

Expanding Connections
as
**AUSTRALIA'S
BRAIN INJURY
ORGANISATION**



SYNAPSE
AUSTRALIA'S BRAIN INJURY ORGANISATION

ANNUAL REPORT 2019

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, brain injury 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 a brain injury.

Primary Causes of Brain Injury

Stroke/Aneurysm

Blocked blood vessels; bleeding in the brain

Degenerative Diseases

Dementia; Alzheimer's; Parkinson's; Multiple Sclerosis

Trauma

Traumatic Brain Injury (TBI) is caused by external force and/or acceleration/deceleration injuries, e.g. car accidents; falls; sporting accidents; repeated knocks to the head or concussions; assaults; domestic violence

Hypoxic/Anoxic Injuries

Lack of oxygen to the brain from stroke, near drowning, heart attack, drug overdose, strangulation, severe asthma, accidents involving anaesthesia, carbon monoxide inhalation and poisoning

Infections & Diseases

Meningitis; Encephalitis; brain tumours; brain cancer

FASD

An umbrella term for a range of impairments acquired in utero through alcohol and/or drug use during pregnancy

Epilepsy

Epilepsy can cause neural damage and is a risk factor for a traumatic brain injury through a fall or violent convulsion. Epilepsy can also result from a brain injury.

Alcohol and/or Drug Misuse

People who misuse alcohol and drugs are at risk of brain injury due to their intake as well as high-risk behaviours. Long term abuse of alcohol, drugs and other substances can result in brain injury, often affecting cognition, memory and perception. Damage can be temporary or permanent.



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.

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.

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.

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.

2018

In late 2018, the Board of Headwest voted on a resolution to merge with Synapse. This agreement ensured local brain injury services for Western Australia and national reach for Synapse as Australia's Brain Injury Organisation.

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.

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.

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.

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

We are now in the third year of Synapse 2017-2020 Strategic Plan, which provides a road-map to deliver more services for people impacted by brain injury from early years to older-age, and from a broader cross section of society. Over the past twelve months, we have further achieved the goals of the strategic plan including extending our services across Australia to become ***Australia's Brain Injury Organisation***.

Last year we reported that we would extend our work across other jurisdictions, including Western Australia. In late 2018, Headwest merged with Synapse ensuring local brain injury services for Western Australians. We have begun to build on our presence in Western Australia, including by travelling to remote and regional areas to listen to local communities and people impacted by brain injury.

We are continuing to expand services such as housing and advocacy, and the securing of NDIS Information, Linkages and Capacity Building (ILC) grants has allowed us to develop and extend our support and information programs nationally, including the development of a comprehensive co-designed brain injury information hub.

We are committed to the co-design of each project and ensure that we consult with Australians with a lived experience of brain injury. The feedback from this process has prompted us to provide accessible information and resources using different technologies including live streaming and video, and to incorporate accessible design in a new Synapse website and brain injury information hub which will launch in late 2019.

While Synapse services such as information and referral are already provided nationally, we now have a local physical presence in regional and metropolitan NSW and Queensland, and metropolitan Western Australia. Synapse will extend our physical presence in most, if not all, States and Territories within the next year.

Funding from the NDIA and iCare has also enabled us to expand our peer support programs for people impacted by brain injury, including carers. While we are expanding NDIS Support Coordination services, the

National Disability Insurance Scheme (NDIS) is one part of the important work we do.

We have continued to increase our work in criminal justice and service systems, particularly around domestic and family violence and homelessness, with projects being planned or operational across Australia. Synapse has also completed a successful pilot with the Murri Court in Queensland. In the upcoming year, we will expand this project in Queensland and other states.

As a special note, Synapse acknowledges the important work of Dr Janet Hammill who retired in 2019. Dr Hammill led the Fetal Alcohol Syndrome Disorders stream at Synapse. Although Dr Hammill has officially retired, she will continue to share her knowledge and wisdom with Synapse.

I acknowledge the dedicated Synapse team and what we have achieved together. Our team, together with our partners, have driven our growth and strategic projects. Together we have ensured the heart of the Synapse way of working and our continued commitment to measuring our impact remains central to all we do.

Thank you to the Synapse Board of Directors, and to the communities and families who work together with us as we redesign a Synapse that will continue to partner with Australians impacted by brain injury well into the future. Please read on to find out more about our achievements in 2018-2019.

Jennifer Cullen
SYNAPSE CEO

OUR BOARD



Paul Watson

NON-EXECUTIVE DIRECTOR

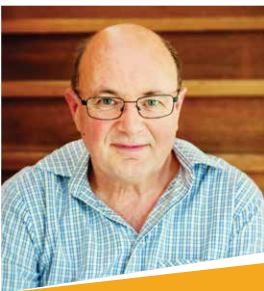
Paul Watson is a Director of Berrill & Watson Lawyers and is an expert in superannuation and life insurance. Paul has run seminars and workshops for disability support groups, financial counsellors and the consumer movement to improve the lives of people with a disability, injury or chronic illness for 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.



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 who have mental health conditions, and intellectual and physical disabilities, as a Disability Support Worker. In his previous career he worked in corporate project management, manufacturing and supply chains.



Hannah Hiscox

NON-EXECUTIVE DIRECTOR

Hannah is a chartered accountant and registered company auditor with over 18-years professional experience. She is currently a Partner 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 27 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 Bidjara and Wakka Wakka people.



Adam Schickerling

Adjunct Research Fellow
NATIONAL DIRECTOR - STRATEGY & ENGAGEMENT

Adam Schickerling is an Adjunct Research Fellow at Griffith University, Menzies Health Institute and has 20 years' experience in government and community sectors in a variety of nationally oriented general management and executive management roles. Adam has qualifications in applied science, disability, management and training and has experience in business improvement and organisational development, including expertise in leading national service development, expansion and growth strategies. Adam brings extensive experience in innovation, quality, practice and product development, and has led the design and scaling of innovation initiatives and pilot programs recognised as exemplars in their respective fields across the areas of disability, housing, indigenous, community development, youth and 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.



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 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.



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.



Our Values

We listen to understand

We build relationships

We are courageous

We are here for each other

We are creative

Synapse respectfully
acknowledge the
traditional custodians of
the lands, sea and waterways
on which Synapse provides its
services. We pay our respects to
the Elders, past, present and future,
and commit to working together.





Synapse Strategic Direction **2017-2020**

Synapse strategic plan has guided Synapse to achieve key goals, including strengthening sustainability and enabling more people impacted by brain injury and from a broader cross-section of society to be reached; driving innovation through evidence informed tools and practices; and fostering collaboration and relationships to expand our social impact as Australia's Brain Injury Organisation.



1) NATIONAL REACH

Synapse now provides support, housing and services to more Australians impacted by brain injury than at any other time. Our reach has expanded into more communities across Australia, with Synapse information and referral services available nationwide. Synapse offices are located in multiple locations in three states and our physical presence will expand to most, if not all, States and Territories within the next year. As Australia's Brain Injury Organisation, we are proud of our leading specialist brain injury knowledge which ensures we provide appropriate housing and relevant and tailored information, services and support for people with brain injury and disability, carers and family members across Australia.

2) TAKING ON THE BIG ISSUES

Synapse isn't afraid to take on complex and difficult issues—the issues that seem unsolvable and that have a profound effect on large numbers of people impacted by brain injury; the issues that affect our society and local communities; and the issues that lead to a cycle of disadvantage and marginalisation. Whether the issue centers around the impacts of brain injury and disability on older Australians, young people living in aged care, Aboriginal and/or Torres Strait Islander peoples, housing and homelessness, justice and corrections, employment, domestic and family violence, rural and remote communities, or addictions and mental health, we will develop evidence and tools for system change and provide support, services and a voice for people impacted by brain injury.

3) CREATING CHANGE ACROSS AUSTRALIA

Brain injury has a profound and underestimated impact on society. It touches every demographic and culture, every age and occurs in every region. Brain injury is known as the 'invisible disability' because there may be no physical signs of injury. Synapse is working

across Australia in cities, and in rural and remote areas with people who have a brain injury, families, carers, agencies, organisations, community leaders and professionals.

Brain injury is often associated with inequality and disadvantage which can exacerbate existing problems and create further disadvantage. Poverty, alcohol and drug problems, poor mental health, homelessness, and engagement with youth and adult justice and family services are experienced more frequently for people with brain injury. Conversely, some of these factors increase the risk of sustaining a brain injury. Knowledge about brain injury across these sectors can be inadequate, and health and social services often struggle to meet the complex needs of these individuals and their families.

Many people who have been impacted by brain injury are further disadvantaged after adverse experiences while interacting with service systems. Our research and development activities are developing an evidence base to inform and prompt system change and have developed a tool to screen for brain injury in marginalised communities. We are driving change across Australia by connecting knowledge, policy, services and systems.

4) EXPANDING CONNECTIONS

Synapse understands that connections with individuals, partners, stakeholders and communities are vital to ensure the expansion of our services so we can support more Australians impacted by brain injury. Our employees and partnerships are the driving force behind Synapse making a difference. We have established our workforce to support people in urban, rural and remote areas. Plus, we are changing the way we secure the best people, so our teams reflect the communities and individuals we connect with Australia-wide.

Synapse Strategic Direction 2017-2020

Capacity Building and Partnering

Synapse is working to partner with stakeholders across Australia to reduce the social, economic and emotional costs of brain injury to individuals, carers, families, communities, organisations and society across people's lifespan. Our commitment to this aim is resolute and recognises the complexity of disadvantage and marginalisation caused, leading to or compounded by the impacts of brain injury and complex disability. We're identifying and engaging with key stakeholders and partners, so Synapse has the right people at the table to have conversations about the complex and hard to solve issues affecting Australians impacted by brain injury.

Articulating the Synapse Way

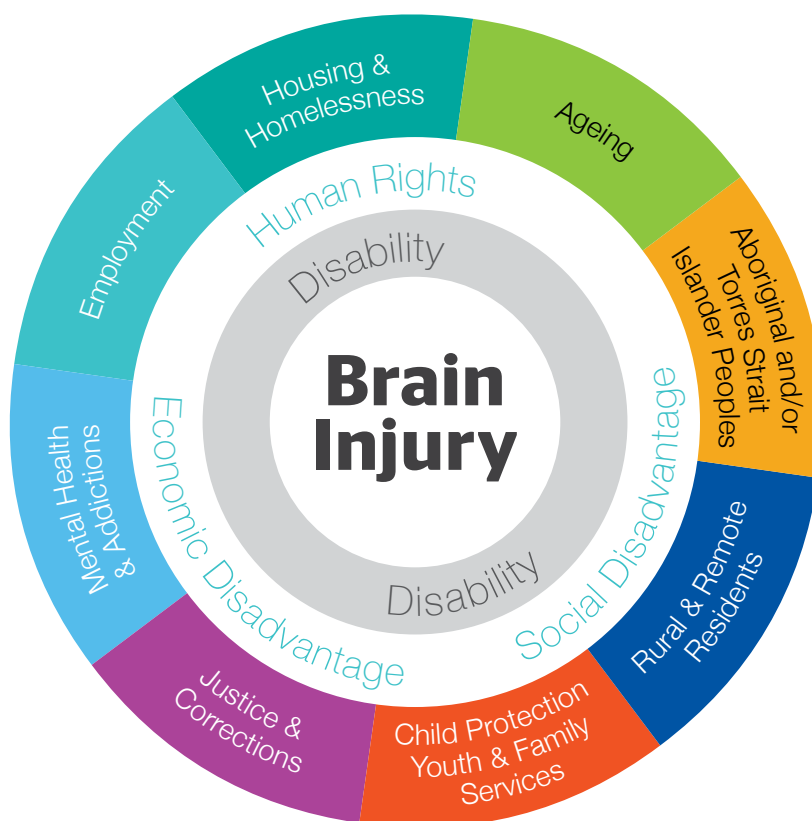
Synapse has been identifying and articulating what makes us different and what is at the heart of Synapse as an organisation. This work is even more important as our workforce grows. Whether we are working with rural or remote communities, in a metropolitan area, or with stakeholders, we will always understand, implement and reflect Synapse values and way of working.

Growing to Make a Bigger Difference

As Synapse grows, we are bringing people together to think creatively about the complex and hard to solve issues connected to brain injury so we can co-design new approaches and solutions. We are also asking how we can build on the unique knowledge that Synapse has about brain injury to attract further impact investment.

Driving Innovation Through Evidence Informed Tools and Practices

Synapse continues to draw upon and strengthen the current evidence base around brain injury and social issues and has identified gaps and further opportunities for Synapse to make a difference. Our ongoing evaluation of projects, services and tools ensures we test whether they are effective and sustainable. Our team has strengthened the Guddi Way Screen and are co-designing projects with people impacted by brain injury to produce better outcomes. Synapse research capability enables us to have a very strong focus on truly understanding, measuring and evidencing our impact.



People with a brain injury can interact with a broad range of services. These services typically have limited 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.

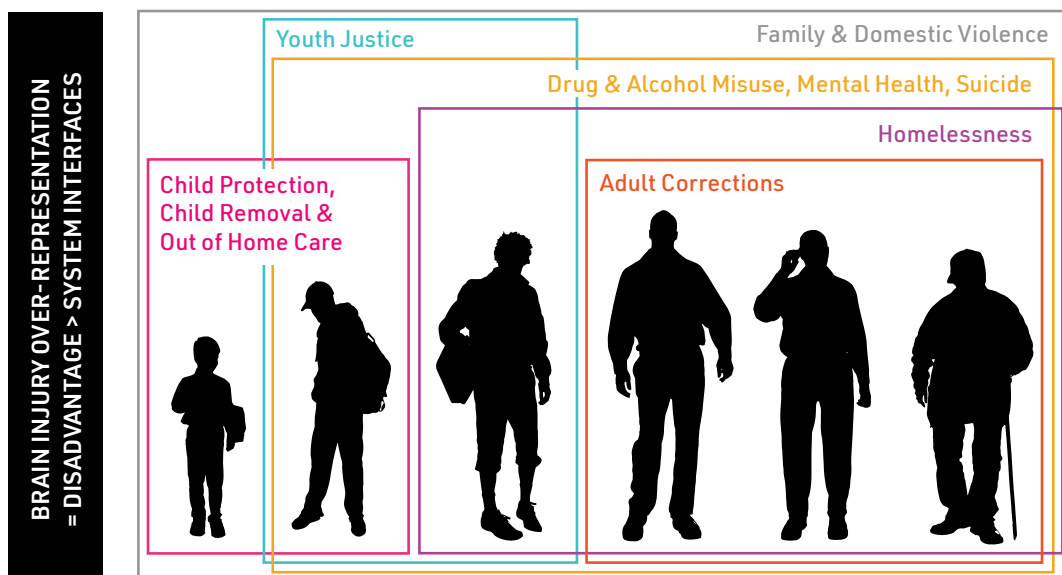
Creating Change

Synapse understands that we must deliver better outcomes for individuals with brain injury, but we know that to make real change we must make changes on a larger scale. By connecting individuals to support networks within communities and to the right organisations, we can create large-scale change where whole sections of society who are often disadvantaged, are provided with support services for the first time. While Synapse has national reach, we respect that local community is the key ingredient to making a real difference. By bringing people together to think creatively and ask different questions, we can create new solutions and real change for people impacted by brain injury.

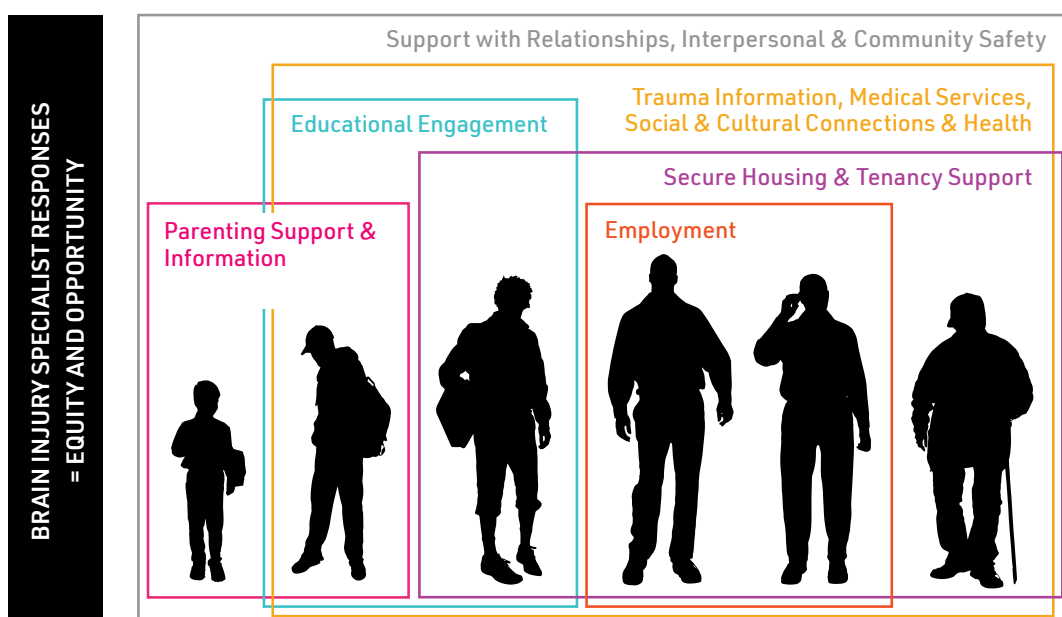


Building Capacity of Individuals and Communities to Make Change.

Brain Injury's Impact



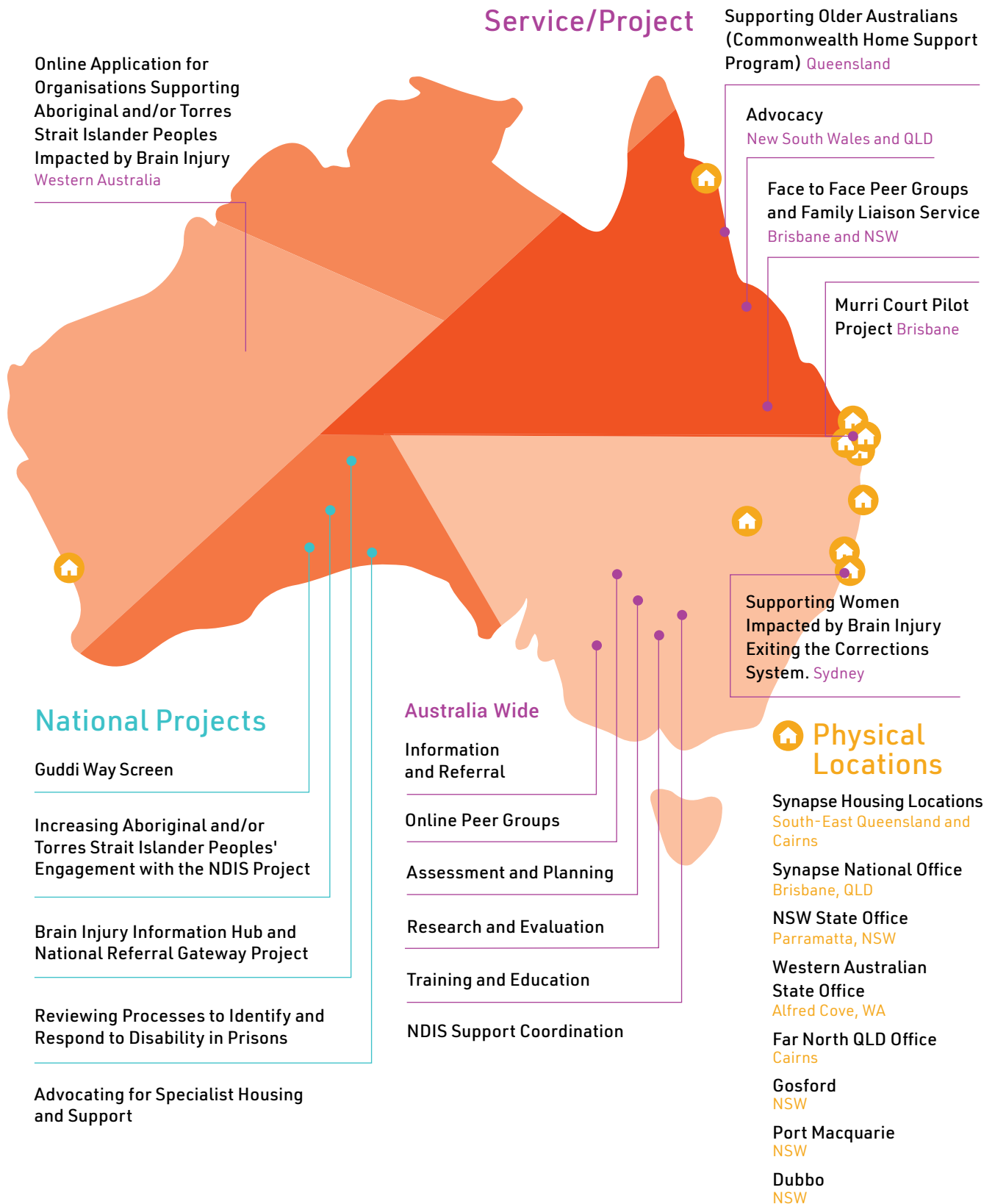
Brain injury can have a profound impact on functioning that frequently leads to over-representation in interactions with these systems, and social and health issues which leads to exclusion.



Specialist support and resources are vital to assess and understand the prevalence and impact of brain injury so people are diverted from disadvantage. Support and services can create pathways to enable people to live full and connected lives.

SYNAPSE ACROSS AUSTRALIA

Synapse merger with Headwest in Western Australia and the expansion of Synapse projects increased our physical presence across Australia.





Synapse Launch in Western Australia Ensures Local Brain Injury Services

In late 2018, the Board of Headwest voted on a resolution to dissolve the organisation and transfer all assets to Synapse—Australia's Brain Injury Organisation.

Headwest had provided brain injury services for Western Australians for over 30-years, but a funding change had impacted on Headwest ability to continue these services. Synapse will continue the provision of Headwest services, as well as different services that were not yet offered by Headwest.

Synapse CEO, Jennifer Cullen said "The agreement will ensure services for Western Australians who have been impacted by brain injury. Synapse is ready and excited to build upon existing work and partnerships with Western Australian communities."

The decision by the Headwest Board was made after careful consideration about the future of Headwest and how to ensure continued growth in high quality, specialist brain injury services in Western Australia.

Jennifer said "Now that we have a state office and employees located in Western Australia, we plan on building a service network across the state to reach more Western Australians impacted by brain injury."

Former Headwest Chairman, Nick Lonie (pictured above), explained that Synapse was chosen because of its broad range of services and shared vision.

Nick said "Synapse vision aligned with ours and the decision means that we could provide certainty for all our stakeholders. Synapse grass roots origins, due to unification of multiple state-based brain injury associations, gives a powerful voice to brain injury. We feel confident that Synapse will carry the legacy of Headwest proudly into the future."

Nick knows the impact of a brain injury first hand. In 2011, after a night drinking at the pub, he made the fateful decision to travel in the back of a ute home.

"We were thrown off the back of the ute," he said. "I was the lucky one, my friend died."

Nick's accident resulted in a fractured skull, causing swelling and bleeding on to his brain.

HIGHLIGHTS

Merged with Headwest in Western Australia

Expanded Synapse Family Liaison Service to support people impacted by brain injury in hospital, during rehabilitation and at home

Provided 98,658 hours of support

Received 20,496 calls for national information and referral services

Continued refinement and evaluation of culturally informed support models for the Community Living Initiative

Revised and further strengthened the Guddi Way Screen (2019)

Trained staff at a women's transitional service to use the Guddi Way Screen (2018) so women exiting the corrections system are better supported

Contracted to Griffith University to complete a project commissioned by the Department of Social Services investigating the disability needs of Aboriginal and/or Torres Strait Islander prisoners

Active contributors to the terms of reference for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the Royal Commission into Aged Care

Completed a Pilot Project using the Guddi Way Screen (2018) in partnership with the Brisbane Murri Court and Elders

Synapse—Australia’s Brain Injury Organisation, promotes quality of life, self-determination and choice through information, housing, specialist support and targeted research activities. Synapse works with individuals and at a systemic level to reduce the social, economic and emotional cost of brain injury to individuals, carers, communities and society.

Synapse Services Snapshot



INFORMATION AND REFERRAL

Specialised information to help carers and people with brain injury manage life after an injury and navigate the complex systems of care and support.



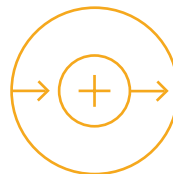
SYNAPSE PEER SUPPORT PROGRAMS

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



NDIS SUPPORT COORDINATION

Support coordination and planning services to assist people with the organisation and management of their NDIS plans, services and support.



HOSPITAL AND REHABILITATION

Synapse Family Liaison Service provides support and advice through hospital, rehabilitation and the transition home.



ADVOCACY

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



ASSESSMENT AND PLANNING

Practical assessments to identify how a brain injury is impacting on daily life so people can plan appropriate support.



SUPPORT AND HOUSING

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



TRAINING AND EDUCATION

Specialised brain injury training for support providers, employers and schools to build knowledge to better understand and support people with a brain injury.



IMPACT AND EVALUATION

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



INFORMATION, LINKAGES AND CAPACITY BUILDING

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



Information and Referral

Synapse provides a national Information and Referral Service which connects people impacted by brain injury to a wide range of leading and local therapists, support service providers and industry professionals. Our information and referral team have specialist brain injury knowledge and lived experience. 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
- The NDIS

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. Our comprehensive publications *Acquired Brain Injury: The Facts*, *Bridge Magazines* and soon to be launched

brain injury information hub provide up-to-date information for carers, health professionals and people with a brain injury. Further growth of this capability will allow Synapse to have a physical local Information and Referral presence in most, if not all, states and territories within the next year.

NDIS Support Services

Synapse Support Coordination Service takes the guesswork out of planning for and managing an NDIS plan by assisting with decisions and connecting people with the right supports. Synapse Support Coordinators have specialist brain injury, local knowledge and extensive experience working with individuals with a broad range of disabilities. Our Support Coordination Service ensures people have control of their own supports and services. Synapse Support Coordinators liaise 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
- Peer support groups
- Financial Plan Management
- Pre-planning and plan review meeting
- Advice and guidance

SYNAPSE RECEIVED **20,496** CALLS FROM AUSTRALIAN STATES AND TERRITORIES FOR INFORMATION, REFERRAL AND OTHER SYNAPSE SERVICES.

Training and Education

Because brain injury is an invisible disability it can be misunderstood. Synapse provides unique training and education around topics including:

Introduction to Brain Injury

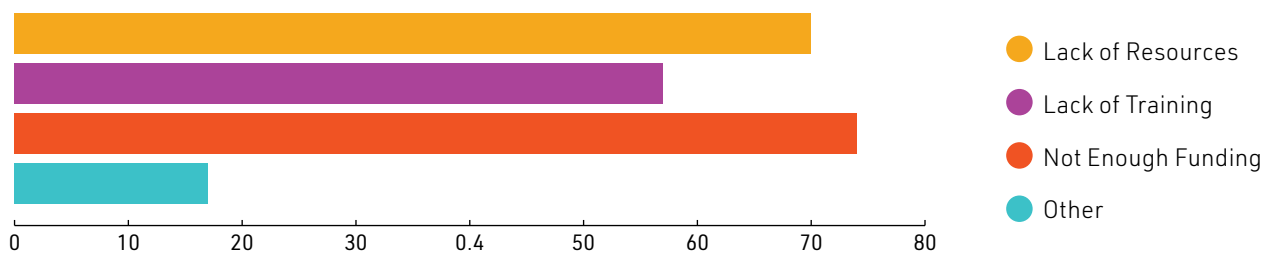
- Functions of the Brain
- Lobes of the Brain
- Brain Injury Defined
- Causes of Brain Injury

Impacts of Brain Injury

- Cognitive
- Physical
- Psychological
- Behavioural
- Mental Health Conditions – related and co-occurring
- Social Effects for People and Families
- Responding to Changes in Behaviour

Synapse training is suitable for health and support providers, employers and employment agencies, and schools and education communities and can be undertaken online or at in-person training sessions.

Synapse Survey Organisational Feedback About Barriers to Providing Brain Injury Services



Assessment and Planning

Synapse provides practical assessments to identify how a brain injury is impacting on daily life so people can plan appropriate support.

The assessment process can be done in-person or over the phone and includes:

- Identification of Goals and Outcomes
- Assessment of Skills and Functioning
- Future Planning
- Risk Assessment
- Allied Health Support Planning

Synapse assessment process builds on formal neuropsychological assessments and records important information and evidence for an NDIS application.

Following the assessment, we work with people to clarify goals and develop a plan, which may include goals such as moving into independent living arrangements or preparing an NDIS application. As a part of the process, Synapse can liaise with our national network to connect people with services, supports and funding.

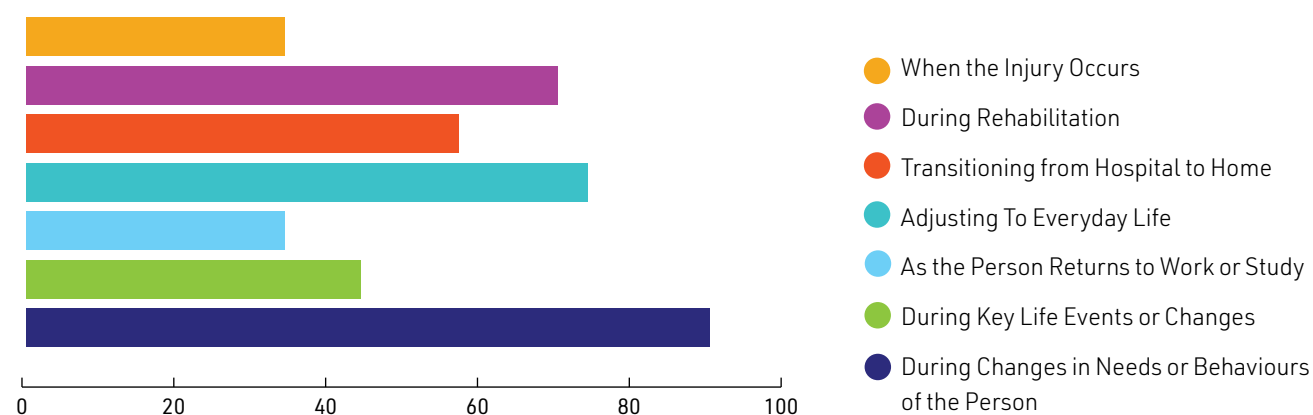
In Hospital and At Home Support

Synapse Family Liaison Officers provide practical support and information to family members and carers of people who have a brain injury. Our Family Liaison Officers can guide people through the challenges of receiving a diagnosis, navigating the hospital and rehabilitation experience and transitioning from hospital back into their community.



Synapse Family Liaison Service is not subject to eligibility requirements of government initiatives such as NDIS, My Aged Care etc. and is continuous support for carers dealing with a stream of new services across multiple systems. Because Synapse Family Liaison Officers have lived experience, they understand the complexities faced by family members and carers and can provide support and guidance to simplify the process.

Synapse Survey Carer Feedback About When Brain Injury Information is Needed



Connecting People to Quality Housing and Support

Synapse provides lifestyle support and housing across South East Queensland and in Cairns. We provide specialist support to plan and coordinate housing, including coordination of support providers and the development of housing plans so people can achieve their housing and support goals. Synapse can provide information about and can plan around every aspect of housing and support, including:

- Housing eligibility
- Housing and rental applications
- Support requirements
- Costs
- Location and housing availability
- Local amenities and lifestyle options

Synapse also provides advice to help people with brain injury navigate the process of applying for appropriate housing options and maintaining a tenancy, including assistance with applications and fulfilling tenancy obligations within the tenancy agreement. We work with people to understand what their needs are and will work with them to find the most suitable housing and support options. Synapse provides support to various living options including supported living arrangements, share houses, living with family or friends and living at home.

LES'S STORY

Remembering Franziska and Leaving a Legacy

In 2011, Les Clarence's fit and healthy 55-year-old wife, Franziska, suffered a stroke in her sleep. When he found her unresponsive early the next morning, he called an ambulance and she was rushed to Emergency before being transferred to a Stroke Ward.

"At that time, my knowledge of strokes or other forms of brain injury was next to nothing. I was suddenly faced with an extremely frightening and overwhelming experience."

With no warning signs and no time to prepare, Les was in hospital watching his unconscious wife being treated by a team of medical professionals and sent for a range of tests. He was unsure about what was happening or what he could do to help.

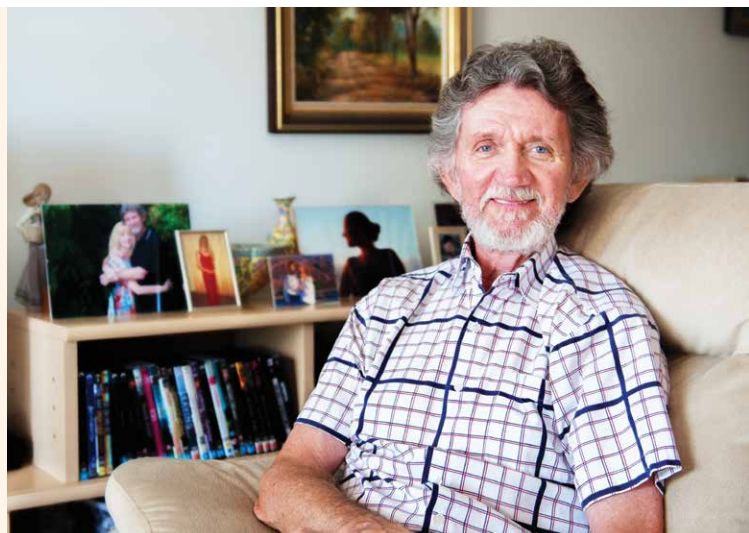
"That first day, a speech therapist came to assess her for rehab, but I didn't understand why because she couldn't talk. There were lots of complicated medical terms being used, but I didn't know what they meant. Different specialists were making clinical decisions about her viability for rehab, but I didn't know what that entailed."

As he continued to watch Franziska over the next four days, Les became increasingly anxious about whether she would pull through and increasingly lost in the hospital environment.

"This was the hardest thing I'd ever been through, and I felt isolated, confused and powerless."

Les understood that, vitally, the medical team were focused on Franziska's prognosis, but he didn't know what questions to ask or where to access information.

"I didn't know what I should be doing while she was in the hospital to make things easier if she made it home. All I could do was sit by her hospital bed and hold her hand."



Tragically, Franziska never recovered and she passed away while still in hospital. To help Les work through his grieving process, he decided to walk Camino De Santiago Trail, the ancient Catholic Pilgrimage route stretching from southern France to north-western Spain.

"I decided to use this Pilgrimage to raise funds for a very specific purpose. I wanted to use what had happened to Franziska to help develop a service that would support other families facing a similar situation following a brain injury."

Working with Synapse, Les developed the Brain Injury Family Liaison Service that comprises a Family Liaison Officer located in Brisbane who has lived experience of brain injury. The service provides one-on-one support and information during hospital, rehabilitation and at home.

"It is my sincerest wish that this service provides families with a loved one affected by a brain injury, some guidance, support and direction during this difficult time," said Les.

Synapse gained additional iCare funding this year to expand the program and two Synapse Family Liaison Officers are now located in the Illawarra and Hunter regions in NSW.

Raising Housing and Support Expectations

“ We achieve so much more by being honest and real about what is possible and working towards it together. There are two separate but intrinsically connected elements that are more likely to produce successful living arrangements for people impacted by brain injury—quality housing and quality support. Quality housing must include a physical environment that is safe, and quality support must be informed by the experiences of the individual receiving support to ensure it is relevant, flexible and responsive. I encourage people to ask the question ‘what is possible’ and raise their expectations around what they can achieve in relation to housing and support—imagine possibilities and think differently!

JO STEVENS, Synapse Housing Manager



Supporting Older Australians

People over 65 have an increased likelihood of acquiring a brain injury. Older people are more likely to be affected by conditions such as stroke and aneurisms, degenerative diseases such as dementia and Parkinson's, and are at greater risk of traumatic brain injury through falls.

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

We continue 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 to information, social support and services that will help older people live well in their own homes.

Did You Know?

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 impact of ageing extends to carers who provide support but **are also ageing themselves**. According to the Australian Bureau of Statistics (ABS, 2015), the average age of carers in Australia is over 55.

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)

The Australian Institute of Health and Welfare (AIHW, 2012) also found that dementia is the single greatest cause of disability in Australians over the age of 65 and the third largest cause of disability overall.

PROTECTING THE RIGHTS OF PEOPLE WITH BRAIN INJURY

As Australia's Brain Injury Organisation, Synapse work involves influencing policy development to ensure the needs of people with a brain injury are met. We do this by developing the capacity of the sector to act as a strong and unified voice for people affected by brain injury. During the past year, Synapse advocacy team assisted more than three-hundred individuals with a variety of matters, including housing matters, assistance in the courts or tribunals, and the NDIS.

Synapse NDIS Appeals Service provides independent advice and support to help people in NSW review decisions made by the NDIA about access to the NDIS or NDIS plans. Synapse managed 137 matters directly related to NDIS reviews and Appeals, access or planning this year. This process has allowed Synapse to provide feedback to our constituents and stakeholders further extending our influence but remaining grounded in the real experiences of Australians impacted by brain Injury.

A further exciting change was the expansion of Synapse Advocacy services with the securing of additional contracts to complement our already state-wide remit in NSW. A new office in Gosford has now opened where the suite of Synapse services are available to local communities.

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 assist 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 filters to all programs with respect to Human Rights, our responsibilities under the UN Convention on the Rights of Persons with Disabilities and the overall desire of the organisation to continue to achieve respectful outcomes for all people living with a disability.

With the commencement of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the Royal Commission into Aged Care, Synapse will continue to support people with a brain injury, highlight deficiencies in the system, and violence, abuse, neglect and exploitation.



- 19% Accommodation Issues
- 32% Financial Issues
- 37% Justice Issues
- 12% Vulnerable/Isolated, Services and Recreational/Social/Family

Advocating for Better Housing and Support

Synapse has advocated to change people's experiences with housing and support through the National Disability Insurance scheme, including working with the NDIA and government departments to build more high-quality Specialist Disability Accommodation (SDA) houses for people who require specialist housing solutions.

Synapse Cairns Community Living Initiative demonstrates outcomes and establishes an evidence base that will help shape how the scheme addresses the diversity of the Australian community. Synapse has been invited to join the national SDA alliance to contribute knowledge based on insights from the Community Living Initiative. The SDA Alliance brings together some of Australia's most committed Specialist Disability Accommodation providers and investors. Synapse will work with the SDA Alliance from an advocacy perspective and to influence how people are supported to live in their own homes and be connected to the things that are most important to them.

Synapse continues to strengthen the evidence around housing needs and models of support that can deliver improved outcomes for people impacted by brain injury. Synapse recognises that the interaction between built design community context and appropriate support services must



align in order to deliver improved social and emotional wellbeing outcomes. Synapse continues to contribute valuable insights to influence innovation in support and housing, not restricted by a one-size fits all approach or funding model.

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the Royal Commission into Aged Care

Synapse has been actively involved in and welcoming of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the Royal Commission into Aged Care and has been involved in contributing to the terms of reference. We encourage people impacted by brain injury to contribute to the terms of reference.

Synapse Australia CEO, Jennifer Cullen said "The Royal Commissions provide important opportunities for people with a disability and people living in aged care to voice their experiences and for organisations, government and communities to develop strategies to prevent abuse."

4.3 million Australians have a disability so the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability remit has to be wide-ranging," said Ms Cullen. "We were pleased that cognitive impairment, as

well as physical, sensory, intellectual and psycho-social disability were included in the terms of reference."

Synapse ensured that the ongoing issue of young people living in aged care was brought to the attention of the Royal Commission into Aged Care and that Synapse tenants who had previously lived in aged care were given the opportunity to have their stories heard by the Commission.

TAKING ON THE BIG ISSUES

Domestic and Family Violence

Domestic and family violence is a key cause of brain injury and Synapse is working with the criminal justice system to work with people impacted by both domestic and family violence and brain injury.

Working with the Criminal Justice System

During the year, Synapse travelled to Western Australia and met with representatives of Barndimaglu Court, an Aboriginal and/or Torres Strait Islander peoples domestic and family violence court. Synapse continues to explore opportunities to partner with the court to assist in identifying people who may have a brain injury and influence responses to offending.

Understanding the extent and nature of brain injury in such settings is imperative in order to design support programs that are cognisant of the impacts of brain injury and which provide strategies to assist people to improve the choices they make to ensure safety for them and their communities.

Advocating for Justice for People with Disability Impacted by Domestic and Family Violence

Synapse also attended the Women's Domestic Violence Court Advocacy Program 2019 Forum. The forum was themed - Domestic and Family Violence and Disability. Synapse advocates attended and Synapse CEO, Jennifer Cullen, took part in a panel discussion about 'What are the experiences of people with disability impacted by domestic and family violence and what are the barriers they face in accessing services and obtaining justice'.



“ To see the commitment of the hundreds of domestic and family violence advocates keen to expand their knowledge as to what are the needs of many of their constituents

with a disability is inspirational.

At the same time the need for learning shows how far society still needs to travel.

”

Michael Hampton

Community Voice Manager

Supporting Employees Impacted by Domestic and Family Violence

We recognise that the issues that face those impacted by brain injury are sometimes not different for Synapse employees. We value the personal experiences of our teams as an essential component of our ability to truly listen, understand and respond to the complexities of life. Our teams are representative of the communities within which we connect and contribute to. The Synapse network is the result of these connections nationally.

Synapse has made a commitment to not only support people who come to Synapse when they have a brain injury caused by domestic and family violence, but to also support our employees when they are affected by domestic and family violence by establishing a Synapse Domestic and Family Violence Fund. The fund will provide capacity for Synapse to assist our employees when impacted by Domestic and Family Violence.

Highlighting the High Rate of Brain Injury Caused by Domestic and Family Violence

Synapse has been highlighting alarming statistics about the number of brain injuries caused by domestic and family violence. In 2018, Brain Injury Australia analysed statistics from the Victorian Crime Statistics Agency and found that around **40% of domestic violence victims sustained a brain injury**.



“You can imagine how challenging it can be for a family unit where both the adults and children are victims of family violence and have sustained a brain injury, as well as psychological trauma.”

Adam Schickerling

Synapse National Director - Strategy and Engagement

Adam Schickerling, Synapse National Director - Strategy and Engagement, said, “These statistics are really shocking and may actually underestimate the true numbers.”

The Australian Institute of Health and Welfare found that one in six Australian women (AIHW, 2018) have experienced physical or sexual violence from a current or former partner since the age of 15. A brain injury can have profound implications for the person and their family for the remainder of their lives and can happen relatively quickly.

“We are increasingly aware that it only takes one punch or a few minutes of strangulation to sustain a brain injury,” said Mr Schickerling.

Research has shown that women who have a brain injury through domestic violence experience significant disadvantage and are a high-risk group for further marginalisation including poor health, homelessness, out of home care, mental health problems and contact with the criminal justice system.

“Synapse is particularly concerned about the level of undiagnosed and untreated brain injury among women in the criminal justice system. We’re partnering with Guthrie House in NSW, who run a residential program for women exiting the criminal justice system to identify whether they have a brain injury,” said Mr Schickerling. “For many of the women, this may be the first time their injury has been acknowledged.”

Depending on the area of the brain that is damaged, people can have debilitating injuries that affect many different areas of

their lives including, long-term and short-term memory loss, the ability to remember and sequence basic tasks, physical mobility and the ability to communicate. Brain injury is often called the invisible disability because there may be no physical signs of injury.

“In some cases, victims of domestic violence may appear uninjured or fully recovered” said Mr Schickerling “but they may actually have an undiagnosed brain injury.”

Both men and women can be victims of domestic violence, but women experience a far higher rate of violence. 2018 Victorian statistics have shown that 31% of family violence victims were children under the age of 15, and 25% of these children sustained a brain injury.

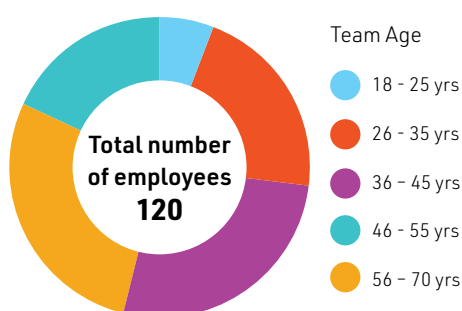
“Brain injuries can cause personality and behaviour changes, which can make it difficult for parents to care for children,” said Mr Schickerling. “You can imagine how challenging it can be for a family unit where both the adults and children are victims of family violence and have sustained a brain injury, as well as psychological trauma.”

BUILDING OUR WORKFORCE

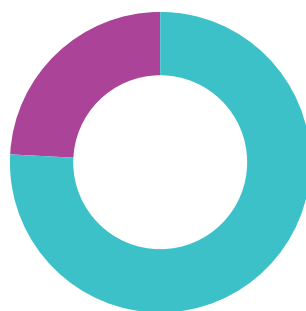
Over the past year, we have continued to build teams who understand the issues for people impacted by brain injury across all age groups.

Synapse workforce has continued to grow as we expand our services and projects across Australia. The diversity of our workforce has also continued to expand to ensure our teams are representative of the communities' locations and experiences that reflect those we seek to connect with and provide services to. We strive to understand the complexity of people's lives and what's important to our employees, so we can support their families and communities.

Our Team



Community Living Initiative
Aboriginal and/or Torres Strait
Islander Peoples Representation



Aboriginal and/or Torres Strait
Islander Peoples Representation
in Leadership Roles



Job Tenure

Over 25% of employees have worked at Synapse for **five years or over**.

Aboriginal and/or Torres Strait Islander peoples
Non-Aboriginal and/or Torres Strait Islander peoples

What's Important to Our Team

“

You're making a difference, it's not a typical 9-5 role. We really do work for people who are truly marginalised.

”

“

What makes me proud? We're family. I've never worked like that, here we are all one

”

“

To me it's about the person, the individual, being person-centred

”

“

Here, it's a family thing, it's more of a community. All that live here are like a family, I respect the elders, it's a cultural thing.

”

“

Genuine care is doing what's right for the people we work with... you can't move forward without genuine care

”

“

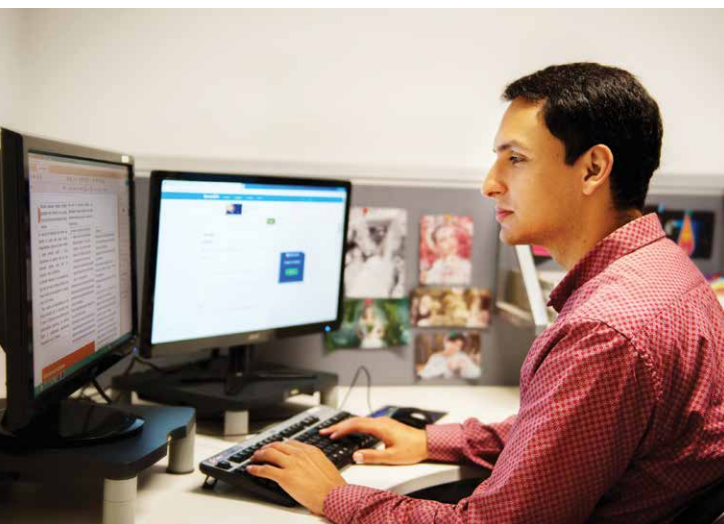
We respect individuals in everything we do, we treat everyone with dignity... we hold true to that.

”

“

At Synapse we are encouraged to look at things differently

”



JULIAN'S STORY

Returning to Work After a Brain Injury

Synapse employee Julian Saavedra's involvement with Synapse began as a volunteer during his recovery from a severe traumatic brain injury. Julian's injury occurred when he was days away from beginning university to study linguistics when he was hit by a car while crossing the road.

“I love to participate in any activity with my work. I am really happy working here because they understand what it is like for people like me and they help people with brain injuries to reach their full potential.”

“My parents were told that it was unlikely that I would survive the night, and that if I did, I may not speak or see again. It's God's miracle that I am alive,” Julian said.

Julian spent a total of six-months in hospital and underwent occupational therapy and speech therapy.

“I wasn't allowed to leave the ward by myself, and I was bored. I looked forward to returning home and being busy,” Julian said.

However, Julian found that at home, he didn't have enough to do to fill in his days. At this time, a family friend gave him a copy of a book produced by Synapse called *Surviving Acquired Brain Injury*.

Before his accident, Julian had set his sight on linguistics as a career. With the support of his family, Julian set himself the goal of translating *Surviving Acquired Brain Injury* into Spanish. It took Julian four months to translate the 300-pages of text into Spanish.

Julian's Rehabilitation Coordinator was so impressed with his effort that she contacted Synapse to tell them about the translation. Synapse asked to meet Julian and share his story in *The Bridge* magazine. Shortly after this, Julian started volunteering at Synapse twice a week on translating *The Bridge* publication and *ABI: The Facts* into Spanish.

Julian said that the volunteer role was an important part of his life.

“It is important to me to feel useful, normal, to wake up and have responsibilities. It is really important to have that motivation in my life,” he said. “I began volunteering for one hour twice a week, and gradually increased to three-hours a day, three times

a week. I love to participate in any activity with my work. I am really happy working here because they understand what it is like for people like me and they help people with brain injuries to reach their full potential.”

After a period of volunteering, Synapse offered Julian a part-time paid position.

“One beautiful day, Synapse gave me a certificate of appreciation for the time I had been volunteering, and gave me the wonderful news that I was to be paid for my work—it was the best day. For me it was the best way to link back to the workforce after my discharge,” Julian said.

Julian brings skills in linguistics, his personal experiences and has assisted with the co-design of Synapse projects.

“I have always been happy here at Synapse, everyone has been lovely, I enjoy my job very much.”

Julian balances his part-time work at Synapse with studying Japanese through The University of Queensland and AUSLAN (sign language) at Deaf Services Queensland. He aims to become an interpreter in Spanish and AUSLAN.

CREATING CHANGE ACROSS AUSTRALIA

Cairns Community Living Initiative

A Place of Belonging for Aboriginal and/or Torres Strait Islander Peoples with a 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. Synapse recognised that Aboriginal and/or Torres Strait Islander people experience higher rates of disability and homelessness and are more likely to live in inappropriate and restrictive settings, including residential aged care, hospital or mental health facilities.

Synapse worked with the local community to develop the Cairns Community Living Initiative. Tenants first moved into the completed culturally safe housing in 2017 and Synapse provides an accompanying service delivering culturally safe support which increases tenant's sense of autonomy, provides greater choice, and connects them to the things that are important to their identity and which hold meaning for them—creating a place where they belong.

Aboriginal and/or Torres Strait Islander peoples with a disability experience ongoing distress without access to culturally appropriate supports to deal with significant issues including, trauma, grief and loss, physical and emotional abuse, cultural disconnection, family violence and suicide. There is a risk if services do not respond to these issues in a culturally informed way, well-meaning service providers frequently do more harm than good.

Aboriginal and/or Torres Strait Islander specific models of support have traditionally involved adapting mainstream services to incorporate some superficial Proper Way elements. The Community Living Initiative is unlike these models, in that it has been designed holistically, with the intent of cultural safety across the building and landscaping design, service model and delivery, governance and systems of operation.

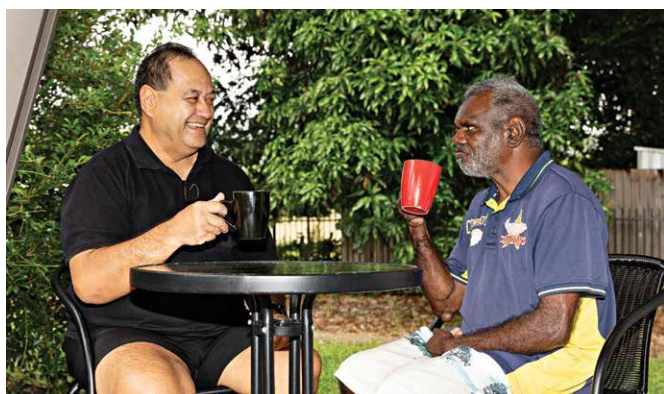
Central to this support model is a physical environment which is culturally safe, in conjunction with Aboriginal and/or Torres Strait Islander led and culturally informed service delivery. The Community Living Initiative was designed and



constructed by a consortium of Aboriginal and/or Torres Strait Islander peoples and non-Indigenous architects, designers and landscapers and in consultation with the Traditional Owners of the land. All aspects of the physical environment have been designed to promote cultural safety.

In addition to the physical environment and the design features, the service delivery model is intrinsically designed to be culturally informed. Synapse is committed to innovation in Aboriginal and/or Torres Strait Islander peoples service delivery and has an unwavering commitment to providing holistic support which is spiritually, socially, emotionally and physically safe, underpinned by the principles of social and emotional wellbeing, incorporating:

- tenant involvement in the design, delivery and evaluation of services
- flexibility in response to tenant needs
- a focus on sustainable individual support networks to increase natural supports and autonomy in the community
- engagement in ongoing skill development to support people transitioning to permanent accommodation—back to their country or into the Cairns community
- culturally relevant and informed support—underpinned by the principals of Social and Emotional Wellbeing and continually informed by outcomes identified during planning.



The Aims of this Service:

Assist each person to focus on their skills and strengths, with the facilitation of self-directed plans and circles of support

Coach/mentor individuals and their supporters to take the lead role in their life choices and supports

Research and link with the local communities for each person based on their goals and aspirations

Develop and strengthen each person's natural supports and community relationships

Develop individual and family capacity to self-direct services where possible, built on meaningful community and cultural connections

Enable people to live in their own home, ensuring respect for each person's rights and decision making

Build on each person's experiences of meaningful activities, to expand his/her choices about how they want to live, with consideration always given to social and emotional wellbeing.

FIONA'S STORY

Fiona is one of the tenants at the Community Living Initiative. Home to Fiona is Kowanyama on the Cape York Peninsula, a 23 hour drive north-west of Cairns.

“
I think about home every day. I just want to go home for one week, one month. I want to go tomorrow, but I don't live there anymore.”

When Fiona describes her home of Kowanyama, she talks of water, the mouth of the river and the ocean. Kowanyama means 'place of many waters' and is where the Mitchell River meets the ocean. Kowanyama has a population of just under a thousand people.

Fiona grew up surrounded by family. "We come from a lot of family. Straight across from (our house) is dad's family, next my mum's family and straight across from there, my dad's nephew, next my dad's brother."

In explaining this Fiona points to the houses close by to show how closely they live back home. Fiona says, "I think about home every day. I just want to go home for one week, one month. I want to go tomorrow, but I don't live there anymore."

Food in Kowanyama is so very different to food in Cairns. Back home Fiona eats wallaby, geese, ibis and swamp turtle. Flying fox gets stewed in a Kup Murri. Fishing is a big part of Fiona's way of life.

Before coming to the Community Living Initiative, Fiona was living in hospital in Townsville. She said, "I didn't like it, it was too cold with the aircon on. I wanted to come outside."

The positive difference moving out of hospital and into her new home in Cairns has made, is stark. While it's not really 'home' for Fiona, she confides that she imagines she'll be here for a long time. The respectful way



Fiona is supported, and her culture honored are equally as important as the physical environment she lives in.

Fiona lives in one of eight supported culturally appropriate units. The focal point of the place is a large breezeway, which provides shelter without feeling enclosed, even during the wet season. This acts as an informal gathering place where everyone feels completely welcome.

Fiona's home, the physical environment, along with the support she receives, fundamentally and totally honors the culture of Fiona and her fellow tenants.

CREATING CHANGE ACROSS AUSTRALIA

Community Living Initiative Cont.

OUR MODEL OF SUPPORT

The key components of the model of support consider contemporary approaches to disability support within a cultural context, including:

- a distinction between daily living support and individual, personal (inclusion) and goal-oriented support
- support staff rostered according to individual preferences
- the facilitation of informal supports, voluntary, unpaid relationships and involvement in community, cultural, educational, and vocational interests and goals
- a phased approach to establishing the individual service components, recognising that individual support requirements and the precise nature of these will unfold authentically
- inclusion methods that are self-directed, trauma informed and person-centred. This approach allows the person to explore various areas of their life as they choose what is important to their home, cultural, recreational, education, work interests, relationships, health, transport and communication requirements. The plan guides how services and support are individualised, organised and implemented, reviewed and revised with the person to address changing needs, choices and preferences. Synapse works with the tenant to develop their individualised plan and goals.
- Person, family and community centred planning guides how the services and support are individualised, organised, implemented, reviewed and revised with the person and their network of support to address changing needs, choices and preferences with a bias toward culturally informed understanding of wellbeing.

While acknowledging that the sharing of some resources may provide opportunities to improve cost efficiency, it is imperative that the integrity of the model is maintained with the flexibility to respond to individual needs, choices and preferences. Synapse approach to the delivery of the model of support safeguards against becoming a traditional facility-based accommodation/institutional model. Some, or all, of the tenants may wish to become involved in mutual support. The Community Living Initiative acknowledges community and cultural knowledge as the cornerstone of culturally informed support. As such, through meaningful dialogue and capacity building, an independent mentor works together with tenants and staff to strengthen practice, community connections and resolve issues that may have the potential to create barriers



to personal achievement. The mentor remains independent of the support team and provides valuable insights and learnings regarding the barriers and opportunities to improve cultural safety for the workforce and individuals receiving services. The continued focus on listening and responding to the grounded experiences of those connected to the Community Living Initiative are strengthened through the role of the mentor.

The Community Living Initiative acknowledges community and cultural knowledge as the cornerstone of culturally informed support. As such, through meaningful dialogue and capacity building, an independent mentor works together with tenants and staff to strengthen practice, community connections and resolve issues that may have the potential to create barriers to personal achievement. The mentor remains independent of the support team and provides valuable insights and learnings regarding the barriers and opportunities to improve cultural safety for the workforce and individuals receiving services. The continued focus on listening and responding to the grounded experiences of those connected to the service, are strengthened through the role of the mentor.



JAMEN'S STORY

Community Living Initiative Mentor

Jamen started working at the Community Living Initiative in Cairns two-months before it opened to tenants in 2017. His role is to mentor the team working at the Community Living Initiative and act as a conduit between the team and tenants.

“The tenants who came from aged care or hospital wards were so used to having no control over what happened to them.

”

“The way we work here was different from the start,” said Jamen. “Part of my role is to help the team feel comfortable and prepared for their roles.”

Jamen says that his role is like a feedback facilitator to support staff and tenants. This also helps with cultural understanding between staff who are Aboriginal and/or Torres Strait Islander peoples and staff who are not, and tenants.

Having Jamen as a mentor means that there is someone for staff to approach if they need to talk about something that has happened at work or want advice on how to approach an issue. This helps staff feel secure and to know that there is always someone for them to talk to.

“One of the challenges is reminding staff that they need down time and to keep a work-life balance. They don’t always see their work as work—they see the tenants as part of their community and their Elders, and they want to do everything they can to help them.”

Many of the tenants moved into the Community Living Initiative after living in inappropriate accommodation such as aged care or hospitals.

“The tenants who came from aged care or hospital wards were so used to having no control over what happened to them,” said Jamen. “We had people who didn’t speak when they arrived and they didn’t engage in any activities. Now they ask staff to take them out fishing. One of our staff members brought in his own fishing gear so whenever our tenants ask, they’re ready to go fishing.”

The Community Living Initiative is family-oriented, with tenants seen as members of the family.

“If someone puts out a call for a barbecue on a Sunday afternoon, twenty people will show up—tenants, their family, staff will bring their extended family along too. It’s not often that people will show up to work to socialise in their own time.”

Evaluation of the Community Living Initiative

A post-occupancy evaluation of the Community Living Initiative has been undertaken. A post-occupancy evaluation is an established research method that involves the evaluation of buildings in a systematic way. As an assessment method, a post-occupancy evaluation provides a means of understanding the consequences of design decisions against the building’s performance in terms of user needs. The study evaluated the physical and socio-cultural performance of the model on tenants’ social and emotional wellbeing, including connection to country; culture; spirituality; ancestry; family and community.

The post-occupancy evaluation findings indicated that the housing model enhanced tenant social and emotional wellbeing and that the overarching intent of the design was achieved, but ongoing success was dependent on multiple factors. We look forward to seeing the findings of the post-occupancy evaluation published soon.

Building Projects Across Australia

Synapse is working with government and housing organisations to replicate the Community Living Initiative in other Australian regions.

CREATING CHANGE ACROSS AUSTRALIA

National Initiative Strengthens Engagement with Aboriginal and/or Torres Strait Islander Peoples with the NDIS

High rate of brain injury among Aboriginal and/or Torres Strait Islander Peoples

The rate of brain injury and disability among Aboriginal and/or Torres Strait Islander peoples is almost twice as high as that among non-Indigenous people. By any measure, Aboriginal and/or Torres Strait Islander peoples 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.

Synapse has developed a three-pronged process to engage Aboriginal and/or Torres Strait Islander peoples with the NDIS:

WORKING WITH AGENCIES

Synapse will work with community organisations, agencies and government departments supporting or working with Aboriginal and/or Torres Strait Islander individuals impacted by brain injury across criminal and juvenile justice, mental health, child safety, youth and family services, aged care, education, housing and homelessness services nationally.

Synapse is working towards increased agency capacity to understand the nature and implications of brain injury. This will be achieved through training in the Guddi Way Screening Tool and work with our partners to co-design strategies, and associated guidance and/or training.

WORKING WITH COMMUNITIES

Synapse will work with local Aboriginal and/or Torres Strait Islander communities to build the capacity of these communities to deliver NDIS services.

Unprecedented Opportunity for Support and Services

The NDIS has potential to enable access to support and services by eligible Aboriginal and/or Torres Strait Islander peoples at levels previously unimaginable in Australia, but 'Aboriginal and/or Torres Strait Islanders [comprised] 7.3% of participants who received a plan in the quarter, compared with 5.6% in previous quarters combined.' (COAG Disability Reform Council – Quarterly Report, June 2019).

SYSTEMIC ADVOCACY

Synapse systemic advocacy activities have been designed to achieve policy and practice change to achieve greater awareness and improved response to the over representation of Aboriginal and/or Torres Strait Islander peoples across service sectors.



Engaging with Systems Across Australia

Synapse spent six-months engaging with systems across Australia in every State and Territory to identify system issues that impact Aboriginal and/or Torres Strait Islander peoples engagement with the NDIS across all parts of community. The process has also allowed Synapse to partner nationally and identify the specialist responses needed to create system change. Synapse continues to work with contacts made during this process to co-design services which are tailored to individual systems, sectors or organisations.

SECTOR	✓ Aboriginal Community Controlled Organisations	✓ Corrections (Courts, Prison Services, Parole Boards)	✓ Homeless/Housing Services
	✓ Aboriginal Medical Services	✓ Disability Organisations	✓ Insurance schemes
	✓ Alcohol and other Drugs Services	✓ Domestic and Family Violence Services and Organisations	✓ Mental Health
	✓ Child Safety (including Commissions & Child Safety Officers)	✓ Employment Services	✓ Peak Bodies
		✓ Health	✓ Youth Justice

REVISING THE GUDDI WAY SCREEN (2019)

The Guddi Way Screen is a culturally appropriate screening process to identify brain injury and complex disability. Once a brain injury has been identified, it may enable a pathway to appropriate support via the NDIS. For some people, this may be the first time in their lives that a brain injury has been identified and that they have the opportunity to receive support.

The Screen includes culturally sensitive questions relating to cognition, thinking skills, disability and psychosocial functioning. Synapse evaluated the utility and feasibility of the Guddi Way Screen (2018) during the Brisbane Murri Court pilot project. Based on learnings from the Murri Court project Synapse has revised the Screen, culminating in the enhanced and modified Guddi Way Screen (2019). Expert advice and guidance was central to the redevelopment and refinement of the Guddi Way Screen (2019) in both its composition and the methodology to support its culturally informed application.



CREATING CHANGE ACROSS AUSTRALIA

Criminal Justice System

It is well documented that Aboriginal and/or Torres Strait Islander peoples are over-represented in the criminal justice system (Law Reform Commission, 2017).

In 2017, despite being only 3.3 percent of the Australian population, Indigenous Australians accounted for 28 percent of prisoners (Human Rights Watch, 2018). Rates of cognitive impairment (including brain injury) and co-occurring disorders (including mental health problems, post-traumatic stress disorder, and alcohol and drug misuse) have been found to be high in Indigenous and prison populations (Baldry et al., 2015). The complex needs of this group are poorly understood within the criminal justice system leading to inappropriate responses and contributing to recidivism (O'Rourke et al., 2018; Shepherd et al., 2017). Cognitive

impairments can impact on the functional ability of people being sentenced to comply with court orders and bail conditions and can diminish people's capacity to understand court processes (Shepherd et al., 2017). A scarcity of appropriate methods to identify brain injury amongst Aboriginal and/or Torres Strait Islander peoples has been noted, and a need for culturally developed and culturally safe procedures to identify brain injury in this cohort have been called for (Commonwealth of Australia, 2017; Dingwall et al., 2013; Townsend et al., 2018).

MURRI COURT PILOT PROJECT

In 2018-2019 Synapse partnered with the Brisbane Murri Court to complete a pilot project in response to the need for culturally safe screening for brain injury and complex disability in the Murri Court system. The pilot project used the Guddi Way Screen (2018) and was informed through a partnership and co-design process with the Murri Court Magistrate, the Court Co-ordinator, and Elders and respected persons from the Brisbane Murri Elders community Justice Group.

OUTCOMES

Results indicated that Murri Court participants with brain injury experience high levels of complex co-occurring problems including poor physical and mental health, alcohol and drug misuse problems, and barriers to employment and housing. Moreover, these problems impact the capacity of Murri Court Participants to comply with court obligations and conditions. Stakeholders confirmed the utility and feasibility of the Guddi Way Screen in the context of the Muri Court.

The project enhanced the quality of information provided to the Murri Court, and enhanced court knowledge about the impacts of disability and brain injury, and potential referral linkages necessary to support improved outcomes for Murri Court participants.

Successful outcomes for Murri Court participants with brain injury rely on effectively linking individuals to both specialist and mainstream supports that improve their capacity to meet court conditions. This joined up approach requires focused and holistic engagement of service systems to respond to the many and varied complexities and the avenues through which

necessary support may be accessed and tailored to the needs of a person with brain injury.

Aboriginal and/or Torres Strait Islander peoples sentencing courts are designed to make the sentencing process more meaningful and less complex for offenders, with a strong emphasis on strengthening connection to culture and empowering Aboriginal and/or Torres Strait Islander communities (Marchetti & Daly, 2007).

The Murri Court is based on a Magistrates Court framework with the added involvement of Elders and Respected Persons, family members, Aboriginal and/or Torres Strait Islander Organisations and justice groups, with an emphasis on rehabilitation and support (Morgan & Louis 2010).

Synapse is now also engaging with and planning similar pilots in the Barndimaglu Court in Western Australia, Risdon Prison and Ashley Youth Detention Centre in Tasmania and are amidst planning a further initiative in collaboration with partners focussing on screening of prisoners pre-exit from a correctional setting in North Queensland.

Women Exiting the Corrections System

In 2018 Synapse partnered with the NSW Department of Justice and Guthrie House, a not-for-profit transitional service for women exiting the prison system, to support women who may have a brain injury. Synapse has been training staff within this service to use the Guddi Screen (2018). 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, domestic violence, employment, mental health, and drug and alcohol services. The work has generated knowledge about the impacts of brain injury in these areas and facilitated intersectoral collaboration to produce positive outcomes for women involved in the criminal justice system.

“

The overrepresentation of Aboriginal and Torres Strait Islander peoples in the criminal justice system is a significant human rights issue in Australia. Many of these people have disabilities and cognitive impairments, often undiagnosed, which make navigating the criminal justice system even more difficult. Synapse is committed to working with Aboriginal and Torres Strait Islander peoples and communities, as well as non-Indigenous stakeholders to better support this group.

”

Michelle McIntyre
Research Fellow

Assessing the Disability Needs of Aboriginal and/or Torres Strait Islander Prisoners (ADNIP)

Synapse is working with Griffith University to review the processes for assessing the disability needs of Aboriginal and/or Torres Strait Islander prisoners. The project is funded by the Department of Social Services and has arisen out of recommendations from the Prison to Work Report (COAG, 2016) the project is a national study which aims to:

- 1. identify methods, processes and current gaps, to improve the identification and assessment of Aboriginal and/or Torres Strait Islander prisoners with disability and/or impairment**
- 2. Investigate and identify services and processes to support the needs of Aboriginal and/or Torres Strait Islander prisoners, and ex-prisoners with disability and/or impairment to better enable transition back to their communities and reduce potential barriers to exclusion and marginalisation, including employment**

The project will examine how disability is identified and assessed in adult (over 18 years) Aboriginal and/or Torres Strait Islander prisoners and ex-prisoners who have exited the prison system. The focus will be on people who have conditions that often remain unidentified such as hearing loss, cognitive impairments (Foetal Alcohol Spectrum Disorder (FASD) or brain injury) and related disabilities. It will also examine ways to improve their access to rehabilitation, treatment and employment opportunities.

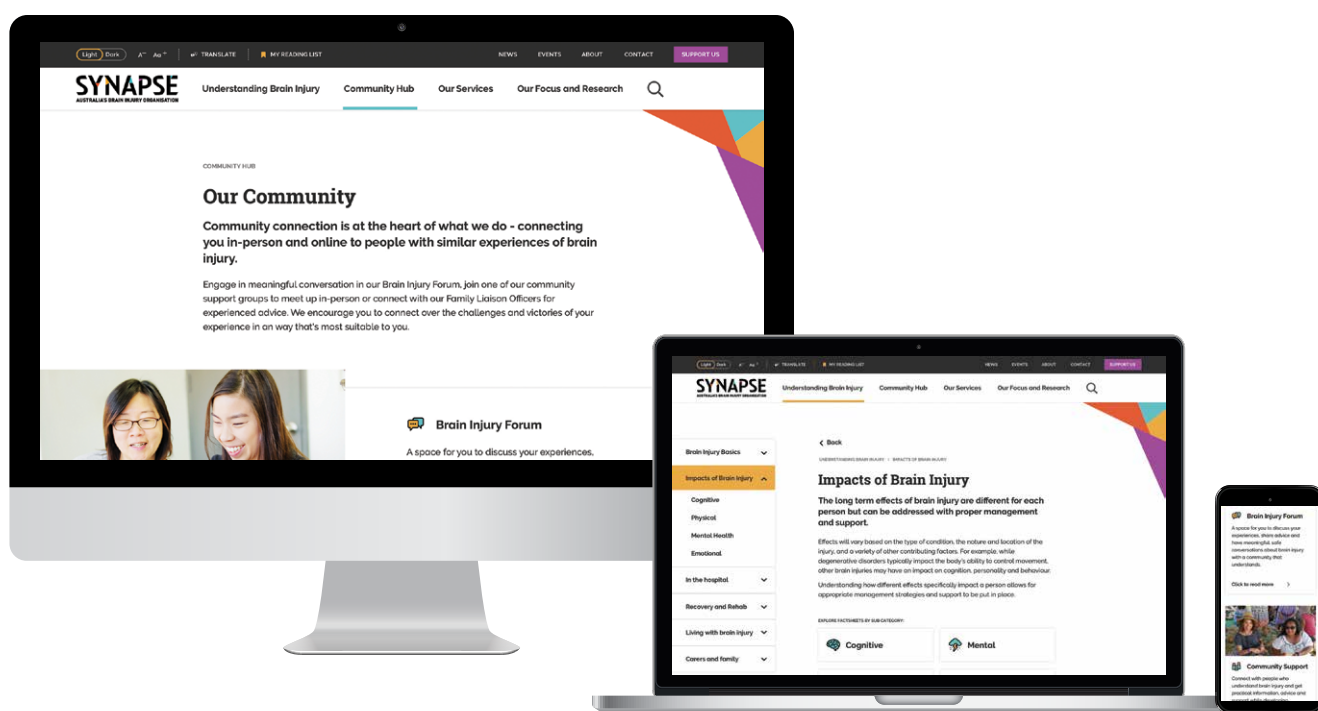
The findings will be used to:

- Improve identification and assessment of disability and/or impairment for Aboriginal and/or Torres Strait Islander prisoners and ex-prisoners through culturally safe and appropriate methods, and
- Improve the support and rehabilitation services for Aboriginal and Torres Strait Islander prisoners and ex-prisoners.
- Develop options for more effective assessment tool(s) and processes.

EXPANDING CONNECTIONS

Co-designing a New Website, Brain Injury Information Hub and National Referral Gateway

An NDIS Information, Linkages and Capacity Building grant enabled Synapse to develop a brain injury information hub and national referral gateway, with the Synapse website also undergoing redevelopment at the same time. Existing together as one seamless online experience, these elements provide information, support and connection for people impacted by or working with brain injury. The new website and information hub includes new communications technologies, including live chat and online chat boards which augment existing information and referral services.



Synapse Brain Injury Information Hub

The Brain Injury Information Hub provides accessible information for individuals with a brain injury, their carers and family members as well as brain injury professionals and practitioners. The Hub expands on existing information resources such as Synapse fact sheets and the *ABI: The Facts*

publication. An evidence-based review of Synapse existing information resources has been undertaken to identify gaps and better align current resources to the lived experiences of people impacted by brain injury.

Community Engagement

A key aspect of this project was to engage with the community and take a co-designed approach to development. Carried out through several activities with a range of community cohorts, the aim is to seek feedback from people impacted by brain injury about how they access and use information in various formats.

Synapse undertook research and engagement activities to collect feedback at different stages of the project to date including:

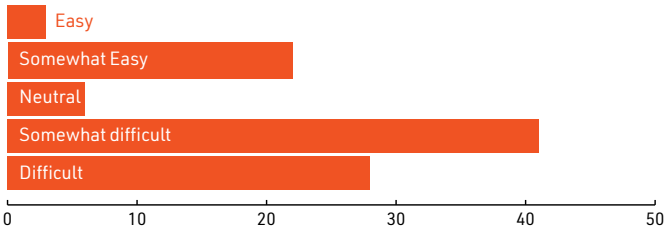
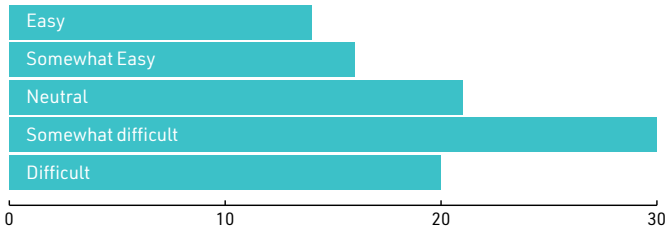
ONLINE SURVEY

A comprehensive online survey was designed to collect a mix of qualitative and quantitative data from key audience groups. The survey delves further into the relationship between information resources and appropriate services for individuals with a brain injury, carers and industry practitioners.

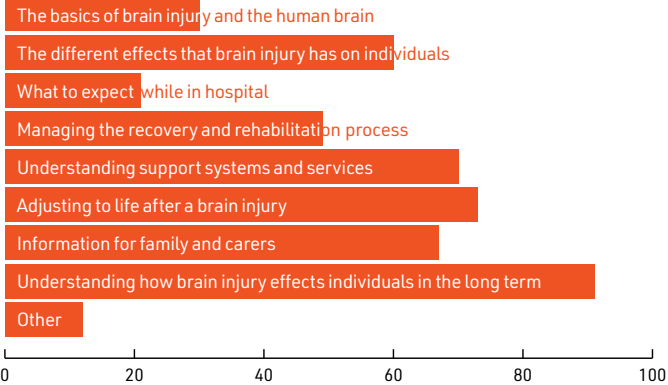
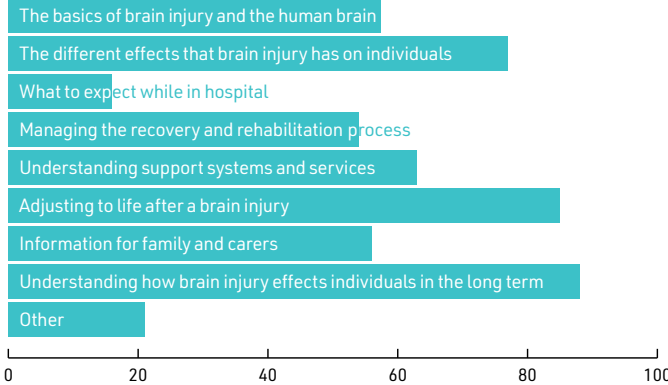
FEEDBACK FROM PEOPLE WHO HAVE A BRAIN INJURY

FEEDBACK FROM CARERS

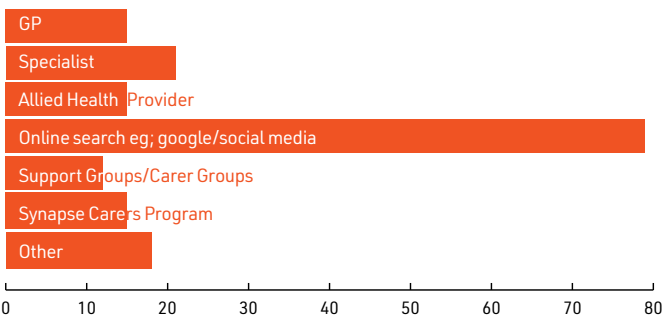
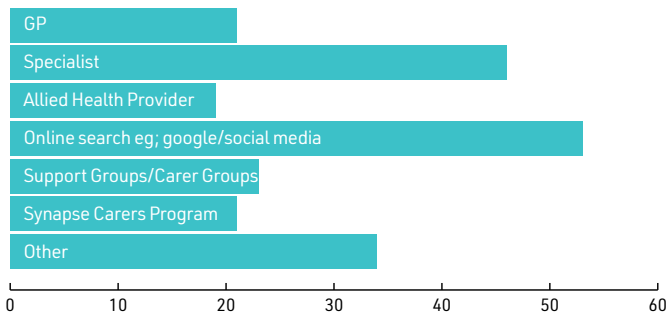
Q. How easy or difficult has it been to find information that helps you better understand brain injury?



Q. Select the brain injury information areas most important to you



Q. Where do you go to seek reliable information about brain injury?



USER RESEARCH SESSIONS

A number of one-on-one user research interviews with individuals and carers impacted by brain injury were undertaken by Synapse. These interviews aimed to understand how people seek out brain injury information, what information they need most and their experiences with support services.

INFORMATION AND REFERRAL RESEARCH SESSIONS

Research sessions were undertaken to better understand the people Synapse makes direct contact with, their situations and the motivation for contacting Synapse. These sessions were valuable in better defining peoples information needs.

GROUP FEEDBACK SESSIONS

Synapse carried out informal, face-to-face group feedback sessions where individuals with brain injury, carers and professionals share their experiences. The sessions provide Synapse with additional qualitative insights to inform the development of the Information Hub and future information resources. These sessions have been a great opportunity for people to connect with others and meet members of the Synapse team in a relaxed, welcoming environment.

EXPANDING CONNECTIONS

Finding Information

“

I was big on research to find out the ‘why’ behind my symptoms. Why was I so tired all the time, why was I so emotional? The only problem is that I could only really focus for about 3 good hours in the day before I became exhausted and had to rest. I needed quality resources that were reputable, easy to interpret, and used language that I didn’t have to ‘process’.

Penny

“

There’s so much information, if you don’t go after it and interpret it, you can’t advocate for the person you care for. If you don’t advocate, if you don’t push—you get nothing.

Michael



“

After the accident, I felt as though I had no information on what to expect, what to look out for. I would have really liked that. In the ward, I wasn’t allowed to go outside, but no one even told me why. It made me feel really out of control.

Julian

Rehabilitation and Support

“

I believe that the support you get, determines how well you’ll recover. I was really lucky to have good people around me (medical staff, family). My mum stepped in and took charge with my recovery and medical needs. She was amazing, but I know it was very hard for her because she had no idea what she was dealing with.

Penny

“

After the accident, I didn’t want to acknowledge anything was wrong with me. I hated the term ‘brain injury’ and the pity that came with it. I just wanted everyone to treat me like normal. It was only when I was having trouble determining what was real and what wasn’t, that I sought help from a psychologist.

Julian

Connection and Community

“

I want to connect with people more. I think a mix of offline and online is great. I prefer in-person meetups when I want to connect, but it’s not always easy to arrange. Some people also struggle with face-to-face interaction. It would be nice for them to feel included without the pressure of an in-person get together.

Bridget



“

Any kind of online negativity would have been incredibly damaging for me. Any online forums or groups would need to be very closely monitored and moderated to guard against this. The threat of online ‘hate’ is so awful for me that I just don’t do it. I don’t have social media and I’m very hesitant to participate in groups.

Penny



“

As an Aboriginal woman, working for Synapse and throughout my community life I have observed the effects of Neurodisability on Aboriginal and Torres Strait Islander people and have seen that there is a strong need for Aboriginal and Torres Strait Islander people to lead engagement and work within the neurodisability field to increase understanding, link people to support services and improve the quality of life of people with Neurodisability in our communities.

”

BROOKE GRAHAM

Developing a Culturally Appropriate Brain Injury Information Resource and Service Directory

Synapse Support Coordinator, Brooke Graham, a descendent of the Ngugi, Noonuccal, Goenpul, Quandamooka and Barunggam people, was honoured to receive the Neurodisability Assist Trust Grant in November 2018. The Neurodisability Trust Grant Program is financed from a private Ancillary Fund established to provide an opportunity for a young person (under 30 years of age) to pursue a career in the neurodisability field.

Brooke's objective is to undertake a project offering the potential to have positive impacts on the lives of people who are marginalised and have complex needs from living with a brain injury. Through Brooke's upbringing and work experience she could see that there is a lack of culturally appropriate brain injury information and culturally safe services for Aboriginal and/or Torres Strait Islander peoples, and this is evidenced in research literature (Cairney et al., 2007; Kendall & Barnett., 2015). Brooke grew up in three communities: Bribie Island, Inala and Stradbroke Island. Living in these communities Brooke has witnessed first-hand

how the 'invisibility' of brain injury means people's needs are often unrecognised by systems and services, which ultimately increases the risk of homelessness and incarceration (Baldry et al., 2015). A responsive and supportive system includes access to information and resources that are culturally informed and reflect the knowledge and experiences of Aboriginal and/or Torres Strait Islander peoples. This project will respond to this need through the development of a culturally safe information resource and service directory created through a co design process which consults with Aboriginal and/or Torres Strait Islander peoples.

Development of an Online 'Yarn Up' Resource

An NDIS Information, Linkages and Capacity Building grant has funded the development of an online application for organisations that support Aboriginal and/or Torres Strait Islander peoples who have a brain injury. The project will extend the concept of the Yarn Up Cards which were designed by Synapse to start conversations with Aboriginal and/or Torres Strait Islander peoples who have a brain injury about the NDIS and provide examples of some of the types of supports and services available.



The Yarn Up online application will allow local services to fully customise resources with local relevant imagery, designs and language that help to prompt conversations with participants about supports, services and lifestyle goals. Synapse will engage with Aboriginal and/or Torres Strait Islander communities across three locations in Western Australia with local advisory groups to be set up for regular, local project review.

EXPANDING CONNECTIONS

Connecting People Who Have a Brain Injury

People often report changes in relationships after a brain injury. These changes can occur due to changes to a person's ability to communicate, changes in personality, physical changes, a reduction in mobility, fatigue, the ability to work and other factors. Friends, co-workers and extended family members may not contact people who have a brain injury as regularly because of these changes. Strangers can also misunderstand someone with a brain injury because there are no physical signs of injury. This means people with a brain injury can sometimes feel isolated, misunderstood and lonely.

Over the past two years, Synapse has provided a peer support and peer mentoring program to people living with a brain injury and their carers which includes:

- 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
- Closed Facebook groups

Reconnections keeps individuals and their families up to date with monthly newsletters that share themes from the groups and stories of individuals with tips, strategies and information from people with brain injury and relevant subject matter experts.

The program provides opportunities for people with a brain injury to socialise, share stories, learn new information, and feel understood and supported.





Extension of the Program

Peer Advisory Group

This year, iCare provided funding to extend the peer support program and as a part of this extension, Synapse established a Peer Advisory Group. The group provides input on the format and objectives of the program, various procedures, role descriptions and job advertisements. The Peer Advisory Group means that people with lived experience and knowledge about brain injury, carers and various service providers help guide the program to ensure it meets the needs of people with brain injury.

Peer Mentors

As a part of the program, Synapse is building a pool of volunteer peer mentors. Each mentor will be receiving training and support in line with Synapse procedures and directions from the Peer Advisory Group. These mentors will be connecting with other individuals who sustained an injury more recently. These connections reduce social isolation and support sharing of information and experiences.

Brain Injury Network

Synapse held a number of Brain Injury Network conferences for professionals who work with people impacted by brain injury. The Brain Injury Network events are a forum for professionals to share information and develop connections. 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.



EXPANDING CONNECTIONS

DISCUSSING BRAIN INJURY, SEXUALITY AND RELATIONSHIPS

Synapse partnered with Deakin University to adapt a program about sexuality and relationships for people with a brain injury. The program's objective is about having peer-led conversations around the themes of sexuality, consent, respectful relationships, sex, violence and abuse in relationships and how these issues can be further impacted by having a disability and brain injury.

Participants of the workshops commented that they felt more educated and comfortable to share personal and sensitive experiences because the stories were very relatable. The program allowed people to connect, learn and feel more confident about establishing respectful relationships and having conversations with their partners, family and friends.

CARERS PROGRAM

The Synapse Carers program provides information, resources and practical support to carers of individuals with a brain injury. Synapse understands that the more supported a carer is, the better the outcomes are for both the carer and the individual with brain injury. The program provides face-to-face and online sessions.

Support Sessions

Information and support sessions are delivered by researchers, allied health professionals and people with lived experience of the caring role at group sessions held in metro and regional hubs and shared widely through live-streaming.

The sessions give carers the opportunity to share experiences, learn from other carers and build supportive relationships. Carers can also connect with members of the Synapse team and presenters during sessions to gain additional support and advice.

Online Sessions

Synapse Carers presentations are live streamed and recorded via YouTube, so groups and individuals across Australia can watch presentations live or view them at a more convenient time. Synapse also provides online resources for carers on its website and a dedicated carers Facebook support group.

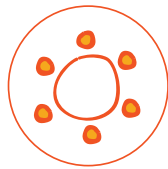
ADVISORY GROUP

The Carers Program is peer-led and all major decisions have been made in consultation with an advisory group consisting of carers, service providers and an individual with brain injury.



NATIONAL IMPACT

Co-designed a
**comprehensive
brain injury hub**
with people **impacted by
brain injury**



Began a **Western Australian
Information, Linkages and Capacity
Building** funded project to develop
online visual resources
for Aboriginal and/or Torres Strait Islander
peoples with brain injury



Expanded training services
across Australia and trained
over 1200 people



**Published peer
reviewed journal**
articles and industry
reports

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



Presented at
**national and
international**
conferences



Distributed over **15,000 fact sheets**

**Expanded Synapse peer
support programs**
for carers and people with a brain
injury **online and in-person**



Held **Information, Linkages
and Capacity Building** activities
around Australia

Held **Brain Injury Network**
conferences and networking event for
**over 250 professional
members**



**Over 1.5 million
sessions and
850,000 unique
visitors**
to **Synapse websites**

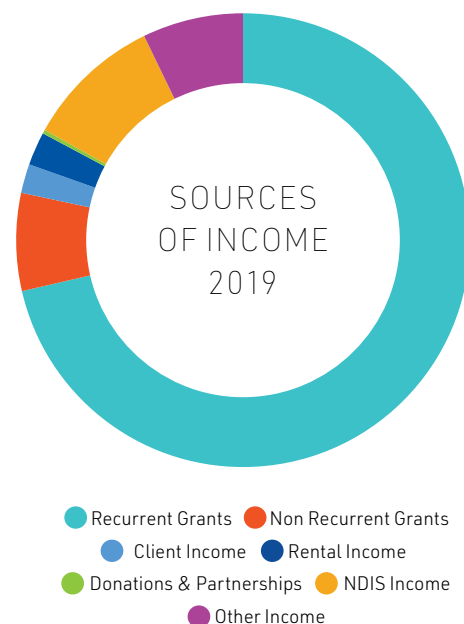
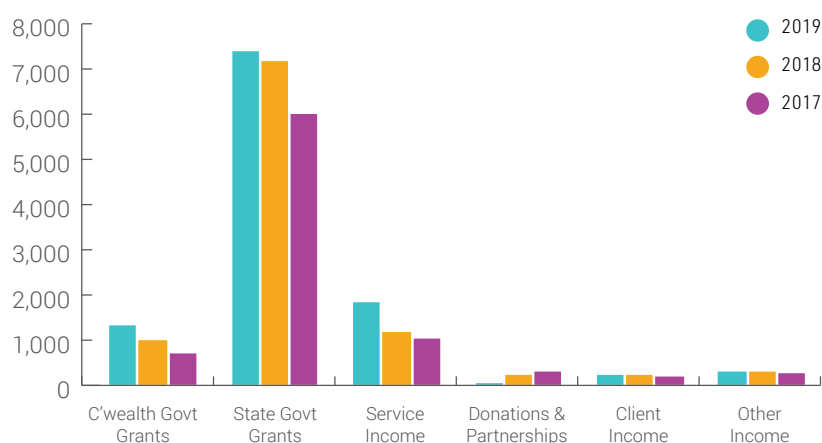


Provided **online Carers
support** sessions with around
700 online views

FINANCIAL SUMMARY 2019

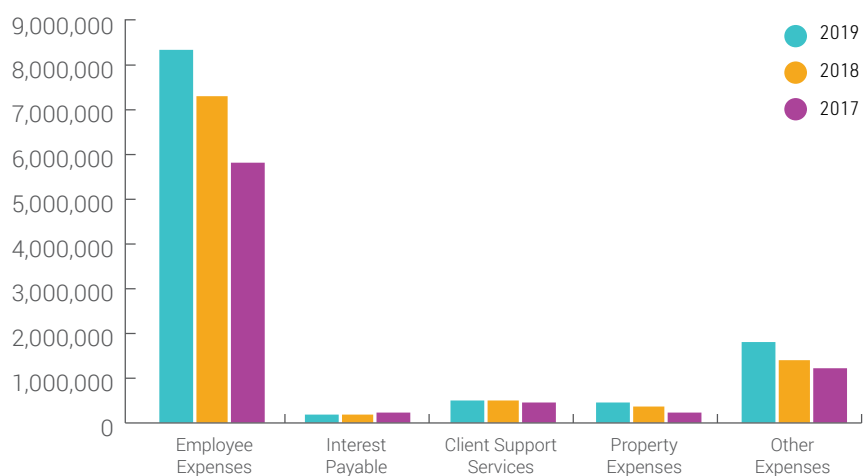
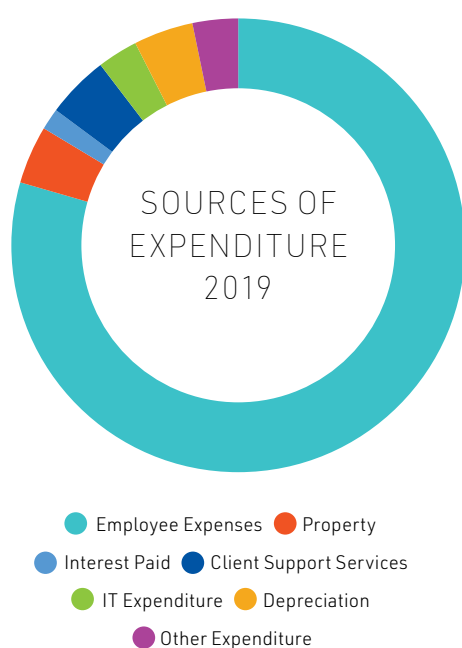
Income

For the year ended 30 June 2019



Expenditure

For the year ended 30 June 2019



Statement of Profit or Loss and Other Comprehensive Income

For the year ended 30 June 2019

	30 June 2019 \$	30 June 2018 \$
Operating Revenue	11,050,428	10,062,730
Accountancy and Auditor's Remuneration	(38,478)	(34,534)
Advertising and Promotions	(86,647)	(34,761)
Client Support Services	(465,958)	(461,799)
Computer Expenses	(301,319)	(233,401)
Consultancy Fees	(443,978)	(242,508)
Depreciation and Amortisation Expense	(338,665)	(279,905)
Employee Benefits Expense	(8,299,203)	(7,234,867)
Finance Costs and Charges	(160,416)	(169,559)
Insurance	(85,038)	(80,582)
Legal Expenses	(17,930)	(28,500)
Office Expenses	(192,994)	(159,054)
Motor Vehicle Expenses	(65,960)	(65,318)
Other Expenses	(216,114)	(212,691)
Property Expenses	(432,955)	(337,972)
Gain/(Loss) on Disposal of Assets	0	(11,980)
Operating Surplus / (Deficit) for the year	(95,227)	475,299
Non-Operating Activities	955,642	352,201
Surplus / (Deficit) for the Year	860,415	827,500
Other Comprehensive Income		
Revaluation of Land and Buildings	1,163,616	0
Total Other Comprehensive Income	1,163,616	0
Total Comprehensive Income for the Year	2,024,031	827,500

Statement of Financial Position

For the year ended 30 June 2019

	30 June 2019 \$	30 June 2018 \$
Current Assets		
Cash and Cash Equivalents	5,316,237	4,397,347
Trade and Other Receivables	931,424	166,755
Other Current Assets	87,597	65,081
Total Current Assets	6,335,258	4,629,183
Non-Current Assets		
Property, Plant and Equipment	12,624,866	11,057,236
Other Non-Current Assets	246,670	266,667
Total Non-Current Assets	12,871,536	11,323,903
Total Assets	19,206,794	15,953,086
Current Liabilities		
Trade and Other Payables	1,422,254	1,049,304
Grants and Revenue Received in Advance	2,197,392	1,395,591
Employee Provisions	402,724	358,967
Total Current Liabilities	4,022,370	2,803,862
Non-Current Liabilities		
Borrowings	4,018,088	4,018,088
Employee Provisions	130,389	119,221
Total Non-Current Liabilities	4,148,477	4,137,309
Total Liabilities	8,170,847	6,941,171
Net Assets	11,035,947	9,011,915
Equity		
Accumulated Surplus	9,400,374	8,539,958
Property Revaluation Reserve	1,635,573	471,957
Total Equity	11,035,947	9,011,915

Statement of Cash Flows

For the year ended 30 June 2019

	30 June 2019 \$	30 June 2018 \$
Cash Flows from Operating Activities		
Receipts from Donations, Grants and Client Related Activities	11,061,690	10,966,742
Payments to Suppliers and Employees	(10,214,297)	(9,103,976)
Interest Received	21,187	28,847
Finance Costs	(160,416)	(169,559)
Net Cash Generated from Operating Activities	708,164	1,722,054
Cash Flows from Investing Activities		
Proceeds from Sale of Property, Plant & Equipment	0	0
Purchase of Property, Plant and Equipment	(62,771)	(163,876)
Cash assumed from business combination	273,497	0
Total Non-Current Assets	210,726	(163,876)
Net (Decrease)/Increase in Cash Held	918,890	1,558,178
Cash and Cash Equivalents at the beginning of Financial Year	4,397,347	2,839,169
Cash and Cash Equivalents at the end of Financial Year	5,316,237	4,397,347



Community Partnerships

Community Connections to Support People Impacted by Brain Injury

Synapse expansion of services and projects throughout Australia has been further extended with the support of community members and businesses.

Thank you to all our community donors and partners for their ongoing support. Special thanks to Les Clarence and his family and friends for their support of the Family Liaison Service. Thank you also to David and Nicki Boulter for organising the annual Beans 4 Brains Fun Run which was even bigger than previous years, and Dave and Laurene Best, Cory Stevenson and Kris Peters for organising another successful Music for the Brain concert.

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 more people impacted by brain injury across Australia.

If your organisation or business would like to partner with Synapse—Australia's Brain Injury Organisation, please contact us at enquiries@synapse.org.au

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

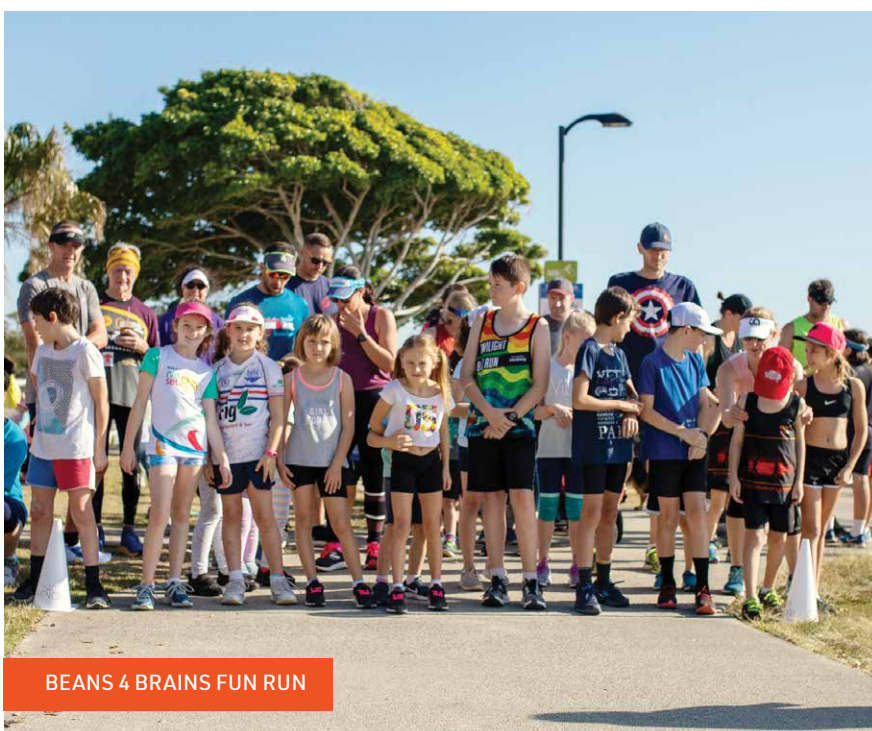
- Clayton Utz

Service Partners

- Ausmar Assist
- Coast 2 Bay Housing
- Access Housing

Research Partners

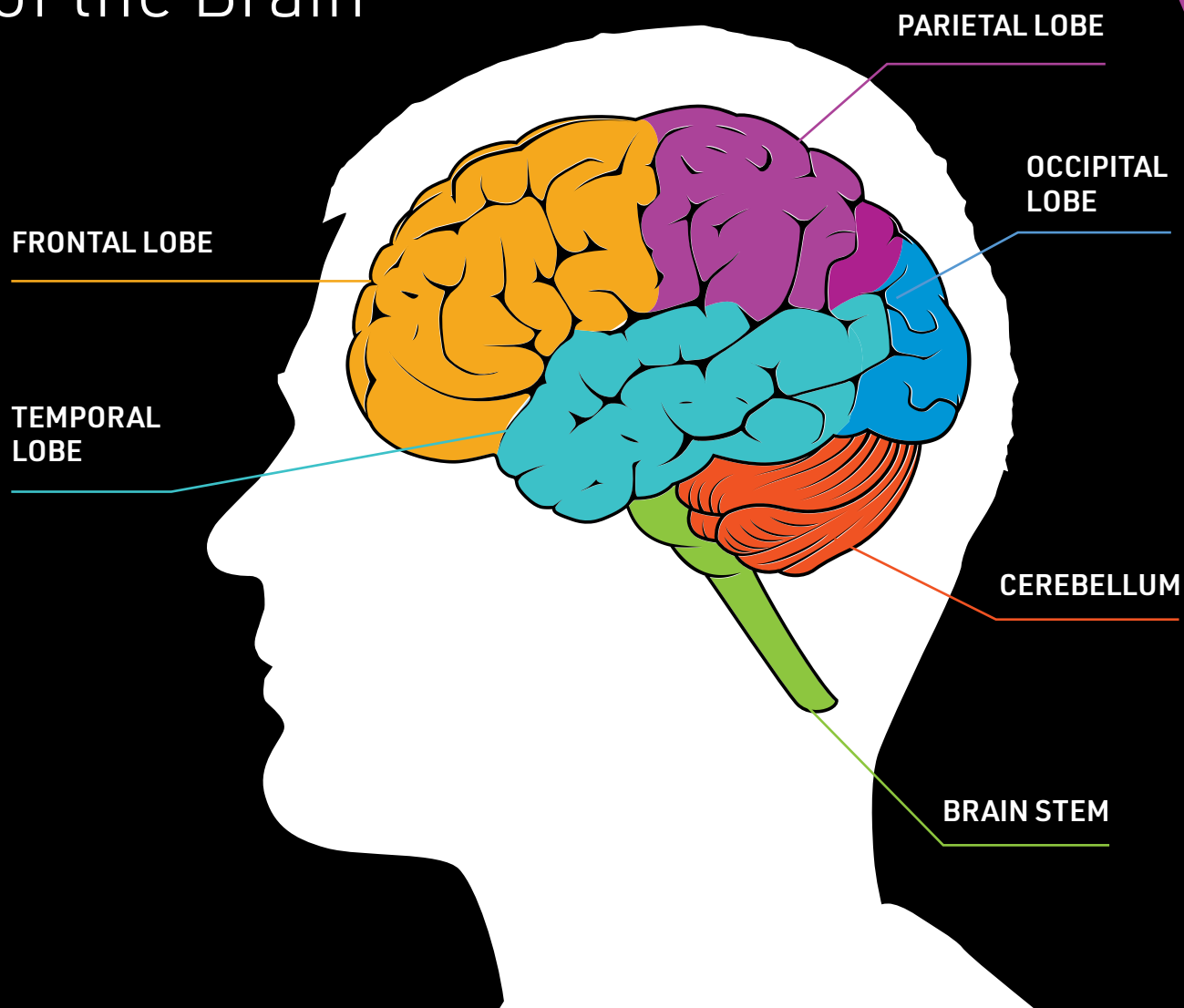
Thank you to Synapse's research partners for their support and contribution to our work, and ongoing commitment to improving the health and wellbeing of people with brain injury. Our continued focus on research ensures that we build an evidence-base to contribute to systemic change and improve the lives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



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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

SYNAPSE

AUSTRALIA'S BRAIN INJURY ORGANISATION

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