



Template for Developing a Carer Statement

A document designed to support
your child's NDIS Planning Conversation



Download and save an **editable PDF version** of this template for developing a Carer Statement. You can add and amend details over time to keep it up-to-date and as circumstances change. It's available to download by scanning the QR code or via the Learn section at [Kiind.com.au](https://kiind.com.au)

Important note

A Carer Statement (sometimes referred to as a Carer Impact Statement) is a document written by you that outlines in detail what you do as a carer, how often you do these tasks, the amount of time involved and the impact that caring for your child with disability, developmental delay, autism, genetic, rare, undiagnosed and/or chronic condition has on you and other members of your family.

The team at Kiind understands that formulating a Carer Statement can be difficult and emotionally upsetting. If you need support to prepare this document, you can contact, any of the organisations listed opposite.

Kiind (9am to 4pm, Mon-Fri)

T (08) 6164 9806

W kiind.com.au

Beyond Blue (24/7)

T 1300 224 636

W beyondblue.org.au

Helping Minds

T (08) 9427 7100

or 1800 811 747

W helpingminds.org.au

Lifeline (24/7)

T 13 11 14

W lifeline.org.au

Carer Gateway (8am to 5pm, Mon-Fri)

T 1800 422 737

W carergateway.gov.au

Developed by Kiind with thanks to WA Department of Communities - Disability Services

Kiind (9am to 4pm, Mon-Fri)

Perth Children's Hospital, Ground Floor, Family Resource Centre

15 Hospital Ave, Nedlands WA 6009

C/- Child and Adolescent Health Service, Locked Bag 2010, Nedlands WA 6909

Phone (08) 6164 9806 **Email** support@kiind.com.au **Web** [Kiind.com.au](https://kiind.com.au)

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What is a Carer Statement?

A Carer Statement (sometimes referred to as a Carer Impact Statement) is a document written by you that outlines in detail what you do as a carer, how often you do these tasks, the amount of time involved and the impact that caring for your child has on you and other members of your family.

It's not essential ... but it is important!

Compiling a Carer Statement is not an essential part of the NDIS planning process but it may help to strengthen your NDIS funding application. It is important for the NDIA to understand what your caring role involves to ensure that the support package your child receives meets their needs and supports your ongoing role as their primary carer.

What to include in a Carer Statement?

There is no right or wrong way to write a carer statement. It can take the form of an informal letter or a structured statement. The structure provided by Kiind in this document is just one method of developing a Carer Statement.

Ultimately, your Carer Statement should provide a clear picture of how the ongoing care that you provide to your child affects you - physically, mentally, emotionally, socially and financially, including your capacity to continue in this role and/or to find and retain paid employment.

Keeping a diary of the care you provide and/or completing Kiind's NDIS Planning Workbook in the lead-up to your child's NDIS Planning Conversation will help you to document the amount of time you spend supporting your child due to their disability and the impact this has on your own health and well-being.

Using this template

This template is designed to help you think about and describe the support that you provide to your child. It is not a complete list and there may be other issues you need to discuss with the NDIA which are not mentioned here. Use the space at the end of the template to include additional information as applicable to your personal circumstances.

Need some help?

If you have questions about completing the Carer Statement or need some help, contact a Peer Navigator at Kiind on (08) 6164 9806 between 9am and 4pm, Monday to Friday or jump online to Kiind Families Facebook Network and get some useful information and helpful tips from other parents and primary carers in relation to their experience of developing an effective Carer Statement.

Prepared by

Your first name:

Your last name:

Current residential address:

Phone number:

Email address:

Signature:

Date:

Section 1: About my child

Your child's first name:

Your child's last name:

NDIS participant number (found in your NDIS Access confirmation letter):

Age:

DOB:

My child's disability / diagnosis / condition is:

My child has:

- | | | |
|---|--|--|
| <input type="radio"/> A physical disability | <input type="radio"/> An intellectual disability | <input type="radio"/> An acquired brain injury |
| <input type="radio"/> Developmental delay(s) | <input type="radio"/> Vision impairment | <input type="radio"/> Autism Spectrum Disorder |
| <input type="radio"/> A genetic condition | <input type="radio"/> Hearing impairment | <input type="radio"/> ADHD |
| <input type="radio"/> A chronic medical condition | <input type="radio"/> A mental health condition | |

My child is primarily cared for by:

My child's disability impacts their day-to-day life in the following ways:

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Section 2: About me (my child's primary carer)

You can include information such as:

- Your age
- Marital / relationship status
- Your general health and well-being
- Other children and/or people that you care for (with or without disability and/or elderly)
- Support networks, eg those that support you and your child but are not paid to do so
- Whether you are currently in paid employment, (full-time, part-time or casual)
- Future aspirations, eg to find a job or retain an existing one, study, expand your family

Section 3: How I typically spend my week

If you have already prepared this information in your NDIS Workbook, simply copy across the totals here.

Activities that you do to support your child due to their disability	Time this takes	How often each day	Total time each day
Personal care, (bathing, grooming, dressing, cleaning teeth, toileting, ordering and obtaining supplies)		X	=
Mealtimes, (preparing food, including special types of food, feeding, tube feeding and supervision)		X	=
Communication, (helping your child to communicate / interact, use assistive technology)		X	=
Movement, (assistance with moving around the house, sitting, holding and managing objects, turning over during the night)		X	=
Health and medical treatment, (appointments with doctors, specialists, therapists and other allied health professionals)		X	=
Safety, (managing trip hazards, water temperature, wandering off, hurting themselves, alcohol or drug use)		X	=
Emotional support and behavioural management, (helping to calm, re-frame, manage anxiety, avoid triggers)		X	=
Managing services and supports, (including financial matters, purchasing consumables, aids and equipment)		X	=
Education and employment, (getting your child to and from school or college / employment, home-schooling, liaising with school / employers)		X	=
Assistance with social and community participation, (coordinating and/or attending social activities)		X	=
Transport, (to and from appointments, school, social activities)		X	=
Advocacy and representation, (representing the interests of your child in respect to services, supports, education, employment)		X	=
Other		X	=
Other		X	=
Total			

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Section 4: Additional circumstances

You can include other relevant information and/or commitments that affect your ability and/or amount of time you have to care (or sustain this level of care) for your child with disability:

- Your age and ability to continue managing the demands of your caring role
- Issues with your own health and/or that of your partner
- The ability of those in your support network (eg partner, grandparents, relatives and friends) to continue providing the level of support they currently provide to your child
- Partner, parents or relatives who are unable to care fully for themselves due to age or health condition(s)

Section 5: The impact of all of this on me

- a) **Physically**, for example: "I am almost 60 and have rheumatoid arthritis. As a consequence, I am really worried for my child because she needs to practice her mobility exercises every day at home and I am unable to help her due to my own pain and incapacitation."

- b) **Mentally**, for example: "I have depression and anxiety which the doctor tells me is probably due to long-term stress. My son is now 14 and will not listen or do anything I ask and is often physically violent with me and his sister. I love him and am sick with worry for his future. We are constantly treading on eggshells at home."

- c) **Emotionally**, for example: "Most days I feel helpless. I cannot see an end to the difficulties we are experiencing. I feel isolated and alone as I have little contact with anyone or anything outside of my 'child's world'. My marriage ended because of the stress of our circumstances. I suffer with depression and with the guilt of knowing that I am not able to care for my kids in the way that I want. My weight has ballooned."

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Section 5: The impact of all of this on me

- d) **Socially**, for example: "Day-to-day life revolves entirely around the care needs of my child. My son suffers from social anxiety, so we rarely get to leave the house. I feel incredibly alone and isolated. The friends that I have are busy with their own lives and I've got little in common any more with the people that I used to know before becoming a disability mum."

- e) **Financially**, for example: "The cost of caring for my child with disability is enormous. Everything that everyone else takes for granted like clothes, shoes or even just going to the hairdresser or dentist is amplified. I need to work to help cover the costs but I can't because I am a 24/7 carer to my child. My other children suffer as a consequence. It's a vicious cycle."

Section 6: Other relevant information

You can include notes and other details that are relevant to your personal situation.

- 8 **Need more space to write?**
You can write additional information in the notes section at the end of this document.

Section 7: Going forward

In the future, I would like to, for example: “Get a job and earn some money so that I can get out of the house, think about something else and make some social connections. I am only 34 but super concerned about having no skills or ability to earn money in the future or even save for when I’m too old to work.”

Section 8: Help to sustain my role as the primary carer

Things that would help me to achieve this include, for example: “A regular support worker who could take my child to and from school, art classes or an activity on weekends to help lessen her total dependence on me and free up some time to allow me to work, spend time with my other children, join an exercise class or study.”

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Sample Carer Statement

14 October 2024

Leila Thomas
Address Line 1
Address Line 2

Carer Statement prepared for Jessie Thomas,
NDIS Participant No: 12345678

Please find following additional, **important** information that I would like my NDIA Planner to take into consideration when developing my child's NDIS Plan. This information outlines the impact and the implications of my caring role on my own life and that of other members of my family. It details significant personal issues, circumstances and concerns that affect my ability to sustain this level of care for my child, now and into the future.

About my child

[Insert a summary statement(s) from Section 1: About My Child]

About me (my child's primary carer)

[Insert a summary statement(s) from Section 2: About me, (my child's primary carer)]

How I spend a typical week

[Insert a summary statement(s) from Section 3: How I typically spend my week]

Additional circumstances

[Insert a summary statement(s) from Section 4: Additional circumstances]

The impact of all of this on me

[Insert a summary statement(s) from Section 5: The impact of all of this on me, including physically, mentally, emotionally, socially and financially as applicable to you.]

Other relevant information

[Insert a summary statement(s) from Section 6: Other relevant information]

Going forward

[Insert a summary statement(s) from Section 7: Going Forward]

Help to sustain my role as the primary carer

[Insert a summary statement(s) from Section 8: Help to sustain my role as the primary carer]

Thank you for taking the time to understand my circumstances and the concerns that I have about my caring role.

With best regards,

Leila Thomas

Notes



Kiind

Perth Children's Hospital

Ground Floor, Family Resource Centre
15 Hospital Avenue Nedlands WA 6009

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MAY 2024

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