



CARER IMPACT STATEMENT

A document to support your child's NDIS Planning Conversation

Prepared in partnership with Waves WA Behaviour Support

What is a Carer Impact Statement?

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 conditions) has on you and other members of your family.

Why it matters

While not mandatory, a Carer Impact Statement can significantly strengthen your NDIS funding application. It helps the NDIA understand your caring role so the support package your child receives truly meets their needs – and supports your ongoing role as their primary carer.

What to include

There is no right or wrong way to write a Carer Impact Statement. Your statement should paint a clear picture of how caring for your child affects you – physically, mentally, emotionally, socially and financially – including your capacity to continue in this role and/or find and retain paid employment.

Need support preparing this document? Waves WA is here to help.

(08) 6255 7001 | admin@waveswa.com.au | waveswa.com.au

Other support: Beyond Blue (24/7) 1300 224 636 | Lifeline (24/7) 13 11 14 | Carer Gateway 1800 422 737

Prepared By

Your first name

Your last name

Current residential address

Phone number

Email address

Signature

Date

Section I: About My Child

Child's first name

Child's last name

NDIS Number

Age

Date of birth

My child's diagnosis is

My child has (tick all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Autism Spectrum Disorder (ASD) | <input type="checkbox"/> Executive Functioning Deficits
(resulting from ABI or trauma) |
| <input type="checkbox"/> Intellectual Disability / Global Developmental Delay | <input type="checkbox"/> Neurological Conditions
(e.g., Epilepsy with behavioral components) |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Complex Trauma / Reactive Attachment |
| <input type="checkbox"/> Acquired Brain Injury (ABI) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Psychosocial Disability
(e.g., Schizophrenia, Schizoaffective disorder) | |

My child's primary carer is

The functional impact of my child's condition results in significant barriers to independence, specifically in their ability to:

Section 3: My Week at a Glance

Every small task adds up. Use this table to show the NDIS how much of your day is dedicated to supporting your child. If you've already filled out an NDIS Planning Workbook, you can just copy those totals here.

Activity	Time per task	How often	Total per day
Personal Care (Bathing, dressing, toileting, and hygiene)			
Mealtimes (Prep, specialised diets, feeding, or supervision)			
Communication (Helping them be heard or using speech devices)			
Helping them Move (Assisting with walking, sitting, or night-turning)			
Health & Therapy (Doctors, specialists, and therapy homework)			
Safety & Supervision (Preventing wandering, self-injury, or accidents)			
Emotional & Behaviour Support (Calming, de-escalating, and managing triggers)			
Managing Life (Paperwork, ordering supplies, and fixing equipment)			
School & Learning (Liaising with teachers and school transport)			
Community & Fun (Organising and attending social activities)			
Travel (Driving to and from all appointments and activities)			
Advocacy (Speaking up for your child's rights and needs)			
Other			
TOTAL			

Section 5: The Toll of This on Me

a) Physically

Consider: How has your body been affected? Think about things like sleep, chronic pain, or the physical energy it takes to manage daily life.

b) Mentally

Consider: How is your heart and mind? Consider your stress levels, your sleep quality, and the emotional energy needed to manage the 'ups and downs' of the day.

c) Emotionally

Consider: How does your heart feel? This is about your inner world—your feelings of hope, sadness, or the sheer weight of responsibility.

d) Socially

Consider: How has your world shrunk? Think about your friendships, your ability to leave the house, and your connection to your community.

e) Financially

Consider: How has your bank balance and career been impacted? Consider the "hidden costs" of disability and how caregiving affects your ability to earn an income.

Sample Carer Impact Statement

Once you have completed all sections above, use this template to compile your final statement to send to the NDIA.

[Date]
[Your full name] [Your address]
Carer Impact Statement prepared for [Child's name], NDIS Participant No: [XXXXXXXX]
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 summary from Section 1: About My Child]
About me (Primary Carer Profile) [Insert summary from Section 2: About Me – Include your age, health status, and household composition.]
My Week at a Glance [[Insert summary from Section 3: How I Typically Spend My Week – Highlight the total hours of active care and supervision.]
Additional Circumstances & Sustainability [Insert summary from Section 4: Additional Circumstances – Mention competing care needs and the capacity of your support network.]
The Personal Impact of My Role [Insert summary from Section 5: The Toll on Me – Clearly outline the physical, mental, emotional, social, and financial impacts.]
Other relevant information [Insert summary from Section 6: Other Relevant Information — Any unique details about your environment or specific challenges.]
Moving forward [Insert summary from Section 7: Moving Forward]
Essential Supports to Sustain My Role [Insert summary from Section 8: Help to Sustain My Role - List specific supports like PBS, support workers, or respite that will prevent care breakdown.]
With best regards,



Notes

Use this space for any additional information relevant to your personal and family circumstances.

Lined writing area for notes.

[Your signature]
[Your name]