain injury.

From metropolitan to remote locations; office based to community based; direct support to research activities, our workforce takes many forms to adapt to local need. We continue to invest in systems and IT infrastructure to best support the diversity and mobility of our workforce. Synapse is also working to enhance communication, services, planning and evidence-informed-practice to support the workforce that will carry Synapse's vision forward to an exciting future.

Building and Designing a Workforce

The Department of Social Services, NDIS Integrated Market, Sector and Workforce Strategy, states that as a result of the NDIS, the disability sector workforce will need to more than double in size between 2015 and 2019-20. This represents an increase from approximately 73,600 full-time equivalent (FTE) workers to an estimated 162,000 FTE workers.

In response to the need to expand the disability workforce by around 90,000 new positions and ensure it is skilled to meet the future requirements of the NDIS, the NDS (National Disability Services) commissioned projects via the Innovative Workforce Fund. A key objective of the fund is to develop strategies to attract workforce to the disability field from diverse disciplines and work backgrounds, and to rural and remote areas, to meet anticipated demand.

Synapse received an NDS Innovative Workforce Grant to develop a culturally safe workforce design to strengthen participant, workforce and community capacity in an NDIS context. The workforce model was piloted in Cairns in the Synapse Community Living Program in response to the specific needs of Aboriginal and/or Torres Strait Islander staff and service users, but can be used within any cultural context.

The Workforce Design draws on contemporary and evidence-based practice and continues to evolve through listening, sharing and learning from the experiences of service users and staff.

Synapse's Far North Queensland workforce now consists of 79% indigenous employees with a retention rate of 85.71% (Synapse's general Lifestyle Support Worker retention rate is 74.79%).



Synapse Support Worker, Roy Auda, performs at a Reconciliation Day event in Cairns.

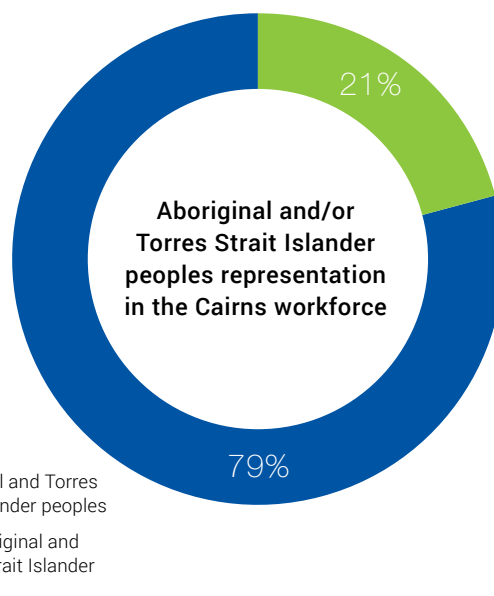
Rethink People Power

Building and Designing a Workforce continued

The model has provided Synapse with the ability to recruit a strong localised workforce; support, respond and retain culturally competent staff; and support better tenant outcomes as demonstrated through a greater sense of social and emotional wellbeing.

The Workforce model moves away from traditional workforce design, where service delivery is primarily focused on personal care, assistance with daily living and to a much lesser extent, community participation. Rethinking employee capability requirements, human resource practices and job design provided the platform for new approaches to deliver culturally informed support and services. The model also resulted in unique roles and functions within the team that further safeguard autonomy, leadership and cultural safety.

Synapse's Far North Queensland team brings a diversity of work experience. Team members have experience in children's out of home care, mental health, domestic violence, community development, aged care, small business, business consultancy, homelessness, parks/ environment, indigenous services, nursing and training.



The cultural capability of the workforce model is enabled by a mentoring function which provides a cultural and coaching lens that preferences cultural knowledge and self-determination. We recognise community knowledge and leadership as the foundation of a strong and well-supported workforce that delivers the best services possible to Aboriginal and/or Torres Strait Islander people with brain injury and disability. The culturally safe design developed by Synapse emphasises the social and emotional wellbeing of tenants and staff.

Connecting Knowledge, Policy, Services and Systems

The Guddi Project

Synapse knows through discussions with communities and research data that people from disadvantaged populations are more likely to be impacted by brain injury. These include people who are homeless, adults and young people involved with the criminal justice system, young people in out-of-home care, people experiencing poor mental health and/or substance misuse, and people living in rural and remote areas. Aboriginal and Torres

Strait Islander peoples are over-represented among these disadvantaged groups.

Services that Synapse has worked with reported that they did not have the knowledge or tools to understand and support people with brain injury. The lack of appropriate identification of brain injury can result in negative social, educational and economic outcomes across people's lifespan.



Guddi

The word "Guddi" means "come home, come heal, come rest" in the language of the Kuku Yalanji peoples of Far North Queensland, where The Guddi Protocol was developed. The Guddi Partners respectfully acknowledge the traditional custodians of the lands on which The Guddi Protocol was developed. We pay our respects to the Elders, past, present and future, and commit to improving the health and well-being of Aboriginal and/or Torres Strait Islander peoples.



“ We deal with all sorts of presenting issues such as domestic violence, homelessness, mental health and substance misuse. Until we started undertaking Guddi Protocol assessments with our clients on a regular basis, we weren't aware of the high percentage of clients who have a brain injury. We are now addressing the underlying issues causing our clients' homelessness and providing the necessary support for them to transition to housing. ”



Kim McComb

Program Manager, Quigley Street Night Shelter, Anglicare North Queensland



The Guddi Project seeks to better understand the extent and nature of brain injury in disadvantaged groups, and to build capacity within services to respond insightfully and effectively to these people. The project is being undertaken by Synapse and a range of partners with the blessing of Traditional Owners, Elders, and other respected Aboriginal and/or Torres Strait Islander peoples.

What is The Guddi Protocol

The Guddi Protocol is a culturally safe assessment process including questions relating to thinking skills, psychosocial functioning, depression, psychosis, post-traumatic stress disorder (PTSD), and alcohol and drug use.

Although The Guddi Protocol was initially developed for Aboriginal and/or Torres Strait Islander peoples, it is suitable to use with any culture. The Guddi Protocol is an important part of the delivery of Synapse's mission—to ensure the rights of people impacted by brain injury, by connecting knowledge, policy, services and systems. Synapse is connecting numerous partners to ensure that marginalised and vulnerable people are assessed across Australia and their right to services and support is ensured.

What we are doing

Across Australia, we have undertaken 258 Guddi assessments and have supported 117 people to submit access requests to the NDIS.

Synapse has partnered with Aboriginal and/or Torres Strait Islander communities and a range of organisations to develop a Health Week community engagement and training model, which has been conducted in various locations nationally. Through Health Weeks Synapse and partner organisations provide assessment and training expertise via The Guddi Protocol, as well as NDIS information and guidance. Although Synapse and partners provide the service, an important aspect of the model is that Aboriginal and/or Torres Strait Islander community members initiate, organise and promote the events.

Synapse is building capacity and capability to roll-out The Guddi Protocol nationally and is working with government and non-government organisations so people with brain injury can be assessed and supported appropriately.



The Guddi Protocol Outcomes to Date

258
GUDDI
ASSESSMENTS

117
NDIS ACCESS
REQUEST FORMS
SUBMITTED

161*
PEOPLE IDENTIFIED
WITH NEUROCOGNITIVE
DISABILITY

63
PEOPLE
TRAINED IN THE
GUDDI
PROTOCOL

51
NDIS ACCESS
REQUEST FORMS
ACCEPTED

*Based on raw data and is not a representative sample.

Rethink Brain Injury

Rethinking brain injury within the Criminal Justice System

Synapse is working with the criminal justice system to rethink brain injury within the context of corrective services, for inmates and offenders. We are partnering with the NSW Department of Justice and Guthrie House, a not-for-profit transitional service for women exiting prison, located in inner-Sydney.

Synapse is training staff within this service to use The Guddi Protocol to assess Guthrie House clients for brain injury and neurocognitive disability. This will enable women using the service and those working with them, including Probation and Parole Officers, to understand how each person's brain injury may impact on their capacity to reduce offending behaviours.

We are also working in partnership with other systems which the women may be linked to, that are integral to a successful pathway back into community. These include housing, child protection, drug and alcohol, mental health, employment and domestic violence. This will enable Synapse to develop a better understanding about the impacts of brain injury in each of these areas and how services can work together to improve outcomes for women involved in the criminal justice system.



“

A lot of the women who we work with were diagnosed with mental health conditions, but we suspected they had a brain injury. Synapse are now training our staff in The Guddi Protocol so they can be assessed. We are really excited about what this could do for our clients.

”

Christine Duggan
Service Manager, Guthrie House

Busting Myths About Sex and Disability

Synapse and our partners are working to bust myths about sex, brain injury and disability.

Synapse has partnered with Deakin university to build on their current Sexual Lives and Respectful Relationships Program to adapt it for people with brain injury. The Sexual Lives Program is about having a peer-led conversation about the issues of sexuality and respectful relationships for people with disability and brain injury. This program is also gaining an understanding about violence and abuse in relationships and how we can use this knowledge to prevent it.

The Sexual Lives and Respectful Relationships Program is delivered by people with a brain injury and includes topics such as respectful relationships, violence and abuse, sex, sexuality, decision making and how to address risk of sexual violence.

We are excited that this is a peer-led program which covers topics that rarely get discussed—sexuality and brain injury in the one conversation.

“

I had a brain aneurysm in 2012. I spent weeks in hospital and then rehab, but as soon as I could walk up a flight of stairs, they sent me home. I wasn't told that I had a brain injury or that I'd continue to have fatigue, short-term memory loss and issues with the left-side of my body. Now if I can hold one thought, it's a good day. It's really helped to be a part of the Reconnections program and it inspired me to setup a monthly Reconnections Group at Taree. We discuss our experiences and how we can support each other. I felt quite isolated after my injury, so it's made a big difference to know there are other people who understand what I'm going through.

Cynthia Burke
Reconnections Member

”



Rethink Connections

Education and Awareness

Synapse strives to improve community understanding and awareness about brain injury and its impacts. We do this through training and education programs, and community engagement.

In addition to customised training and education programs on topics relating to brain injury and the trauma associated with it, we also educate people about the impacts of a stroke. Synapse provides training for:

People affected by brain injury and stroke

Family and carers

Disability service providers

Employment agencies

Educational institutions

Government and non-government organisations

Our training packages cover topics such as the different types of brain injuries; understanding brain injury and behavioural changes; and the National Disability Insurance Scheme (NDIS). We also work with Aboriginal and/or Torres Strait Islander organisations to deliver culturally appropriate training and build awareness about brain injury in communities by organising and attending events across Australia.

Synapse attends Youth Justice Conferences and other events to raise awareness about how to prevent brain injury and the impacts it has on individuals, families and the community. Additionally, Synapse works with organisations to provide information about undiagnosed brain injury, including Fetal Alcohol Spectrum Disorder (FASD), its effects on behaviour and the impacts on the criminal justice system.



Brain Injury NETWORK CONFERENCE

Information, Linkages and Capacity Building

Synapse develops and implements information, linkages and capacity building models and activities including the Synapse Reconnections Program, Brain Injury Network Conferences and NDIS Participant Readiness projects.

Synapse has been awarded two significant Information, Linkages and Capacity Building grants named SynapseConnect and SynapseCarers. These grants have enabled Synapse to start the development of a new information and support program which includes online

and face-to-face services, and peer support and social connection opportunities for carers and individuals with a brain injury.

Through this program, Synapse will develop information to help people navigate each part of the hospital, rehabilitation and post-hospital recovery process. Information will also be developed to assist community organisations and the agencies that support people with brain injury.

Brain Injury Network

Synapse has established a Brain Injury Network with the aim of sharing information and developing connections between professionals who work with people impacted by brain injury. Synapse held several Brain Injury Network events throughout the year in Queensland and NSW.

The Brain Injury Network links government and non-government organisations, allied health and medical professionals, researchers and other professionals working in the field of brain injury.



Reconnections Program

Because it is often an 'invisible disability', people with a brain injury can often feel misunderstood, isolated and unsupported.

The Synapse Reconnections program offers peer support and peer mentoring to people living with a brain injury and their carers. Participants from across NSW have joined and the program's network is rapidly expanding.

The program provides individual matching of peers, closed Facebook groups for carers and people with a brain injury, and in-person group gatherings. The Facebook groups provide a safe space to connect, share frustrations, tips and successes, and provide support to each other.

Group meetings are held across Sydney, and the NSW Central and Mid-North Coast. The success of Reconnections is enhanced by participants that have taken an active role in the program and are now planning and promoting in-person groups in their local areas.



129 participants take part in the Reconnections Program and around 90 people are members of the Reconnections Facebook groups. Various events are held including:

- Social groups
- Social and information sessions with guest speakers on relevant topics
- Casual art groups
- Story gathering groups (participants tell their stories and make videos to support each other and educate people about living with a brain injury)
- Weekend adventurer groups.

Synapse is expanding the program and its services to program participants by providing NDIS support coordination, information and referral, and advocacy.



Comments from the Reconnections Facebook Group

“ Was feeling quite down early Thursday evening, so I opened up Reconnections, saw you Gary and remembered all our achievements. Thank you! ”

“ We are only human, so we will all have those highs and lows. Hopefully through the Reconnections Program we won't feel so alienated. Finally, there's a support network for brain injury survivors! ”

Group Meeting Feedback

“ Today was an amazing day! It was exciting to have meetings with other people who suffered serious injuries and shared their stories. I tell myself that I am not the only one. I also suffered serious injury in the past and now I'm not alone. ”

“ The turn-out amazed me because we had guests who travelled beyond two-hours or even from as far as Canberra. Some left last night to travel to Sydney. It's just inspiring. We might be far apart by distance, but our connection is as powerful as the Power-Up mushroom in a Mario game! LOL! ”



Connecting Aboriginal and/or Torres Strait Islander Peoples with the NDIS

It is widely recognised that historically, there has been a disconnect between Aboriginal and/or Torres Strait Islander peoples and the Disability Service System. Synapse recognised that engagement must be done in a different way to connect Aboriginal and/or Torres Strait Islander peoples with the services which all Australians with a disability are entitled.

Synapse was contracted by the State and Federal Government under a Bilateral Agreement to provide an Aboriginal and/or Torres Strait Islander NDIS Participant Readiness Initiatives (PRI) program.

Synapse worked in partnership with Aboriginal and/or Torres Strait Islander communities, local organisations, groups and services to establish relationships and build a level of trust and familiarity with the community. The method of delivery was determined by the local organisations and in many cases included NDIS information workshops, yarning circles and agency meetings.

The program was designed to:

- Educate individuals about disability and that they may have a disability that affects their functioning in everyday life.
- Inform people that there are services available via the NDIS and that these services are available to anyone who is eligible.
- Inform people that they will not be negatively impacted after engaging with the NDIS.
- Provide support to navigate the NDIS Access Request process.



Synapse developed a **Yarn Up Cards** resource which was designed to start conversations about the NDIS and provide examples of some of the types of supports and services available.

The program reached over 10,000 Aboriginal and/or Torres Strait Islander people in urban, rural and remote communities and was an important step in providing culturally relevant information about disability support and the NDIS.

Rethink Impact



Presented to over
2000 people
at **national conferences**

Held **Brain Injury Network**
conferences and networking events
for over **200 professional**
members.



Worked with
130 individuals
via **Synapse's**
Reconnections Program



850,000 sessions
and over **700,000 visitors**
to **Synapse websites**

Distributed **nationally**
recognised publications
ABI: The Facts and
Bridge Magazine to over
5,000 people nationally.

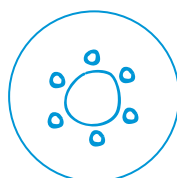


Developed and distributed
107 online brain injury
and disability fact-sheets

13 papers
published
in **peer reviewed**
journals



Connected
with **organisations**
across
Australia



Informed over 10,000
Aboriginal and/or Torres Strait
Islander people about the NDIS via
the **Synapse Participant**
Readiness Initiative

Held numerous **Information,**
Linkages and **Capacity**
Building activities

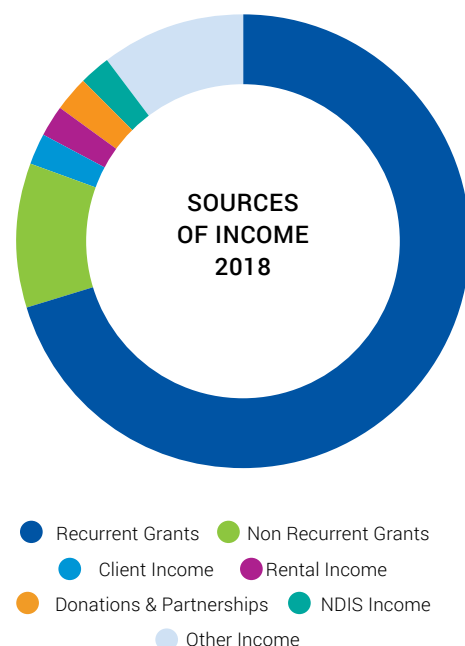
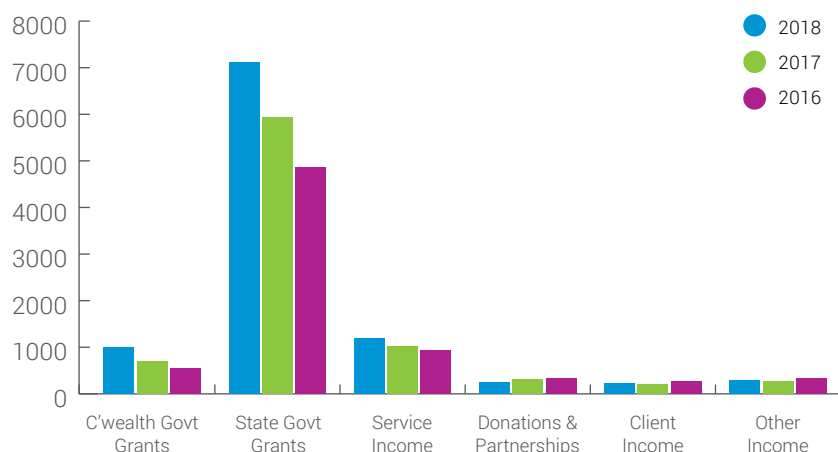


Provided
training to around
2000 people

Financial Summary 2018

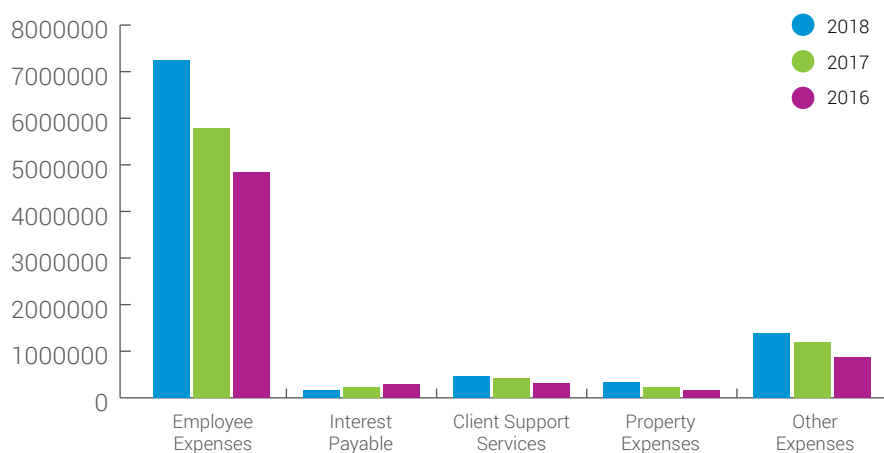
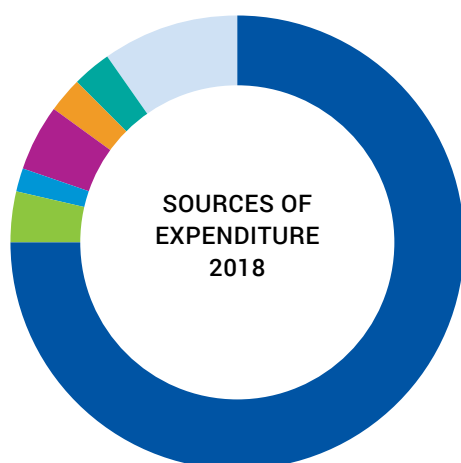
Income

For the year ended 30 June 2018



Expenditure

For the year ended 30 June 2018



- Employee Expenses
- Property
- Interest Paid
- Client Support Services
- IT Expenditure
- Depreciation
- Other Expenditure

Financial Summary 2018

Statement of Profit Or Loss and Other Comprehensive Income

For the year ended 30 June 2018

	30 June 2018 \$	30 June 2017 \$
Operating Revenue	10,062,730	8,433,171
Accountancy and Auditor's Remuneration	(34,534)	(23,040)
Advertising and Promotions	(34,761)	(63,471)
Client Support Services	(461,799)	(424,161)
Computer Expenses	(233,401)	(154,627)
Consultancy Fees	(242,508)	(179,430)
Depreciation and Amortisation Expense	(279,905)	(163,365)
Employee Benefits Expense	(7,234,867)	(5,774,118)
Finance Costs and Charges	(169,559)	(225,508)
Insurance	(80,582)	(62,299)
Legal Expenses	(28,500)	(21,595)
Office Expenses	(159,054)	(173,659)
Motor Vehicle Expenses	(65,318)	(48,118)
Other Expenses	(212,691)	(306,336)
Property Expenses	(337,972)	(220,621)
Gain/(Loss) on Disposal of Assets	(11,980)	(2,452)
Operating Surplus/(Deficit) for the Year	475,299	590,371
Non-Operating Activities	352,201	3,515,682
Surplus I (Deficit) for the Year	827,500	4,106,053

Financial Summary 2018

Statement of Financial Position

For the year ended 30 June 2018

	30 June 2018 \$	30 June 2017 \$
Current Assets		
Cash and Cash Equivalents	4,397,347	2,839,169
Trade and Other Receivables	166,755	251,685
Other Current Assets	65,081	50,600
Total Current Assets	4,629,183	3,141,454
Non-Current Assets		
Property, Plant and Equipment	11,057,236	11,187,972
Other Non-Current Assets	266,667	0
Total Non-Current Assets	11,323,903	11,187,972
Total Assets	15,953,086	14,329,426
Current Liabilities		
Trade and Other Payables	1,049,304	858,567
Grants and Revenue Received in Advance	1,395,591	884,080
Employee Provisions	358,967	289,026
Total Current Liabilities	2,803,862	2,031,673
Non-Current Liabilities		
Borrowings	4,018,088	4,018,088
Employee Provisions	119,221	95,250
Total Non-Current Liabilities	4,137,309	4,113,338
Total Liabilities	6,941,171	6,145,011
Net Assets	9,011,915	8,184,415
Equity		
Accumulated Surplus	8,539,958	7,712,458
Property Revaluation Reserve	471,957	471,957
Total Equity	9,011,915	8,184,415

Financial Summary 2018

Statement Of Cash Flows

For the year ended 30 June 2018

	30 June 2018 \$	30 June 2017 \$
Cash Flows from Operating Activities		
Receipts from Donations, Grants and Client Related Activities	10,966,742	8,335,255
Payments to Suppliers and Employees	(9,103,976)	(7,049,953)
Interest Received	28,847	57,223
Finance Costs	(169,559)	(201,745)
Net Cash Generated from Operating Activities	1,722,054	1,140,780
Cash Flows from Investing Activities		
Proceeds from Sale of Property, Plant & Equipment	0	615
Purchase of Property, Plant and Equipment	(163,876)	(3,422,431)
Cash Assumed from Business Combination	0	475,328
Total Non-Current Assets	(163,876)	(2,946,489)
Net (Decrease)/Increase in Cash Held	1,558,178	(1,805,709)
Cash and Cash Equivalents at the Beginning of Financial Year	2,839,169	4,644,878
Cash and Cash Equivalents at the End of Financial Year	4,397,347	2,839,169



Community Partnerships

Community Partnerships to Re-Think Brain Injury

Synapse provides a broad range of ongoing fully funded services and support for people impacted by brain injury, however community support has allowed Synapse to provide additional services.

Thank you to all our donors and financial partners for their support. In particular, we would like to thank Les Clarence, and his family and friends for their ongoing support. Thank you also to our supporters for holding events such as Brains 4 Beans Fun Run, Music for the Brain and Belinda's Big Bus.

Synapse welcomes financial partnerships with individuals, philanthropic funds and corporations. Additional funding from these donations will assist with the delivery of a broader range of Synapse services across all strategic areas, which will support even more people impacted by brain injury.

If you, or your organisation or business would like to partner with Synapse, please contact us at info@synapse.org.au.

Synapse Annual Report 2018

Acknowledgments

Synapse would like to thank our stakeholders, funders and service partners for their contribution to our success during the year.

Funding Bodies

- Department of Social Services, Australian Government
- Department of Health (My Aged Care), Australian Government
- NSW Health, NSW Government
- Family and Community Services, NSW Government
- Department of Communities, Disability Services and Seniors, Queensland Government
- National Disability Services
- National Disability Insurance Agency
- Insurance and Care NSW (iCare), NSW Government
- Traffic Accident Commission (TAC), Victorian Government

Pro Bono Lawyers

- Clayton Utz

Service Partners

- Ausmar Assist
- Coast 2 Bay Housing
- Access Housing

Research Partners

Thank you to Synapse's research partners for their support and contribution to our work, and ongoing commitment to improving the health and wellbeing of people with brain injury. Our continued focus on research ensures that we build an evidence-base to contribute to systemic change and improve the lives of people impacted by brain injury.



Brains 4 Beans Fun Run

Belinda's Big Bus

Music for the Brain

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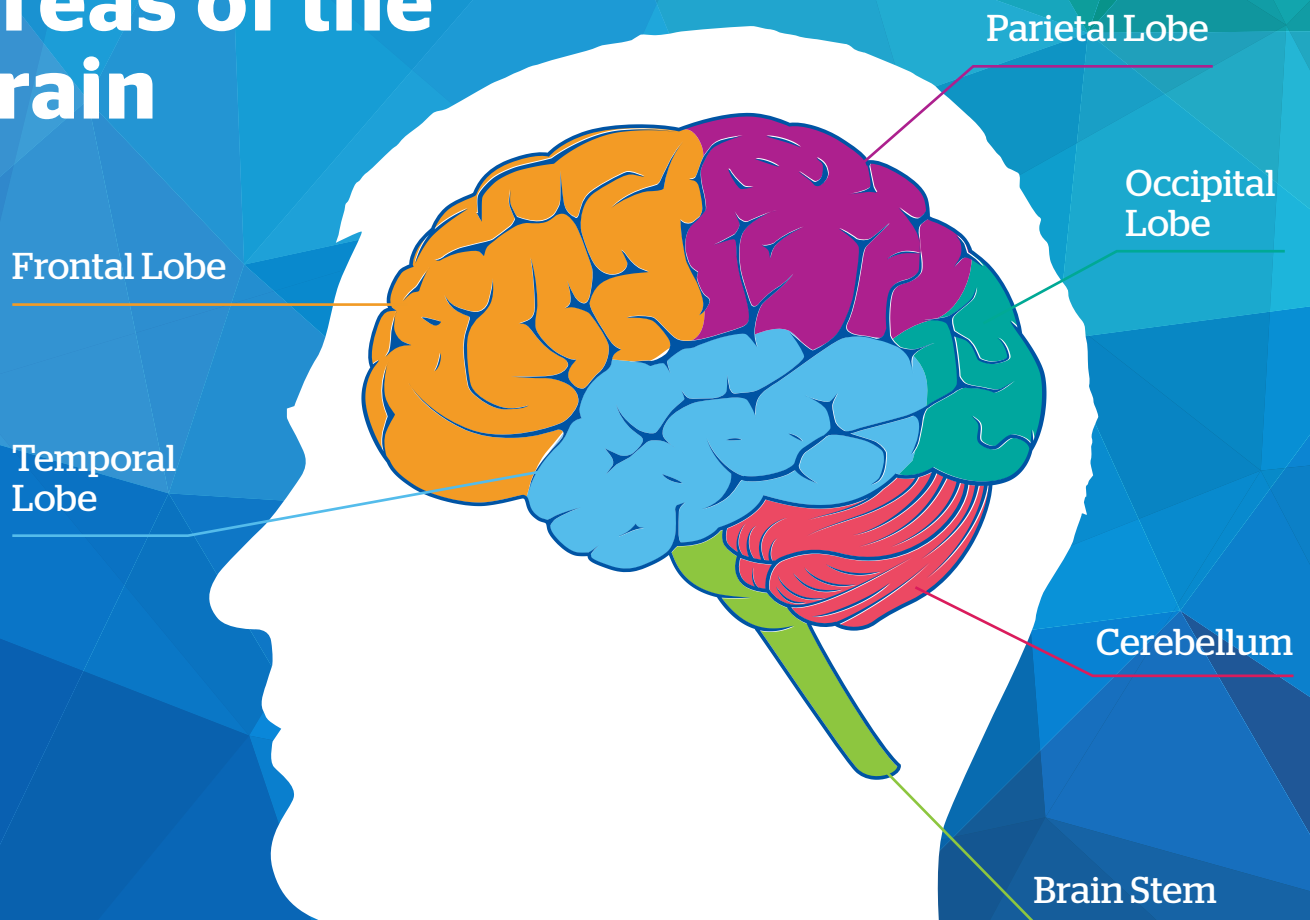
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Functional Areas of the brain



Frontal Lobe

- Self-awareness / insight
- Motivation & initiation
- Attention & concentration
- Planning & organising
- Decision making & problem solving
- Impulse control
- Working memory
- Speech Control (Broca's Area)

Parietal Lobe

- Sensation
- Perception of touch
- Mathematics

Temporal Lobe

- Laying down new memories
- Auditory processing
- Language reception & understanding
- Sequencing skills (logical order)

Occipital Lobe

- Processing visual information
- Reading
- Writing
- Visuospatial processing
- Depth perception

Cerebellum

- Muscle actions
- Fine motor skills
- Coordinating movements
- Balance
- Posture

Brain Stem

- Swallowing
- Speech
- Eye Movements
- Sleep/wake regulation
- Pain
- Temperature
- Regulation of: cardiac function, respiratory function, central nervous system



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