Disability Support Worker interview questions

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What to expect

Interviews for Disability Support Worker roles focus on how candidates handle real care situations: personal care with dignity, health monitoring, documentation and working within a team around the client. Panels often include a team leader or coordinator and sometimes a person with lived experience of disability.

- **Behavioural:** Past experience questions about handling personal care, difficult moments or teamwork, usually answered with a specific example.
- **Scenario/judgement:** Hypothetical situations testing decision-making under pressure, such as a client refusing care or a safety concern.
- **Process:** Step-by-step questions about how you'd complete a routine task correctly, such as documentation or reporting.
- **Values-based:** Questions checking alignment with person-centred practice, dignity and client rights.

Interviews typically open with background and motivation questions, move into behavioural and scenario questions covering personal care and safety, then a process question on documentation or reporting, and close with questions about availability, NDIS Worker Screening Check status and your own questions for the panel.

1. Tell me about a time you supported a client through a personal care task they found difficult or embarrassing.

Why they ask

Personal care is central to this role, and panels want to see you can protect a client's dignity while completing necessary tasks.

How to structure your answer

Use STAR: describe the situation and the client's discomfort, your specific task, the actions you took to preserve dignity and build trust, and the result for the client.

Example answer

“I supported a client who was anxious about needing help with dressing after a recent injury. I explained each step before doing it, let him choose which task he wanted to do himself first, and kept the door closed and conversation light throughout. Over a few weeks he became more comfortable asking for help when needed rather than avoiding it, which the care team noted as an improvement in his engagement.”

2. A client refuses to take part in a support activity that's part of their care plan. What do you do?

Why they ask

This tests judgement around client autonomy versus care plan requirements, a common tension in disability support.

How to structure your answer

Walk through your judgement process: acknowledge the client's right to choose, assess for immediate safety risk, try to understand the reason for refusal, and explain when and how you'd escalate versus adapt on the spot.

Example answer

“I'd first respect that the client has the right to refuse and ask why, since there might be a simple reason like fatigue or discomfort I can address. If there's no immediate safety risk, I'd offer an alternative time or a modified version of the activity rather than pushing it. I'd document the refusal and my response, and if it happens repeatedly I'd raise it with the supervisor and the multidisciplinary team to review whether the care plan still fits the client's goals.”

3. Walk me through how you'd document a change in a client's health during a shift.

Why they ask

Accurate, timely documentation is core to the role and affects handover and clinical decisions.

How to structure your answer

Give a clear step-by-step walkthrough: what you'd observe, who you'd notify first, what you'd record and where, and how you'd hand over to the next shift.

Example answer

“If I noticed a client seemed more lethargic than usual, I'd first check basic wellbeing signs and ask how they're feeling. I'd notify my supervisor straight away rather than waiting until end of shift. Then I'd log the observation in the client management system with time, what I observed and any action taken, and flag it clearly in the handover notes so the next worker and any visiting health professional are aware.”

4. How do you make sure a client's dignity is maintained during everyday personal care?

Why they ask

This checks alignment with person-centred practice, a core value in disability support work.

How to structure your answer

Answer directly with your principles first, then ground it with one concrete example of how you apply them day to day.

Example answer

“I always explain what I'm about to do before doing it, give the client choices where possible, like which clothes to wear, and keep conversation natural rather than treating care tasks as clinical. With one client who needed help showering, I let her control the water temperature and pace, and kept a towel ready so she was never left exposed longer than necessary.”

5. What would you do if you suspected a colleague was mistreating or neglecting a client?

Why they ask

Safety and reporting obligations are taken seriously in this sector, and panels need to know you'll act rather than stay silent.

How to structure your answer

Treat this as a safety scenario: state the immediate priority (client safety), the reporting pathway you'd follow, and how you'd handle the situation professionally.

Example answer

“My first priority would be the client's immediate safety and wellbeing. I'd document exactly what I observed with dates and details, then report it to my supervisor or the relevant manager through the proper incident reporting process rather than confronting the colleague myself. If the situation seemed urgent, I'd escalate immediately rather than waiting for a scheduled check-in.”

6. How do you handle a disagreement between what a family wants for a client and what the client themselves wants?

Why they ask

This role requires communicating with families and multidisciplinary teams while keeping the client's voice central, and conflicts here are common.

How to structure your answer

Use a structure that shows you can balance competing views: acknowledge both perspectives, explain how you'd centre the client's own wishes, and describe how you'd involve the wider team.

Example answer

“I try to make sure the client's own voice is heard first, since the support is ultimately for them. If a family member wanted more independence limited than the client was comfortable with, I'd listen to the family's concerns, but also raise the client's stated preferences with the coordinator so it could be discussed properly with allied health input, rather than me making the call on the spot.”