The Men’s Accommodation and Support Service (MASS) works with men that other organisations often treat as risk-presenting on the basis of their appearance and verbal presentation. Agencies which work predominantly in the area of domestic or family violence can inadvertently (or knowingly) develop an unwritten practice of excluding men from support or participation – understandable if you’re working a lot with people who have experienced violence and abuse at the hands of men in their lives.

Without disrespecting those people’s experiences, EveryMan founders wanted to create an organisation where men with complex support needs (mental health issues, AOD use, ABI, intellectual disability, justice system involvement, exposure to domestic, family and sexual violence as children) were able to receive the same quality of service and support as is available to clients of mainstream child and family welfare services.

This means recruiting and supporting a robust team who want to work with this client group, who relish the challenges to their professional practice, and who are willing to occasionally have their capacity for stress tolerance tested. A level of resilience is required. If you have any pre-existing injuries (particularly psychological or mental health related) we advise that you consider carefully whether this work is suitable for you. This may include consulting your mental health professional.

Here’s a list of some of the situations you might face, bearing in mind that while these reflect what the work can be like, each individual event is not common):

* A client gets a dog without your agreement, and it attacks and seriously injures another person.
* A client abandons her children for several days while she is on an ice binge.
* A client starts using drugs and begins threatening his neighbours.
* One of your clients does $20,000 damage to a property.
* You have to start a formal process which will lead to a client’s eviction for non-payment of rent.
* You are allocated a client with a history of serious crimes including homicide or sexual offences.
* You find a client dead of an overdose, several days after he died.
* You start working with a client who is used to living in squalor.
* You work for 12 months or more with a client who has issues with personal hygiene, including soiling – often related to ABI.
* While your client has generally been receptive to your support, on occasion he has unexpected mood swings (e.g. from going off medication, or from upsetting events in his personal life) and challenges to communication and support quickly escalate.

Your regular work will involve:

* Frequent home visits to clients’ homes in ACT Housing sites.
* Recording your work regularly in a national client information system to the standard required.
* Moving rapidly between client support (e.g. helping client with complex personal issues and variable life skills to build and maintain a home) and higher-level case management (e.g. coordinating a multi-disciplinary team to develop and implement a case plan addressing complex behavioural issues).
* Sticking to a case plan developed by the team even when you have a different point of view