



2014 annual report



2014
A YEAR OF CHA

ANNUAL REPORT
synapse

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complex

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

2014

COMMUNICATION

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.

BRAIN DISORDERS
TREATED AS DISABILITY
behaviour
COST OF CARE



about brain disorders

INTRODUCTION TO **BRAIN DISORDERS**

Over 1.6 million Australians are affected with some form of Brain Disorder - that's over 1 in 12 according to statistics from the World Health Organisation (2006).

Brain Disorders (technically called Neurocognitive Disorders) are a complex spectrum of disorders that refer 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 includes 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 Brain Disorder:

- When "one punch doesn'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 Brain 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 Brain Disorders compared to breast cancer and yet very few people know about Brain Disorders (AIHW, 2010).

Recognition of brain disorders, prevention strategies and long-term support for those affected are all long overdue.





2014
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.

Synapse
TO FIGHT FOR THE RIGHTS OF THOSE WITH AN INVISIBLE DISABILITY

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

THE COST OF CARE



executive summary

30 YEARS **STRONG**

2014 marks Synapse's 30 year anniversary. In that time we have seen and experienced a lot. We have continued to grow and evolve as an organisation, responding proactively to the needs of our clients and tackling head on the challenges faced by the over 1.6 million Australians living with a Brain Disorder.

What remains unchanged, however, is our belief that every person deserves to live a life of quality, based on their own decisions and choices. This belief is the driving force behind all that we do, and our objective to see specialist and individualised services available to all in need is resolute.

Unfortunately, the reality is that people with disabilities continue to experience social exclusion and barriers to meaningful participation in the community. Synapse understands that everyone has the right to individualised support to achieve and maintain the greatest possible degree of involvement with society.

Too often 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.

The National Disability Insurance Scheme (NDIS) will turn people with disabilities into customers with choice and control over the services they receive. This changing landscape provides Synapse with an opportunity to be highly innovative, whilst also encouraging the formation of strategic partnerships with like-minded organisations to strengthen our services, products and support.

Synapse is leading the way in promoting a fundamental change in service delivery, to be one based on the needs of the individual, where the cost of care is not just measured in dollars spent, but also in dollars saved and outcomes for clients.

Synapse will not compromise on our values or our commitment to reconnect the lives of those most at risk in our community, no matter where they live, or the culture they belong to.



Jennifer Cullen
CEO SYNAPSE



synapse

2014

REFLECTION

As we grow our accommodation services and move forward into the new world of the National Disability Insurance Scheme (NDIS), we want you to take the journey with us; to build an Organisation that not only provides meaningful support services, but also creates a quality of life for those we work with.

TO PROVIDE ACCOMMODATION THAT PROMOTES PERSONAL DEVELOPMENT AND DIGNITY JUST BECAUSE YOU HAVE A DISABILITY, YOU CANNOT OWN YOUR OWN HOME

INDEPENDENT LIVING

Synapse provides specialist accommodation services, education and training, and shared services for those affected by Neurocognitive Disorders, no matter where they live or the culture they belong to.

ACCOMMODATION

living well

SYNAPSE **ACCOMMODATION**

We strive to reconnect the lives of those most at risk within our community, those affected by a Brain Disorder. Our model is established on the principles of Person Centred Planning where services are tailored to the individual's unique needs.

Our clients are supported to exercise choice and control over their disability support services through our personalised planning process where a dedicated team member works with the individual to identify support needs, set personal goals and create strategies to achieve them.

We support our clients to establish personal goals and we utilise our extensive experience in information and referral services to empower our clients to choose their support services with the aim of maximising their quality of life and inclusion within the community. We take the time to get to know our clients and the nature of their disability whilst remaining focused on the individual's inherent strengths.

Funded support categories offered under the NDIS are:

- Communication
- Community – social and civic
- Domestic life
- Education
- Employment
- General tasks and demands
- Interpersonal relationships
- Learning and knowledge
- Mobility
- Self – care

Under the NDIS, these funded supports will fall into six key life domain areas:

- Economic participation
- Education
- Health and wellbeing
- Independence
- Living arrangements
- Social participation



TO PROVIDE ACCOMMODATION THAT PROMOTES PERSONAL DEVELOPMENT AND DIGNITY
MEASURE WHETHER OUR CLIENTS ARE EXPERIENCING INCREASED QUALITY OF LIFE

Synapse

2014

REFLECTION

INDEPENDENT LIVING

RESEARCH

living well

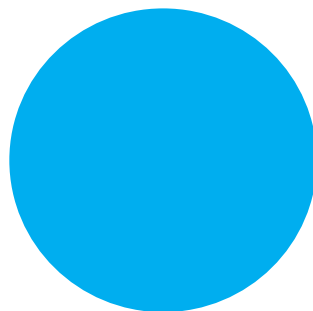
development of outcomes

QUALITY OF LIFE **OUTCOMES**

As part of the completion of the Periodic Service Review (PSR) model, the Research and Development Department has commenced work on developing a routine system for measuring client perceptions of their Quality of Life (QOL). Due to the limited availability of subjective QOL scales for people with Brain Injuries, Synapse undertook an initial trial with the San Martin Scale (Verdugo, 2013). This scale was developed for people with Intellectual Disabilities; it addresses the 8 domains of QOL and has been validated for use in a range of countries.

While Synapse clients reported favourably on the experience of completing the San Martin, it is limited by its length, which can be tiring for people with Brain Injury. We also need to consider possible outcome measures that will be introduced as part of the NDIS and ensure that Synapse's routine outcome system is closely aligned with the NDIS evaluation framework; as such, the PSR has continued to be reviewed and evaluated in view of its most relevant application to this framework.

The national directions for routine outcomes within an NDIS have not been announced. As a result Synapse will be developing some interim strategies to assess people's experience of their quality of life. As a part of our research activities Synapse is working to identify key QOL domains for Brain Injury and we are seeking funding to support the development of an Indigenous QOL measurement tool that will reflect Aboriginal and Torres Strait Islander concepts of well-being which encompass community, culture and attachment to the land.





engage

INTERNATIONALLY
VOLUNTEER. SPEAKER.
INFORMATION. ETHICAL. INCLUSIVE
SPREAD
PROFESSIONAL. COMPASSIONATE.

2014
REFLECTION

REHABILITATION

THERAPY THROUGH LANGUAGE

Julian Saavedra and his family moved from Columbia to Australia 15 years ago to seek refuge after his father received threats to his life as a result of his writings on drug trafficking and the guerrilla movement.

Just after graduating from high school, Julian was hit by a car after walking onto a road while under the influence of alcohol. Julian was rushed to the Royal Brisbane Hospital with a severe traumatic Brain Injury. His cheekbone was fractured, the right side of his body was injured, and his right lung had collapsed. He had multiple fractures to his pelvis and skull.

According to his doctor, because the injuries to his skull allowed the blood to flow out rather than build up inside his cranium it may have played a part in preventing further brain damage and loss of functioning.

Julian received rehabilitation at the Princess Alexandra Hospital where he underwent occupational therapy and speech therapy. After two months of therapy Julian recovered his speech.

Prior to his accident, Julian had plans to study linguistics, and as part of his rehabilitation it was suggested that he set himself the goal of translating a book into Spanish (his native language). He chose a book called *Surviving Acquired Brain Injury* which was produced by Synapse. Chapter by chapter, Julian translated the book with his mother and father proof-reading and adding suggestions and changes as they went. After four months the 300 page translation was complete.

Julian then contacted Synapse seeking the opportunity to translate more publications. Since 2010 Julian has been volunteering with Synapse, now spending 3 days a week in the West End office translating, as well as occasionally guest speaking at events around Brisbane to promote Brain Injury awareness and to share his experiences.

Today, Julian has translated *ABI - The Facts* and a number of *Bridge* magazines into Spanish.



choice

THE COMPLEXITY AND DIVERSITY OF NEUROCOGNITIVE DISORDERS

rights

2014

REFLECTION

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

NATIONAL DISABILITY INSURANCE SCHEME
NATIONAL SUPPORT



synapse and the NDIS

NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

The 1st July 2013 saw the beginning of the NDIS trials in New South Wales (Hunter Region), Victoria (Barwon Region), Tasmania and South Australia. The NDIS is a rights-based system; people with a disability have the same right of access to services as all Australians, consistent with the goals of the National Disability Strategy which aims to maximise the potential and participation of people with disability. The NDIS will focus on a nationally consistent approach to the provision of support and services to eligible Australians. The NDIS will fund personalised supports related to people's disability support needs, unless those supports are part of another service system's obligation (for example education and health).

The NDIS Act 2013 states:

17 (A) Principles relating to the participation of people with disability

- (1) People with disability are assumed, so far as is reasonable in the circumstances, to have capacity to determine their own best interests and make decisions that affect their own lives.
- (2) People with disability will be supported in their dealings and communications with the Agency so that their capacity to exercise choice and control is maximised.
- (3) The NDIS is to:
 - (a) Respect the interest of people with disability in exercising choice and control about matters that affect them; and
 - (b) Enable people with disability to make decisions that will affect their lives, to the extent of their capacity; and
 - (c) Support people with disability to participate in, and contribute to, social and economic life, to the extent of their ability.

National Disability Insurance Scheme Act 2013, No 2, 2013 p 23

Our role at Synapse is to ensure that we are providing support and services that are in-line with the above Principles. Synapse, over the past 12 months, has been watching and reviewing what has been happening in the trial sites to help us prepare for the NDIS roll out on 1st July 2016. We have been getting 'NDIS Ready' with the recruitment of an NDIS Manager to assist the Executive team to prepare our client services to transition to the NDIS.

The NDIS will require us to change the way we do business but our priority will remain the same: supporting people with a neurocognitive disorder to obtain the support they need.



research

2014

EVIDENCE-BASED RESEARCH

EXPLORE

THEIR LIFE EXPERIENCES FOR THE REAL WORLD

ASK QUESTIONS AND PATHWAYS

EXPERIENCE EQUALS
knowledge

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

SYNAPSE IS COMMITTED TO QUALITY

Clare Townsend PhD. - Research and Development Manager

Since joining Synapse in May 2013 Clare has developed a strategic research agenda that addresses the needs of people with neurocognitive and other complex disabilities with specific emphasis on the policy and service needs of Indigenous Australians with complex neurocognitive disabilities and on routine consumer outcomes. Prior to joining Synapse Clare was Director System Research, Centre of Excellence for Behaviour Support, University of Queensland.

Janet Hammill PhD

Janet joined Synapse in 2014 and leads the Fetal Alcohol Syndrome Disorders Research stream. She is also the coordinator of the Collaboration for Alcohol Related Developmental Disorders (CARDD) 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, Janet's primary interest is in Indigenous 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.

University Collaborations

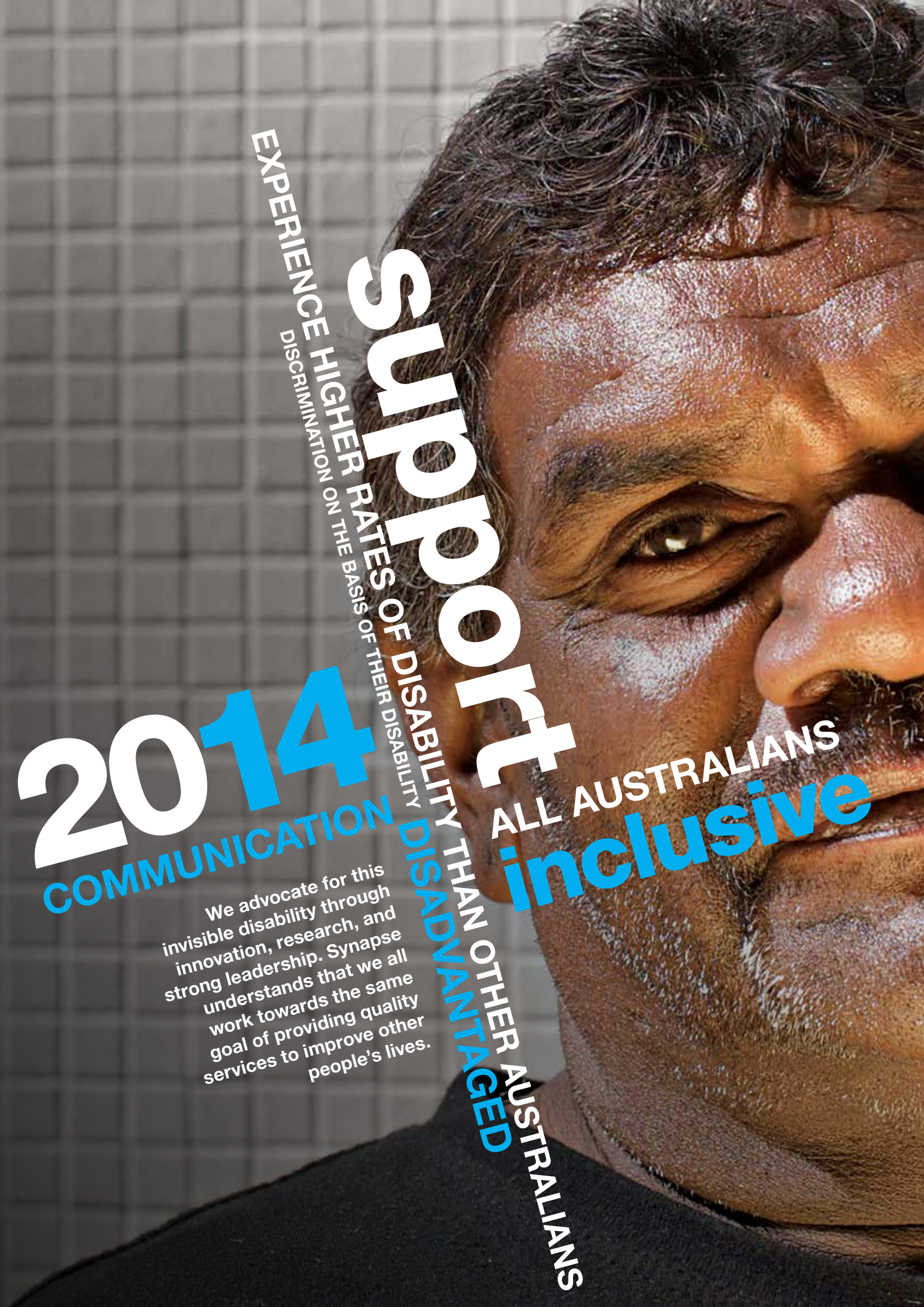
Synapse needs research collaborations to strengthen and support its small team of researchers and has spent the year building partnerships with academics and other agencies interested in undertaking research in the area of Neurocognitive disability.

Synapse is currently collaborating with Griffith University and University of Queensland on a 3 year ARC Linkage Project (ID: LP140100446), as well as working with researchers and staff at Royal Brisbane and Women's Hospital and Australian Catholic University, the Brisbane Magistrates Court, Charles Stuart University and overseas partners. Synapse has supported University of Queensland post-graduate students to find research participants and hope to attract higher degree students to undertake cutting edge research at Synapse.

Research and Development Advisory Group

The Research and Development Department reports to an Advisory Group on a quarterly basis. The Research and Development Advisory Group contributes to our research capacity and provides cultural, academic and contextual expertise and advice on the implementation and monitoring of the Research and Development Strategic Plan. The Group advises around research activities being undertaken in the area of complex disability, including Brain Injury, intellectual disability, mental illness and challenging behaviours experienced by Aboriginal & Torres Strait Islander and non-Indigenous Australians at state and national level. It also identifies opportunities for potential research collaborations between its members and their colleagues. The group is chaired by Dr. Clare Townsend, and consists of external senior academics and clinicians in disability, psychiatry and neurocognitive disability, Indigenous Elders, National Indigenous leaders and members of the project team.





support

2014

inclusive

EXPERIENCE HIGHER RATES OF DISABILITY DISCRIMINATION ON THE BASIS OF THEIR DISABILITY

DISADVANTAGED THAN OTHER AUSTRALIANS

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.

OUR PROJECTS

Aboriginal and Torres Strait Islander Australians experience more than twice the 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.

SYNAPSE RECONCILIATION ACTION PLAN (RAP)

The Synapse Reconciliation Action Plan has proven to be a crucial tool in solidifying our public commitment to the three main target areas of Closing The Gap within the Indigenous community: Relationships, Respect and Opportunities.

Our grass-roots approach to learn from, and engage with the rich culture of our Indigenous peoples is evident via a number of initiatives, including cultural competency training for all Synapse employees engaged in project work.

Testimony to our achievements to date, the Synapse RAP has been endorsed for a second year by Reconciliation Australia, the governing body overseeing organisational RAP initiatives throughout Australia.

HOMELESSNESS PROJECT

Indigenous Australians are 14 times more likely to be homeless than non-Indigenous Australians. Indigenous homelessness in Cairns is estimated to be double that of Brisbane or the Gold Coast. Service providers suspect high rates of neurocognitive disabilities within this group. Community consultations conducted with key Cairns stakeholders express concerns regarding the level of Indigenous homelessness, the proliferation of services and resource inefficiencies associated with this group in the disability, health and housing sectors and the criminal justice system. The Research and Development Department has been working since late in 2013 to develop and fund a project entitled, "Developing a model to address the needs of homeless Indigenous people with neurocognitive disability in rural and remote Queensland". The initial project will be undertaken in Cairns by Synapse, the Specialist Disability Assessment and Outreach Service, Department of Communities, Child Safety and Disability and James Cook University, Indigenous community members and with the blessing of the Traditional Owners. Participants will be Indigenous people who use the Anglicare Cairns Integrated Crisis Accommodation Service.

indigenous

BED BLOCK PROJECT

The Bed Block Project was undertaken as a response to the Independent Commission Audit's final report. The Queensland Government committed to reducing the demand on Queensland Hospitals. Within Queensland Health Facilities across the Far North Queensland (FNQ) region fourteen clients were identified as Queensland Health patients who did not require acute care and twelve Clients were identified as within the scope of the Bed Block Project. This approach, unlike the traditional discharge/transition planning process involved multiple stakeholders, shared resources and co-ordination to facilitate one common goal: the transition of twelve clients with complex needs into sustainable and appropriate accommodation.

The aim of the Bed Block Project was to trial a different way of co-ordinating service provision and transition planning creating a more cohesive, streamlined approach to finding sustainable accommodation and support for twelve clients with complex behavioural and care needs. The Synapse Project Team conducted an overall assessment focusing on the Clients' behavioural, cultural, social and emotional needs requiring collaboration with many different stakeholders.

To date seven clients of the Bed Block Project have been discharged from Queensland Health and successfully transitioned into sustainable accommodation. It is estimated that the remaining five Clients of the Bed Block Project will have successfully transitioned from the hospital system into their own homes by the end of August 2014.



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 non-government, 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:

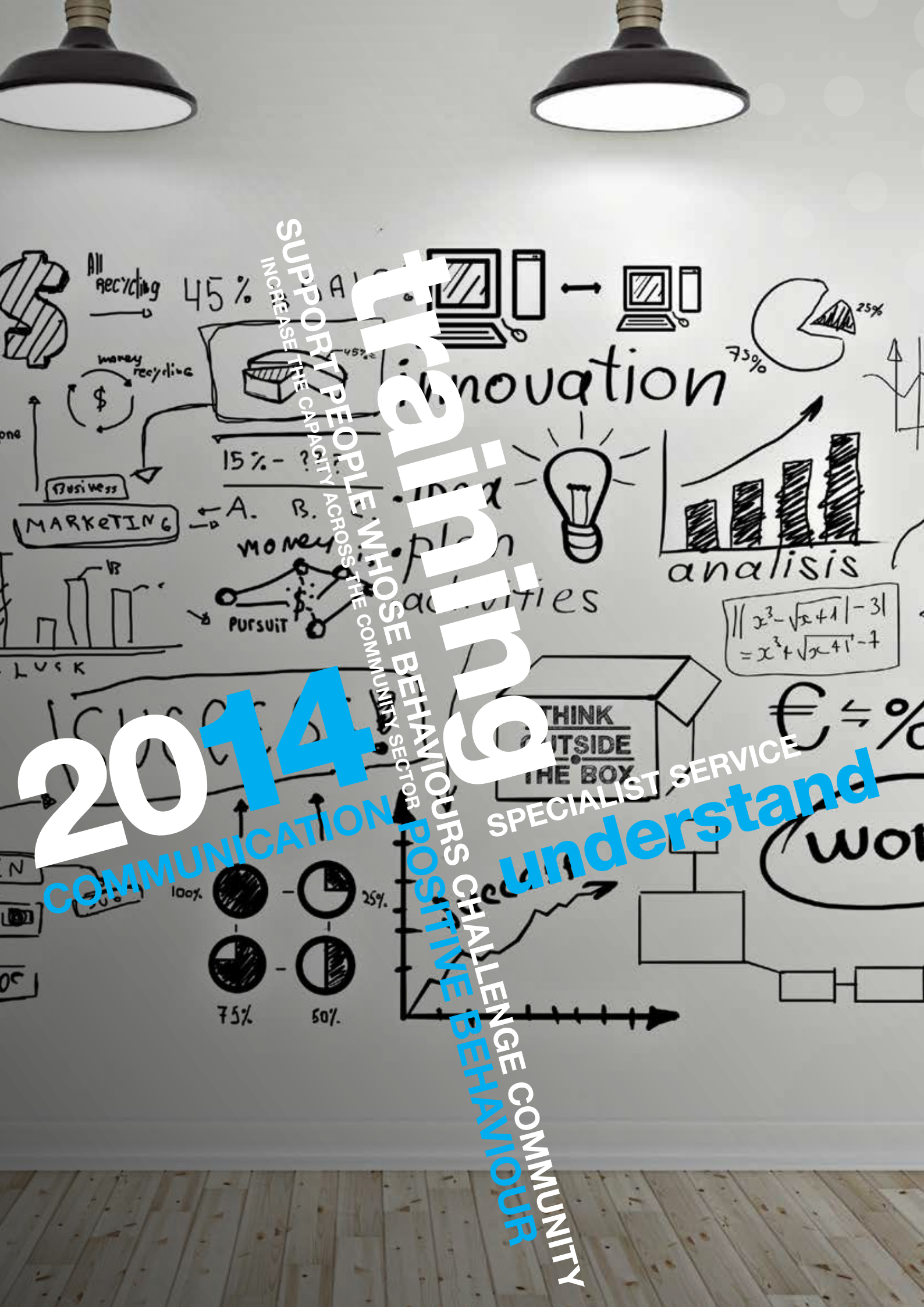
- Indigenous design promoting the seamless integration of indoor and outdoor spaces
- Traditional bush food forest and billabong used for both nutritional and therapeutic purposes
- An elders reference group providing valuable advice on all aspects of the project from design, model of support and HR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

CAPE & TORRES STRAIT DISABILITY SERVICE DELIVERY PROJECT

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 Cape & Torres Strait Disability Service Delivery Project provides training, mentoring and assessment services to the communities of Saibai Island, Badu Island, Weipa and Kowanyama. Synapse is assessing the support needs of identified clients and working within the individuals’ existing resources to provide innovative solutions to their support requirements.

The project will culminate in a comprehensive report detailing the disability support needs of each community, including their readiness for the National Disability Insurance Scheme. The report will outline the steps required to establish disability support services that meet the needs of each community including suggested time-frames and budgetary impacts.



2014

COMMUNICATION

POSITIVE BEHAVIOUR

CHALLENGE COMMUNITY

INNOVATION

analysis

THINK OUTSIDE THE BOX

understand

SPECIALIST SERVICE

SUPPORT PEOPLE WHOSE BEHAVIOURS CHALLENGE COMMUNITY

INCREASE THE CAPACITY ACROSS THE COMMUNITY SECTOR

45%

75%

25%

15%

100%

75%

50%

€ = %

wor

MARKETING

business

money recycling

idea

plan

activities

PURSUIT

luck

recycling

math equation:
$$\frac{|x^3 - \sqrt{x+1} - 3|}{x^3 + \sqrt{x+1} - 4}$$

BUILDING A MORE **SUSTAINABLE FUTURE**

Through its own organisational development, Synapse has created a range of scalable business solutions designed to create greater organisational efficiencies, thereby promoting and accommodating sustainable organisational growth.

It makes perfect business sense for Synapse to offer like-minded organisations the opportunity to reap the benefits of sharing this development. By pooling resources and presenting a larger more common front, we can logistically and financially work more efficiently to achieve our common goal of increasing awareness of the importance of our roles within the Australian community. After all we are all working for the same people and toward the same goal; to improve the quality of life of our clients and their families.

ADVANTAGES FOR PARTNER ORGANISATIONS

- Assistance with human resources, change management, strategic planning, comprehensive reporting, financial management and quality documentation.
- Business growth. A solid, nationally recognised approach demonstrating efficiency and cost-sharing has the potential to increase funding whilst streamlining the processes involved in acquiring it.
- Cost savings, by accessing the strengths and existing resources of Synapse.

SHARED SERVICES

- Payroll
- Accounting
- Project Support
- Marketing and Communications
- Human Resources
- IT Solutions Development

FORWARD THINKING

Organisations looking to take advantage of our Shared Service offer, can look to Synapse to work alongside them to develop a customised proposal to meet their specific organisational needs, challenges and requirements into the future.

services

INFORMATION AND REFERRAL

People who have a Brain Disorder 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 Synapse Information and Referral service responds to enquiries on all issues relating to Brain Disorders. We will assist with any and all enquiries, listening to the concerns of the individual, discussing the types of assistance or information that may be appropriate, and facilitating 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 Brain Disorders and their families can contact the Information and Referral 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 service providers and clients.



ASSESSMENT

The Synapse Assessment Service provides functional and comprehensive assessments for people with Brain Disorders 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 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. It can develop and assist with the implementation of behaviour management plans based on a framework of positive behaviour support and client-centred practice.

TRAINING

Synapse Training is highly applicable for anyone who is charged with the care of someone who is affected by a Brain Disorder. 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 evidence-based, practical and innovative training content.



speaking
STRONG BRANDING AND AN INNOVATIVE APPROACH TO MEDIA ADVERTISING
GETTING SOCIAL WITH MEDIA ONLINE AND OUT INTO THE COMMUNITY

2014
COMMUNICATION

SPREADING THE
message

ENGAGEMENT

MARKETING AND COMMUNICATIONS

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.

We have expanded our Marketing Consultancy to provide campaign management, artwork and publications, social networking and analytics.

PUBLICATIONS DISTRIBUTION

Electronic and hard copy: 927,356 publications distributed nationally and internationally.

PUBLICATIONS ARCHIVE

BRIDGE MAGAZINE

Bridge is the quarterly magazine produced by Synapse. Published nationally, internationally, and online, it features practical strategies, current news and research, and personal stories. We welcome contributions and news items, especially from academics, community groups, organisations or those who have personal experience.

ACQUIRED BRAIN INJURY – THE FACTS (FOURTH EDITION)

Acquired Brain Injury: The Facts is a practical guide to understanding and responding to Acquired Brain Injury and behaviours that challenge our understanding. This publication not only provides practical tips for people with an Acquired Brain Injury and/or behaviours that challenge our understanding, but can assist family members to look after themselves and appropriately support their loved one to maximise recovery following a brain injury.

AWARENESS POSTERS – SERIES 2

These posters are available as hard copies or for free download (as jpegs, PDFs and desktop wallpapers) via our website. 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.



media

SOCIAL MEDIA

Synapse currently manages three Facebook pages and two Twitter accounts, with over one million impressions annually.



WEBSITES

Synapse manages three websites which attract over 500,000 unique visitors annually. Synapse.org.au features a comprehensive range of free Fact Sheets, online publications and posters (over 200 online resources).

Additional features include:

- Information on services provided by Synapse
- Web store and integrated payment gateway
- eConnect – our monthly electronic newsletter
- Internal campaign sites
- Latest disability news
- Community event details
- Customised design to maximise accessibility
- Interactive content and regular updates
- Site translation into over 75 languages



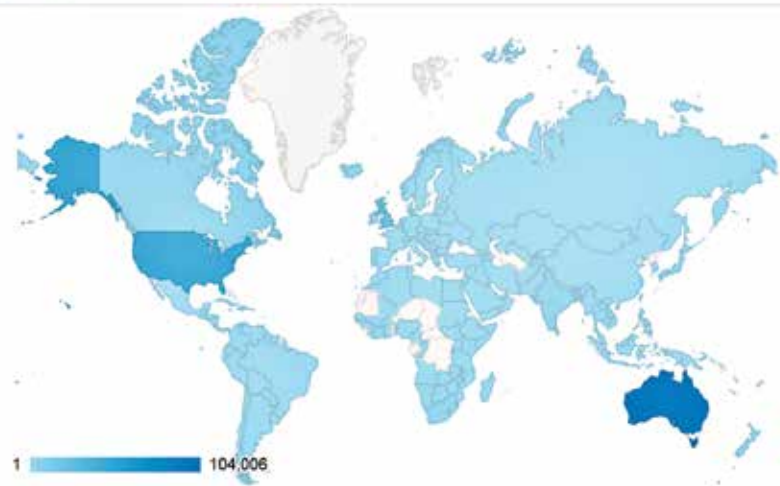
WEBSITES – ANNUAL STATISTICS

Unique visitors – 518,731

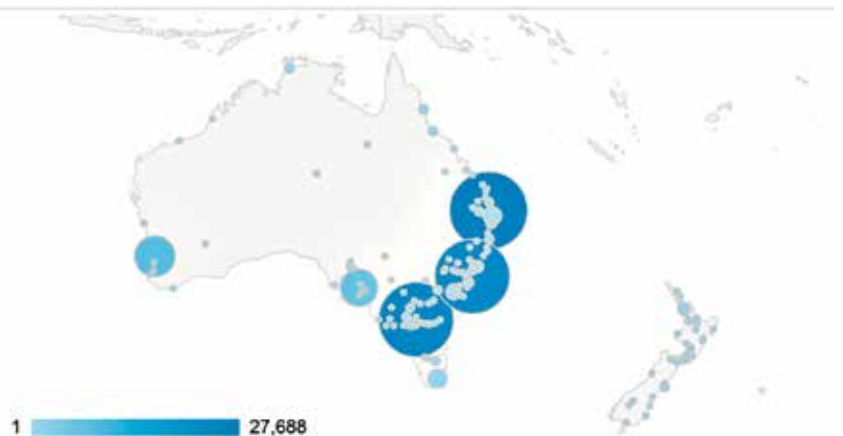
Visitors / sessions – 629,861

Page views – Over 1,000,000

Global Visits



Visits





Shouting

2014

MASS ACTIVITIES

Synapse offers unique opportunities for partners and sponsors through targeted national awareness campaigns.

A COMPLEX MESSAGE IS BEST DELIVERED SIMPLY AND VERY, VERY LOUDLY
COMBINING OUR VOICES HAS MADE INROADS INTO THE LACK OF AWARENESS WE NOW HAVE A VOICE

BEING A LITTLE
different
TO STAND OUT

brain injury awareness

BANGONABEANIE

In 2011 Synapse, in association with Brain Injury Associations across Australia, began work on transforming an “Invisible Disability” into a very visible one. Each year our campaign has grown to include more partners, exposure in different countries, and most importantly, more families reconnected.

The **BANGONABEANIE** Campaign is simple - buy and proudly wear our trademark blue beanie to support National Brain Injury Awareness Week.

BANGONABEANIE supports one of the largest and most disadvantaged disability groups in Australia, and that's not counting their family, friends and support networks.

All money raised through **BANGONABEANIE** goes towards providing appropriate accommodation services to help improve the quality of life for those living with Brain Injury, and to develop national educational resources for families and the broader community.

Events are run across the nation throughout the campaign, including **BangOnABarbie**, which encourages Organisations or families to hold a BBQ to raise funds and support for Brain Injury.

Yes **BANGONABEANIE** is fun, but it's one of the best ways we know to provide a life of quality for people with Brain Injury.

RATIONALE BEHIND THE CAMPAIGN:

- Community awareness of Brain Injury is poor
- A large number of people are living with Brain Injury - more than what is currently being reported
- Brain Injury is presently invisible to too many people
- There are not enough services to meet current need

KEY MESSAGES TO GET STUCK IN PEOPLE'S HEADS:

- Brain Injury is common - over 1 in 12 Australians are affected
- Brain Injury is lifelong - it is a permanent disability
- Brain Injury is an “Invisible Disability” - there are often no visible signs someone has ongoing issues

BANGONABEANIE OBJECTIVES:

- Increase education, awareness and media coverage of Brain Injury (and related Organisations) in Australia and across the world
- Raise funds to support people with brain injury
- Develop sustainable and mutually beneficial partnerships with organisations across the country





OUR PEOPLE ARE THE FACE OF SYNAPSE, THEY ARE THE HAND EXTENDED

people

2014

REFLECTION

Investment in our staff has led to skill retention which we strongly believe contributes to enhanced outcomes for our clients.

THROUGH DEDICATION AND A COMMITMENT TO QUALITY
THE HEART OF US

THE DIFFERENCE
we make

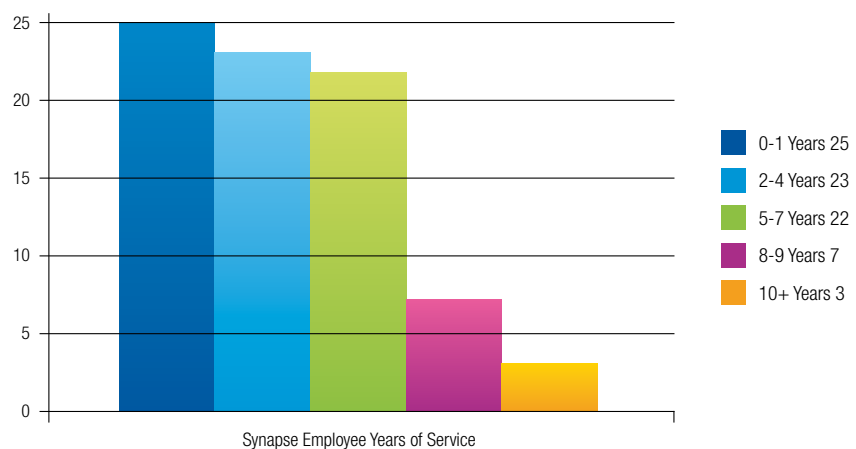
HUMAN RESOURCES / OPERATIONS

Synapse prides itself on its employee culture.

We value the internal and external families which make up Synapse. Celebrating achievements in the workplace alongside personal milestones, we enjoy and embrace each addition to our extended family. Synapse has introduced a dogs at work policy, recognising that canine friends play a significant part in people's lives, helping us relax and enhancing productivity in our workplace.

This sense of being valued and belonging to a community extends to individuals being supported in accommodation, people who call in making a connection after a Brain Injury and to our business partners. Individuals experiencing Neurocognitive Disorders can feel isolated from community and friends. The power of the Synapse family is we exercise community building on a daily basis, and have great strength in embracing those who have experienced an acquired brain injury.

The length of retention of employees reflects our strong culture.



financial summary

The Association is an incorporated association under the Queensland Associations Incorporation Act 1981. The following extract has been taken from our special purpose audited Financial Report audited by HLB Mann Judd.

Our financial performance for the year end 30 June 2014 recorded an operational deficit of \$502,357 with the largest item of expenses being Employee Benefits Expense representing 78% of Operating Revenue (the previous year Employee Benefits Expense represented 69%). This increase was largely the impact of not being able to quickly response to our support requirements.

At first glance this result contrasts when compared to the surplus of the previous year, but our focus is on 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 vagaries of the market where we operate continually place pressure on our quality support, an operational imperative that we will not compromise. A snap-shot of our performance follows:

STATEMENT OF COMPREHENSIVE INCOME

For the year ended 30 June 2013

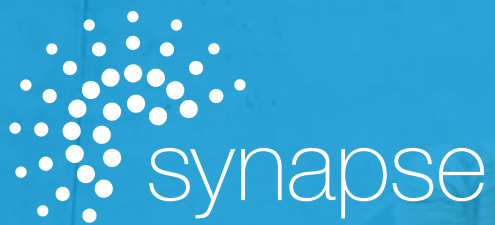
	Note	2014 \$	2013 \$
Operating Revenue	2	6,281,717	6,415,950
Accountancy and Auditor's Remuneration		(27,900)	(24,705)
Advertising and Promotions		(75,259)	(61,129)
Client Support Services		(425,032)	(373,736)
Computer Expenses		(130,791)	(132,260)
Consultancy Fees		(29,718)	(8,890)
Depreciation and Amortisation Expense		(186,912)	(189,314)
Employee Benefits Expense		(4,893,663)	(4,425,954)
Finance Costs and Charges		(322,524)	(317,547)
Insurance		(77,394)	(76,672)
Legal Expenses		(22,067)	(30,180)
Office Expenses		(155,044)	(153,139)
Motor Vehicle Expenses		(62,779)	(51,976)
Other Expenses		(240,993)	(144,263)
Property Expenses		(134,252)	(130,838)
Loss on Disposal of Assets		(1,055)	-
Operating Surplus / (Deficit) for the year		(503,666)	295,347
Non-Operating Activities	2 (b)	1,309	28,796
Surplus / (Deficit) for the Year		(502,357)	324,143
Other Comprehensive Income		-	206,846
Revaluation of Land and Buildings (West End, Lawnton and Narangba)			
Total Comprehensive Income for the Year		(502,357)	530,989

financial summary

Stripping out the impact of SAIF on the Statement of Financial Position in both 2013 and 2014 years there has been an increase of \$70,755 in Current Liabilities. However, our cash management strategies and the commitment of the Senior Management Team will ensure that the exciting year ahead will be very well managed.

	Note	2014 \$	2013 \$
Current Assets			
Cash on Hand	3	4,288,380	3,456,386
Trade and Other Receivables	4	182,001	222,947
Inventories	5	29,362	33,736
Other Current Assets	6	119,346	122,106
Total Current Assets		4,619,089	3,835,175
Non-Current Assets			
Property, Plant and Equipment	7 & 8	7,671,423	7,790,659
Intangible – Website Development Projects	9	13,754	27,505
Total Non-Current Assets		7,685,177	7,818,164
Total Assets		12,304,266	11,653,339
Current Liabilities			
Trade and Other Payables	10	607,624	774,523
Grants and Revenue Received in Advance	10	4,332,232	3,053,460
Borrowings	11	340,771	126,613
Lease Liabilities	14	42,014	53,808
Provisions	12	228,974	241,764
Total Current Liabilities		5,551,615	4,250,168
Non-Current Liabilities			
Borrowings	11	4,172,582	4,321,647
Lease Liabilities	14	14,274	39,904
Provisions	12	93,245	66,714
Total Non-Current Liabilities		4,280,101	4,428,265
Total Liabilities		9,831,716	8,678,433
Net Assets		2,472,550	2,974,906
Equity			
Accumulated Surplus		2,265,704	2,768,060
Property Revaluation Surplus		206,846	206,846
Total Equity		2,472,550	2,974,906

Statement of Financial Position as at 30 June 2014



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