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INCLUSIVE
VOLUNTEERING

TEAM IV

PRACTICAL GUIDANCE FOR INCLUSIVE MENTORING IN VOLUNTEERING

Supplementary document to the TEAM IV training course





TEAM IV - Training European Active Mentors for Inclusive Volunteering

Practical Guidance for Inclusive Mentoring in Volunteering

Supplementary document to the TEAM IV training course

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Table of Contents

1. Introduction.....	4
2. Understanding Disability in Inclusive Volunteering and the Role of the Mentor	5
3. Categories of Disabilities and Practical Tips	7
4. The Mentoring Process: A Practical Step-by-Step Approach	12
5. Practical Tools for Mentors	15
Working with young people with disabilities	19
6. Key Takeaways for Mentors	19
2. Progress Is Often Uneven.....	20
3. Engagement Requires Active Effort.....	21
4. Not Every Match Will Work Perfectly	21
5. Some Mentees May Not Have Clear Goals	21
7. Time and Pace Need to Be Flexible	21
8. Practical Barriers Are Common	22
9. Group Activities Can Support Individual Mentoring	22
10. Learning Happens Through Experience	22
11. Simplicity Works Better Than Complexity	22
12. The Mentor’s Attitude Matters More Than Techniques.....	22

1. Introduction

This document has been developed as a complementary resource to the TEAM IV online training course. It responds to feedback collected during the pilot phase of the training and mentoring programme, in which participants highlighted the need for additional practical guidance in certain areas, particularly regarding the mentoring process and approaches to supporting volunteers with disabilities.

While the online training provides an introduction to the key concepts of mentoring, volunteer management, and disability inclusion, the pilot feedback indicated that participants would benefit from further practical examples, pedagogical guidance, and concrete tools that can help mentors apply the knowledge acquired during the training in real-life mentoring situations.

The purpose of this document is therefore to expand on selected topics that participants found particularly relevant or in need of further clarification. These include practical aspects of the mentoring relationship, guidance on working with people with different types of disabilities, and additional tools to support communication, goal-setting, and conflict resolution within mentoring relationships.

At the same time, it is important to recognise that people with disabilities should not be placed into rigid categories or predefined “boxes.” Every individual has different needs, experiences and expectations. For mentoring to be genuinely inclusive, it is essential that mentors actively listen to the mentee, encourage open communication and remain flexible in adapting their approach. In many cases, mentoring becomes a mutual learning process in which both mentor and mentee share knowledge, perspectives and experiences.

For this reason, the information presented in this document should be understood as general guidance rather than strict rules. The categories of disability and mentoring strategies described below are intended to provide orientation and support for mentors, while emphasising that the most effective mentoring relationships are those built on dialogue, trust and respect for individual needs.

2. Understanding Disability in Inclusive Volunteering and the Role of the Mentor

Inclusive volunteering means making participation in volunteering opportunities accessible to everyone and ensuring that people can take part effectively and with positive outcomes. To achieve this, it is important to take into account different individual situations and adapt experiences to the needs and contexts of groups who often face greater barriers to access.

For this reason, it is important to start from the idea that disability should be understood from a holistic and person-centred perspective, moving beyond a purely medical or deficit-based approach. In fact, according to the World Health Organisation (2001)¹, disability results from the interaction between individuals and environmental barriers, and is not only linked to a person's condition. In this sense, barriers to participation in volunteering are not only individual, but are often social, organisational, or environmental.

This is why TEAM IV as a project approach, places such strong value on the role of the mentor. As an external figure, the mentor should not focus on what a person cannot do because of their disability, but rather on understanding their individual needs, strengths and motivations, and supporting them in adapting their volunteering experience accordingly. In doing so, mentors help mentees face and overcome the barriers that people with disabilities often encounter.

This also means actively involving the mentee in identifying their own needs, preferences and expectations, and recognising that these may evolve over time.

It is equally important to avoid placing individuals into rigid categories or "boxes." While general knowledge about different types of disabilities can be useful, each person's experience is unique. For inclusive mentoring to be effective, there must be space for open communication and mutual learning. Participation and self-determination are key principles in disability inclusion, meaning that individuals should have an active role in decisions that affect them.

From a volunteering perspective, inclusion is closely linked to accessibility and reasonable accommodation.

From a more practical point of view, for mentors, this inclusive approach means:

- **Do not focus your intervention on the disability.** The disability should not be the centre of attention, nor should mentoring sessions revolve around limitations.
- **Avoid asking about the medical diagnosis or condition behind the disability.**

¹WHO. (2001). International classification of functioning, disability and health: ICF. <https://iris.who.int/server/api/core/bitstreams/83e1c3e0-cf9e-4063-a424-71ccc9a84ded/content>

- **Encourage mentees to express their needs and expectations.** Ask questions and listen carefully.
- **Understand mentoring as a relationship between equals,** without positioning yourself above or below the mentee.
- **Communicate naturally, listen actively and avoid paternalistic attitudes.**
- **Avoid the following myths and misconceptions about people with disabilities:**
 - “Referring to them as disabled, special, incapable, handicapped, or as having different needs or abilities” - instead, use *person with a disability*, as this puts the person first.
 - “They are not ‘normal’ people” - in reality, people with disabilities have more similarities than differences compared to those without disabilities. People with disabilities are people first. Like everyone else, they have their own interests, talents, aspirations, and challenges. Disability is only one aspect of who they are.
 - “They can only relate to other people with disabilities” - Interaction between people with and without disabilities is important and beneficial for everyone, and it helps build rich and meaningful social relationships.
 - “They can never be independent” - People with disabilities are constantly learning, and with the right support and guidance, they can strengthen their independence.
 - “They are less productive” - evidence shows that people with disabilities can be highly effective and efficient in their work (Powers, 2008: pp. 17-18)².

These principles form the basis for building a respectful, effective, and inclusive mentoring relationship within volunteering contexts.

² Powers, T. (2008). Recognizing ability: the skills and productivity of persons with disabilities: literature review. pp. 17-18.
https://researchrepository.ilo.org/esploro/outputs/encyclopediaEntry/Recognizing-ability-the-skills-and-productivity/995328538102676?utm_

3. Categories of Disabilities and Practical Tips

In order for mentors to better understand the different types of needs that may arise in volunteering contexts, it is important to have a basic awareness of the different categories of disability and their specific characteristics. However, it is essential to emphasise that these categories should not be used to label individuals or to make assumptions. Each person's experience of disability is unique, and mentoring approaches should always be adapted through open dialogue with the mentee.

In this context, in 2024, CERMI-Madrid (Comité Español de Representantes de Personas con Discapacidad de Madrid) published the guide *"How to Address People with Disabilities Appropriately."* This resource provides a clear and practical overview of different categories of disability, together with useful guidance on how to interact and communicate in an appropriate and accessible way (easy read for all audience).

The following sections based on that guide present different types of disabilities and conditions, grouped into broad categories, to help mentors better understand potential needs and adapt their approach accordingly.

Note that the simplified references included for each type of disability are cited from the aforementioned guide³.

1. How should you treat a person with a **hearing impairment**?

A person with a hearing impairment has difficulty hearing or cannot hear at all.

When speaking to someone with a hearing impairment:

- ★ Stand where they can see you clearly and speak when they look at you.
- ★ Speak close to them, facing them, at their eye level and looking them in the eye.
- ★ Never cover your face. Your facial expression and the possibility for lip-reading are very important.
- ★ Speak naturally, neither too quickly nor too slowly, and without shouting.
- ★ Avoid changing the subject too quickly.
- ★ Pronounce the words clearly without overdoing it.
- ★ Avoid using short sentences, isolated words, technical terms or colloquial terms.
- ★ Use aids such as gestures, pictograms, photos or writing things down to explain unfamiliar words or to give names, addresses or dates.
- ★ Be patient. Sometimes, you have to repeat the message or say it more simply.
- ★ Encourage them to explain something to you in a different way if you don't understand.
- ★ Some deaf people communicate using sign language. Use it, if you know it OR ask for an interpreter, if you don't know it.
- ★ Check that the person understands the written information.

³ https://www.cermimadrid.org/wp-content/uploads/2023/03/lectura_facil_folleto_-_como_dirigirse_adecuadamente_a_las_pc_discapacidad-cermi_madrid.pdf

- ★ Never use the term 'deaf-mute' to refer to deaf people.

2. How should you treat a person with a **visual impairment**?

A person with a visual impairment has difficulty seeing or cannot see at all.

When speaking to a person with a visual impairment:

- ★ State your name and who you are.
- ★ Move closer so they know you're talking to them.
- ★ Remember that they cannot see you, so do not rely on using gestures.

When accompanying a person with a visual impairment:

- ★ Offer your arm and never grab their arm.
- ★ Walk half a step ahead of the person.
- ★ Warn them before reaching stairs, kerbs and other obstacles, such as objects in the way or half-open doors.
- ★ Be clear when guiding them. Say "to the right" or "to the left". Never say "this way" or "that way".
- ★ If you're taking them to a new place, describe what it's like and what's there.
- ★ Try to keep everything tidy and let the person know if anything has moved.

When communicating with a person with a visual impairment:

- ★ Provide information in Braille, in larger print or using computer aids (based on what they also use).
- ★ Use different colours and colour contrasts to help them see better.
- ★ Good lighting in the room also helps.

3. How should you treat someone with a mental **health condition**?

A person with a mental health condition has changes in their emotions or behaviour. For example, depression, schizophrenia or dementia.

When interacting with someone with a mental health condition:

- ★ Treat the person with a mental health condition just like everyone else. They have the same rights and the same abilities.
- ★ Avoid stigmatising them. People with mental health conditions are treated unfairly by society. Many people reject or discriminate against them. This is a stigma.
- ★ Respect their personal space.
- ★ Try to understand what the person is going through. That way, you'll be able to help them better.

When interacting with someone with a mental health condition:

- ★ Speak clearly and avoid confusion.
- ★ Respect the times when they don't want to talk.
- ★ Listen to the person when they need to talk. Avoid labelling them because of their disability.
- ★ Avoid arguments, criticism or situations that make them nervous. You must be the first to stay calm. Be patient.

4. How should you treat a person with an **intellectual disability**?

A person with an intellectual disability faces greater difficulties in their daily life, in learning, in understanding and in communicating.

When speaking to a person with an intellectual disability:

- ★ Use simple, clear and straightforward words.
- ★ Be patient. Some people speak slowly. You must give them time to speak.
- ★ Pay attention to their answers to make sure you've explained yourself clearly.
- ★ You might need to change the way you speak so that they can understand you.

When interacting with a person with an intellectual disability:

- ★ Treat the person as an adult when they are an adult, and as a child when they are a child.
- ★ Offer help when they need it, but let them do things for themselves. Tell them when they're doing things well.
- ★ Let them know about changes before they happen. Changes make them nervous.
- ★ Help them to socialise with other people.

5. How should you treat someone with **autism**?

A person with autism finds it harder to communicate and interact with others and often repeats certain behaviours.

When speaking to a person with autism:

- ★ Speak naturally.
- ★ Avoid asking lots of questions in quick succession.
- ★ Ask what they like to talk about.
- ★ Avoid jokes, words with multiple meanings or irony. They may find it difficult to understand them.

When interacting with a person with autism:

- ★ Explain who you are and what you are going to do.

- ★ See if they like physical contact. Some greet people with a hug, others prefer not to be touched.
- ★ Many people with autism don't look at you while you're talking to them. Don't get annoyed. They are listening to you, but they need time to connect with you.
- ★ Use clear gestures, photos or drawings to communicate.
- ★ They are sensitive to loud noises.
- ★ People with autism find it harder to speak and interact with others. To communicate, some people with autism need resources or tools such as pictograms.

6. How should you treat a person with a **physical disability**?

A person with a physical disability has difficulty walking, moving certain parts of their body or sitting down.

When interacting with a person with a physical disability:

- ★ Offer to help them pick up an object, open a door or use a machine.
- ★ Ask if they need help when the person is using a wheelchair, crutches or a walking frame/stick.
- ★ Respect accessible toilets. They are not storage rooms.

When interacting with a person in a wheelchair:

- ★ Stand facing them and at their eye level when speaking.
- ★ Ask permission before moving or lifting the wheelchair.
- ★ Avoid sudden movements.

When interacting with someone who uses crutches, a walking stick or walks slowly:

- ★ Walk at their pace.
- ★ Leave the crutches nearby so they can pick them up again.

7. How should you treat someone with **cerebral palsy**?

A person with cerebral palsy has damage to the brain. Because of this damage, they have difficulty moving, supporting themselves and speaking.

When interacting or communicating with a person with cerebral palsy:

- ★ The recommendations for people with physical and intellectual disabilities also apply to people with cerebral palsy.
- ★ Ask how you can help them when the person uses a wheelchair, crutches or a walking frame.

When communicating with a person with cerebral palsy:

- ★ Speak to the person with cerebral palsy, not to their companion.
- ★ Give the person time to speak.
- ★ Ask them to repeat the message if you don't understand.
- ★ When communicating, some people with cerebral palsy need resources or tools, such as pictograms.

Final reminder for mentors

In all categories, the most important principle is to **engage directly with the mentee and their individual circumstances** – not just those related to their disability – and to adapt the mentoring approach accordingly.

Some additional resources to learn more about disabilities and inclusion:

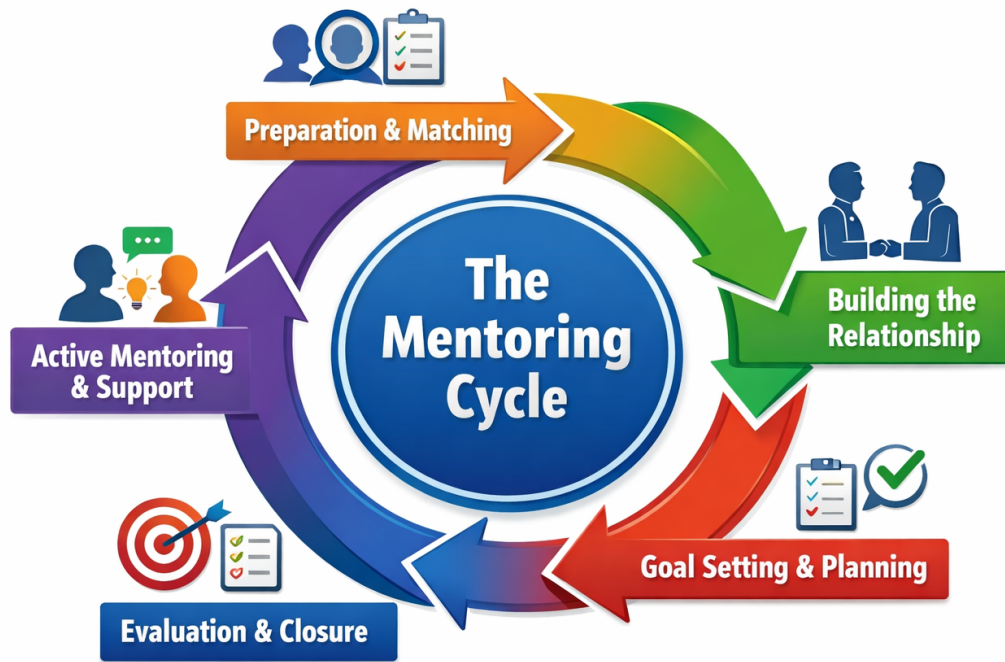
How Mentoring Impacts People with Disabilities in the Workplace

<https://engagementoring.com/how-mentoring-impacts-people-with-disabilities-in-the-workplace/>

Inclusive Mentoring For Youth with Disabilities.

<https://www.mentoring.org/wp-content/uploads/2023/01/Inclusive-Mentoring-for-Youth-with-Disabilities-Supplement-to-EEP.pdf>

4. The Mentoring Process: A Practical Step-by-Step Approach



Mentoring a person with a disability is a process that should be structured, supportive and flexible. The mentor’s role is to guide, encourage and help them build confidence, identify opportunities, but also become more actively involved in volunteering and civic life. The mentoring cycle can be used as a practical guide that helps mentors move through the relationship step by step, while always adapting to the individual needs, strengths and preferences of the mentee.

Step 1: Prepare Yourself as a Mentor

Before the mentoring relationship begins, take time to reflect on your role. Be clear that mentoring is based on partnership, trust and respect. Learn about inclusive communication, accessibility, and the importance of avoiding assumptions about disability. Every mentee will have different experiences, abilities and support needs, so it is important to approach the process with openness and willingness to learn. Preparation also means being ready to listen, to show patience, and to adapt your approach when needed.

Step 2: Get to Know the Mentee and Their Needs

The first meetings should focus on understanding the mentee as a person. Ask about their interests, motivations, previous experiences, goals and expectations. At the same time, discuss practical issues such as communication preferences, accessibility needs and any support that may help them participate fully in the mentoring process. This step is essential because it helps you build a relationship on real understanding rather than assumptions. Try to focus on the mentee’s strengths, not only on possible barriers.

Step 3: Build Trust and Create a Safe Relationship

A strong mentoring relationship is built on trust. Take time to create an atmosphere in which the mentee feels comfortable, respected and heard. Be reliable, keep your commitments and communicate clearly. Encourage open discussion and let the mentee know that their opinions, concerns and choices matter. For some mentees, trust may take longer to build,

especially if they have previously experienced exclusion or lack of support. Patience and consistency are therefore very important.

Step 4: Define Goals Together

Once the relationship has been established, work with the mentee to identify realistic and meaningful goals. These goals may relate to volunteering, developing social or practical skills, increasing confidence, or becoming more involved in community life. The key is to define goals together, not for the mentee. Make sure the goals reflect what the mentee wants and not only what others expect from them. It is often helpful to turn larger goals into smaller and more manageable steps.

Step 5: Create a Simple Action Plan

After setting goals, agree on a practical plan for how to move forward. Decide what the first steps will be, who will do what, and what kind of support may be needed. For example, the mentee may want to explore volunteering opportunities, visit an organisation, practice introducing themselves, or learn how to ask for accommodations. A simple action plan helps give structure to the process and makes progress easier to follow. At the same time, the plan should remain flexible and open to change.

Step 6: Support the Mentee in Taking Action

This is the stage where mentoring becomes most practical. Support the mentee as they begin taking steps towards their goals. This may include helping them search for volunteering opportunities, preparing for meetings or interviews, practising communication, solving practical difficulties, or discussing how to deal with challenges or how to voice their concerns. Encourage the mentee to take an active role and make their own decisions as much as possible. The mentor should guide and support, while also promoting independence and self-confidence.

Step 7: Review Progress Regularly

Mentoring should include regular reflection. Take time to review what has been achieved, what has been difficult, and what may need to change. Recognise small successes, because even small steps can represent important progress. Regular review also helps the mentee stay motivated and allows the mentor to adapt the approach if something is not working well. In mentoring people with disabilities, flexibility is especially important, as needs and circumstances may change over time.

Step 8: Address Barriers and Adapt the Process

During the mentoring journey, barriers may appear. These could be related to accessibility, confidence, communication, transport, organisational attitudes, or other factors. Rather than seeing these as failures, mentors should help the mentee identify solutions and explore alternatives. Sometimes this means adjusting goals, changing timelines, or finding different volunteering opportunities. At other times, this may mean finding better ways of communicating needs or coaching the mentee in sending their message across. A good mentor remains calm, practical and responsive, always keeping the mentee's well-being and participation at the centre.

Step 9: Encourage Independence and Self-Advocacy

An important aim of mentoring is to help the mentee become more confident in expressing their needs, making decisions and taking initiative. This means gradually encouraging independence throughout the process. For example, the mentor can support the mentee in speaking directly with organisations, asking questions, or explaining what adjustments or adapted facilities they need. Building self-advocacy is especially valuable for people with disabilities, as it strengthens both confidence and long-term participation in community life.

Step 10: Reflect, Evaluate and Close the Mentoring Relationship

At the end of the process, take time to reflect together on the journey. Discuss what the mentee has learned, what progress has been made, and which goals have been achieved or are still ongoing. If possible, offer the mentee the opportunity to talk about competences developed and even to self-assess the learning outcomes. If they are interested in this, offer appropriate tools and support.

This stage helps the mentee recognise their development and reinforces a sense of achievement. Closure should be handled positively and respectfully, so that the relationship ends with encouragement and clarity. Where appropriate, the mentor can also help the mentee identify next steps for future volunteering or civic engagement, or even preparing for the job market, taking into account the learning achievements during volunteering.

More information on mentoring, types of mentoring processes, types of mentors, etc:

- American Psychological Association. (2012). *Introduction to mentoring: A guide for mentors and mentees*. <https://www.apa.org/education-career/grad/mentoring>
- University of California, Davis. (n.d.). *Types of mentoring*. <https://hr.ucdavis.edu/departments/learning/toolkits/mentoring/types>

5. Practical Tools for Mentors

Mentors working with people with disabilities need **clear, practical and easy-to-use tools** that support real-life mentoring situations. In practice, mentors—especially those with limited experience—often benefit from **simple structures, clear guidance and practical examples** that can be directly applied during mentoring.

The mentoring process can be more effective when practical tools are aligned with the **four key stages of the mentoring relationship: Initiation, Negotiation, Growth and Closure**. Each stage requires different types of support, communication and overall structure. The tools below are adapted to help mentors respond to real situations during each phase, especially when working with people with disabilities.

1. Initiation Stage – Building Trust and Understanding

At this stage, the focus is on getting to know the mentee, creating comfort and establishing communication.

Structured First Meeting Questions

- What do you expect from this mentoring support?
- What would you like to achieve?
- How do you prefer to communicate with your mentor?
- How often would you like to meet?

Getting-to-Know-You Prompts

- What do you enjoy doing?
- What are your interests or hobbies?
- When do you feel confident?
- What do you find difficult?

Accessibility and Comfort Check

- In what ways can we support your participation/involvement?
- What could make meetings easier for you?

At this stage, remember to:

- Use clear and simple language
- Provide written summaries if helpful
- Allow extra time for responses
- Ask what works best for the mentee

2. Negotiation Stage – Setting Goals and Structure

This stage focuses on defining expectations, responsibilities and a clear direction.

Expectation Alignment Questions

- What can I support you with?
- What do you see as my role outside my work as a mentor?
- What do you expect from yourself in this volunteering role?

Simple Goal-Setting Questions

- What do you want to achieve during your volunteering experience with us?
- What is the first small step you are ready to take?

Step-by-Step Goal Breakdown

- Big goal (e.g. “I want to volunteer”)
 - Small step 1 (explore interests)
 - Small step 2 (find opportunities)
 - Small step 3 (make contact)

3. Growth Stage – Action and Ongoing Support

This is the active phase where the mentee works towards goals, and the mentor provides guidance.

Session Structure

1. Check-in (how are you feeling today/in this phase? / What is the feeling you start this day/session with)
2. Review previous steps
3. Work on the current topic
4. Plan next steps
5. Short reflection

Strengths-Based Questions

- What are you good at?
- What do you enjoy doing and feel you can do easily?
- What skills do you already have?

Barrier-Solving Questions

- What is the challenge you see in this situation?
- What are possible solutions?
- What can we try first?

4. Closure Stage – Reflection and Next Steps

This stage focuses on recognising progress, reflecting on learning and preparing for independence.

Progress Review Questions

- What have you achieved since you started volunteering?
- What are you most proud of?

Learning Reflection

- What did you learn about yourself while volunteering?
- What skills have you developed because of this volunteering opportunity?
- What has this mentoring relationship brought to you?

Next Steps Questions

- What would you like to do next?

- How will you continue after this volunteering?

Motivation and Recognition

- Review achievements (even small ones, and not just at the end of the cooperation)
- Highlight progress made
- Reinforce confidence and independence

More information on the 4 mentoring stages:

- MentoringComplete. (2023). *What are the 4 stages of the mentoring process?*. <https://www.mentoringcomplete.com/stages-of-a-mentor-mentee-relationship/>

More information on practical tools:

- Harvard Catalyst. (n.d.). *Cultivate mentoring relationships*. <https://catalyst.harvard.edu/mentorship-in-clinical-and-translational-research/access-the-guide/cultivate-mentoring-relationships/>

If you want to be part of a Mentors' Community and benefit from peer support and a large array of resources (podcasts, articles, newsletter, microlearning) - join **Mentoring under Construction** - <https://linktr.ee/muccommunity>

- To have access to the MuC Learning Hub - register here - <https://forms.gle/8G5RqRoYwx2kpiRx6>

Additional resources

To find out more about Reinforced Mentorship in European Solidarity Corps projects (which is strongly linked with mentoring volunteers with disabilities) - check the SALTO publication <https://saltonetwork.eu/resources/reinforced-mentorship-booklet-0>

Working with young people with disabilities - MuC Podcast Series #2/2024 - <https://open.spotify.com/episode/2ZbNqzepW4snhjlD4bfnDz?si=Z52rsbilQS-Hz9hc2qTLcA>

Looking at various approaches to working with young people with disabilities together with Susana Alves, an experienced practitioner with Kara Bobowski, a social cooperative in Italy, created in 1992 that works with people with disabilities, and since 1997 is implementing European Projects.

6. Key Takeaways for Mentors

Recent research on mentoring within the European Solidarity Corps has identified several factors that contribute to successful mentoring relationships, particularly when supporting volunteers with disabilities or other support needs. The principles below complement the guidance provided in this document and offer an evidence-based framework for inclusive mentoring practice (Pintea, Ples & Marković, 2023).

1. Reinforced mentorship requires more time, not simply different methods.

The most frequently mentioned success factor was the availability of additional time, attention and flexibility. Meaningful support often depends on regular check-ins, availability when challenges arise, and the possibility to adapt the pace of the mentoring process to the volunteer's needs.

2. One-to-one relationships matter.

Respondents consistently emphasised the value of close, direct and high-quality communication. Personal conversations, active listening and individual support meetings were considered more effective than relying primarily on group-based support.

3. Inclusion support should be tailored, not standardised.

The study concludes that reinforced mentorship should be genuinely personalised. Effective mentors adapt their approach to the individual rather than expecting volunteers to adapt to a predefined support model.

4. Mentors do not need to have all the answers.

Research participants stressed the importance of recognising the limits of the mentor role and involving specialised support whenever needed. Good mentorship is not about solving every problem, but about helping volunteers access the resources and support they need.

5. People skills are more important than project-management expertise.

One of the clearest conclusions emerging from the research is that reinforced mentorship relies primarily on human competencies such as listening, empathy, trust-building, communication and relationship management.

6. Mentors need preparation and ongoing learning.

The study identified a significant demand for further training related to mentoring vulnerable groups, volunteer well-being, mental health awareness and inclusive support practices. Inclusion should not be assumed as an innate competence.

7. Inclusion is a shared organisational responsibility.

Perhaps the most important message from the research is that reinforced mentorship should never be the sole responsibility of one person. Successful inclusion depends on a wider support system involving coordinators, staff members, peers, host organisations and, when appropriate, external professionals.

Additionally, the following **takeaways** focus on what **mentors should keep in mind during real mentoring practice**, especially when supporting people with disabilities in volunteering. They are designed to complement the previous sections and highlight situations that mentors often encounter, along with practical ways to respond.

1. Do Not Wait for “Perfect Conditions.”

What this looks like:

A mentee says they want to volunteer but cannot explain where, how, or why.

What to keep in mind:

Start with exploration rather than clarity. Use conversations and small activities to help the mentee discover their interests over time.

2. Progress Is Often Uneven

What this looks like:

A mentee shows motivation at first, then cancels meetings or loses interest.

What to keep in mind:

This is normal. Stay consistent, avoid pressure and re-engage gently rather than treating it as failure.

3. Engagement Requires Active Effort

What this looks like:

Delayed replies, missed meetings, or low participation.

What to keep in mind:

Follow up in a supportive way, adjust communication methods, and make sessions engaging and relevant to the mentee’s interests.

4. Not Every Match Will Work Perfectly

What this looks like:

Limited communication, lack of shared understanding, or difficulty building rapport.

What to keep in mind:

Focus on maintaining respect and professionalism. If needed, adapt your approach or seek support rather than forcing the relationship.

5. Some Mentees May Not Have Clear Goals

What this looks like:

A mentee participates in sessions, but does not take initiative or express specific goals.

What to keep in mind:

Shift the focus to exploration, confidence-building, and identifying interests rather than pushing for immediate outcomes.

6. Emotional Support Is Often Part of the Process

What this looks like:

A mentee shares frustrations, lack of confidence, or past negative experiences.

What to keep in mind:

Listen actively and show empathy, but maintain boundaries. Your role is to support, not to replace professional services.

7. Time and Pace Need to Be Flexible

What this looks like:

Some mentees progress quickly, while others need more time to take even small steps.

What to keep in mind:

Adapt to the mentee's rhythm. Avoid comparing progress between individuals.

8. Practical Barriers Are Common

What this looks like:

A mentee cannot attend a volunteering opportunity due to logistics or confidence fluctuation.

What to keep in mind:

Work together to identify alternatives or adjustments rather than stopping the process.

9. Group Activities Can Support Individual Mentoring

What this looks like:

Workshops or shared activities where mentees interact with others.

What to keep in mind:

Group settings can build confidence, social skills and motivation, especially for those who feel isolated.

10. Learning Happens Through Experience

What this looks like:

Feeling uncertain at the beginning, but more comfortable after a few sessions.

What to keep in mind:

Allow yourself to learn through doing. Reflection after each session is more valuable than trying to be perfect.

11. Simplicity Works Better Than Complexity

What this looks like:

Mentors do not use tools because they are unclear or too detailed.

What to keep in mind:

Keep everything clear, practical and easy to apply in real situations.

12. The Mentor's Attitude Matters More Than Techniques

What this looks like:

Mentees respond positively to patience, respect and encouragement.

What to keep in mind:

Be approachable, open and supportive. These qualities are often more impactful than any specific mentoring method.



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