ZIG/ZAG Peer Mentoring

Reflections on the pilot project

Exploring the potential of one-to-one peer mentoring as a support model for late-identified neurodivergent adults

Presented by The ZIG/ZAG Project
and Inclusion Gloucestershire

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Introduction

The ZIG/ZAG Peer Mentoring programme was a two-year pilot project, funded by Barnwood Trust and delivered by Inclusion Gloucestershire in partnership with The ZIG/ZAG Project.

The overall aim of the pilot programme was to explore both the feasibility and the impact of one-to-one peer mentoring as a form of support for late-identified neurodivergent adults, by:

1. identifying the resources, skills, and investment required to establish and sustain an effective programme of one-to-one peer mentoring for neurodivergent adults; and
2. identifying the extent to which one-to-one peer mentoring can help participants to:
   a) understand and accept their own neurodivergence;
   b) explore new ways of thinking about neurodivergence; and
   c) connect with others within the neurodivergent community.

How it worked

Between 2023 and 2025, adults who had recently discovered their own neurodivergence were invited to apply to be matched with a neurodivergent volunteer mentor who could offer empathetic support and solidarity as they explored this important aspect of their identity.

Mentor/mentee pairs were established based on shared interests and experiences, and supported to meet for regular one-to-one mentoring sessions over a period of six months. Three cohorts of mentors/mentees were recruited in total, with 8-12 pairs in each cohort.

Mentors within each cohort came together as a group for an in-person training day, and were invited to attend monthly reflective practice sessions online throughout the mentoring period. Several online social events were also organised and hosted by the project team throughout the course of the project – these were optional and were open to all mentors and mentees.

Background

Many late-identified neurodivergent adults – those who perceive, process, and/or interact with the world in a way that differs from the prevailing norms of the society in which they live – report experiencing psychological and emotional challenges as a result of their failure to meet neuronormative demands.

These challenges can have a significant impact on health and wellbeing, with more than half of autistic adults having a mood or anxiety disorder,[1] and adults with ADHD being almost three times more likely to experience depression[2] than their non-neurodivergent peers. If left unaddressed, these challenges can have serious consequences: research shows that neurodivergent adults are at a vastly higher risk of suicide than the general population.[3]

There are many reasons that a neurodivergent adult may not have been identified as such during childhood, including individual factors such as masking[4] or a lack of knowledge about neurodiversity, as well as systemic/structural factors that create barriers to assessment and diagnosis (for example, the diagnostic criteria for autism was historically based on studies of the behaviour of white, non-verbal autistic boys, so autistic people belonging to other demographics are frequently misdiagnosed with a mental illness or personality disorder).

Whatever the reason for the delay, a late discovery of one's own neurodivergence typically follows a lifetime of self-blame and shame, so the self-knowledge and understanding it affords can be profound. However, while the process of reviewing and re-interpreting many years of personal experience through a new and very different lens can be liberating, it is rarely straightforward – and it can involve navigating some unexpected emotional terrain.

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[1] Gurbuz et al., 2019; Jackson et al., 2018; Sobanski et al., 2007.

[2] Babcock, T., & Ornstein, C. S., 2009.

[3] Balazs J., & Kereszteny A., 2017.

[4] 'Masking' in this context describes a technique that is commonly used by neurodivergent people (either consciously or unconsciously) in an attempt to fit in with non-neurodivergent peers. It involves active repression/alteration of natural behaviours or responses, so typically requires significant effort to maintain – masking for extended periods of time can lead to mental and physical exhaustion.

It can therefore be incredibly beneficial for late-identified neurodivergent adults to be supported in a psychologically and emotionally safe environment in which they can reflect upon their experiences, explore different perspectives and approaches to neurodivergence, and establish a sense of belonging as part of a community of neurodivergent peers.

However, access to this kind of support is limited here in Gloucestershire – as it is across the UK more generally. Demand for statutory support services hugely exceeds capacity (and may be restricted to those with a clinical diagnosis), while the costs associated with private services are often prohibitive. And, while many excellent peer support groups exist within the voluntary and community sector (VCS), there are limited options for one-to-one support that is designed specifically to help adults navigate their own newly-identified neurodivergence.

Why peer mentoring?

Peer support can take many forms, from volunteer-run groups that form organically around a shared issue or experience, to formal services that employ trained peer support workers to facilitate the management of, and/or recovery from, health conditions or social challenges.

Peer mentoring is a specific form of peer support, which involves a person drawing on their own experience to support someone with less experience to navigate related challenges. It is delivered on a one-to-one basis, but should not be confused with either therapy or coaching (the mentoring relationship is non-hierarchical and, while pairs may have mutually agreed objectives, there is no requirement for mentoring to involve fixed goals or targets).

Peer mentoring has been shown to be extremely successful as a form of support for neurodivergent people in specific contexts, including within higher education settings and in the workplace, as well as among people of specific neurotypes, for example autistic adults.

This may be due to the fact that, unlike more group-based forms of peer support, peer mentoring involves the establishment of an authentic connection in a psychologically safe environment, while also promoting retention of a greater degree of autonomy and agency – both of which are likely to increase its appeal and its efficacy among neurodivergent people.

Research shows that peer mentoring is particularly effective among people belonging to marginalised groups, as it can reduce social isolation and provide a space for participants to develop their own identities rather than being expected to adhere to majority group norms,[6] and that it can also be helpful following major life events or during periods of transition.

The ZIG/ZAG Peer Mentoring pilot was designed on the basis that, given the apparent suitability of peer mentoring in several closely related contexts, it could potentially also meet the unique psychological and emotional needs of newly-identified neurodivergent adults.

About this report

The following pages offer an in-depth review and analysis of each stage of the development and delivery of the pilot project, based on detailed feedback from participants (both mentors and mentees) and on insights gathered from those involved as members of the project team.

1. **Part 1** focuses on feasibility, with findings presented as a narrative which identifies, for each stage: what worked well, what challenges arose, and what could have been done differently.

2. **Part 2** focuses on the impact of the project as a whole, specifically in terms of the extent to which participation encouraged and facilitated understanding, exploration, and connection.

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[6] Crompton CJ, Hallett S, Axbey H, McAuliffe C, Cebula K., 2023.

Part 1: Feasibility

This section describes the approach we took to each stage/aspect of the pilot project, and explains what worked well; what challenges arose; and what could be improved.

Establishing the partnership, securing funding, and setting up a project team

In 2022, following positive initial discussions about the potential for trialling a neurodivergent peer mentoring project in Gloucestershire, an informal partnership was established between Inclusion Gloucestershire (an experienced delivery organisation) and The ZIG/ZAG Project (an independent initiative that brings together people, communities, and organisations to imagine and co-create new approaches to neurodivergent empowerment).

A small team, comprising two members of staff from Inclusion Gloucestershire and a representative from The ZIG/ZAG Project, worked together over the course of three months to prepare a proposal and submit a funding application to Barnwood Trust, via Gloucestershire Funders. The funding application was approved after a further two months, at which point a timeline for delivery was confirmed and a fair division of roles and responsibilities agreed.

A core project team was established, comprising a salaried project manager, project coordinator, and project lead, all of whom were directly employed by Inclusion Gloucestershire. Freelance communications support was provided by the representative from The ZIG/ZAG Project, and an external organisation specialising in neuro-affirming therapeutic practice was also contracted to provide training and supervision for mentors throughout the delivery period.

What worked well?

The partnership as a whole benefitted from a shared understanding about the unique skills, experience, and resources that each project partner was able to contribute.

Using Google Docs to collaborate on the written funding application made the process much easier to manage, as it reduced the necessary frequency of meetings while allowing all members of the team to work simultaneously on a single version of the draft document. Being able to apply for funding in the name of a single partner also significantly reduced the administrative burden during the application process.

Having a majority-neurodivergent project team was a huge benefit, as it meant the delivery team had a much better understanding of the challenges that participants were likely to face. This was particularly important in terms of the project coordinator – as the main point of contact for all the mentors/mentees, they needed to be approachable, reliable, and compassionate. We were very fortunate to have an excellent project coordinator, who not only built excellent relationships with the participants, but also established clear systems and processes, so that in their absence other team members could pick up their work with minimal disruption.

What challenges arose?

Developing the project proposal and preparing the funding application took multiple days of work spread across several months. This represented a significant investment of time and resources, the personal impact of which on individual team members was dependent on the relative capacities of the organisation they were representing.

Meanwhile, uncertainty around the timeline for the application process made it hard to accurately plan a delivery schedule for the pilot, as it was only possible to confirm dates for delivery after we had confirmation our application had been successful.

Another challenge, which only emerged much later in the project, was that the proposed budget submitted with our application did not take into account the increases in staffing costs that would be necessary over the lifetime of the project. This included unexpected external changes, such as the government-mandated increase to employers' NI contributions that came into effect during the project.

In terms of the make-up of the team itself, the original project plan also included the establishment of a neurodivergent-led steering group to ensure delivery remained aligned with neuro-affirming principles and best practice, and to advise on the format and content of recruitment, training and support materials. However, the formation of this group was hindered by lack of clarity about its structure and function, as well as difficulty finding neurodivergent volunteers with the necessary skills/time, and with recruitment of the first cohort of mentors taking priority, the steering group was not formed. The absence of the steering group meant there was no formal mechanism through which both partners could retain equal strategic oversight of the project.

Finally, there was a relatively high degree of staff turnover within the core project team, with recruitment of new staff leading to unexpected delays in project delivery.

What could have been done differently?

To mitigate the disproportionate resource burden that the application process represented for the smaller partner organisation, the costs for each partner's time spent on project development could have been incorporated into the main budget.

In terms of the application itself, it would have been useful to have a) allowed plenty of time for the application process, including a 'buffer' period to accommodate potential delays in processing, and b) included a greater contingency in the budget for any unexpected increases in staffing costs during the project delivery period.

It would have been helpful to have prioritised the formation of a neurodivergent steering group, comprising independent members as well as representatives from each of the partner organisations. (To recruit enough neurodivergent people with suitable skills/expertise, it would be sensible to consider offering honorarium payments to independent steering group members for participation in meetings.)

Finally, it would have been useful for both partners to have taken time at the start to agree expectations around the structure and style of project management, including what would happen in the case of any unexpected changes to the project team.

Recruiting and on-boarding mentors/mentees

Three cohorts of mentors/mentees were recruited over the course of the project. Our recruitment strategy employed several different tactics, including direct PR/outreach, digital/email marketing, social media promotion, and handing out printed flyers at local events.

We used the design and tone of the recruitment materials to position the project as being distinct from existing forms of support, and adapted the format and content of recruitment materials for different audiences.

Potential participants were directed to the ZIG/ZAG website and encouraged to complete an online form to express their interest. Potential mentees were contacted by the project coordinator according to their preferred contact method, to schedule an informal chat to find out more about them and to give them more details about the project. Potential mentors were interviewed by the project coordinator and one other member of the project team to establish their suitability and (if successful) to arrange their DBS check.

The mentors in each cohort were invited to attend an in-person training session, which covered a range of topics including some background about the ethos of the project, an introduction to mentoring skills, and an overview of technical/logistical aspects of the role. A handbook was created to provide mentors with all relevant information (and/or details of how to access it), and distributed to the mentors in each cohort during their training session.

Mentors were provided with an Inclusion Gloucestershire email address and access to a Microsoft Teams account, which they could use to communicate with their mentee (including holding mentoring sessions online) without having to share their personal contact details.

What worked well?

In-person outreach at local neurodivergent support groups proved to be an extremely effective way to promote the project to potential participants, and it was helpful to have a visually appealing printed flyer to distribute in community venues and at local events. We also made it as easy as possible for other VCS orgs and networks to help us promote the project, by providing them with existing blurb and graphics for sharing via social media.

These efforts resulted in a diverse pool of participants, which included those in their early 20s to late 50s living across a broad geographic range of both rural and urban areas (extending from the Forest of Dean, through Gloucester and Cheltenham, and right across to Stroud and the Cotswolds on the other side of Gloucestershire).

Having a separate website/page for the project allowed more flexibility in terms of content, design, and function, while using a simple sign-up form as a first point of contact to facilitate participant engagement, followed by an in-depth selection process, worked very well. The online sign-up system also required far less administration than a paper-based system.

The risk of participant drop-out was successfully managed by over-recruiting for each cohort. A significant number of mentors wanted to continue with the project when their first six months of mentoring ended. Some were happy to mentor multiple mentees, with one mentor at one point having three mentors during the same cohort.

The in-person mentor training session allowed mentors in each cohort to bond and build trust within the group, and gave the project team a valuable opportunity to get to know them. It was also useful to have both printed and digital versions of the mentor handbook available.

> **“Really quick and easy, clear what was required, everything well sign-posted.”**
>
> **“I really, really enjoyed the training and found it very, very effective.”**

What challenges arose?

Some participants experienced a significant delay between submitting an application/expression of interest and being contacted by the project team to discuss next steps. By cohort 2 and cohort 3, when processes were embedded, delays were reduced. If there was any delay, it was communicated when the team would be able to be in touch.

With each cohort of mentors we trained, typically included 1 or 2 people who did not proceed with becoming a mentor, due to a number of different reasons.

While we initially had plenty of applications from both mentors and mentees, by the third cohort we were receiving far more applications from mentees than from mentors. This included several applications made by parents on behalf of young adults – in these cases it could be hard to separate the parent's needs and preferences from those of the mentee.

We also began receiving enquiries from local mental health support providers about referring clients as mentees in cases where the providers could not meet their needs (due to either the limited capacity of the service, or the perceived complexity of the person's needs). By the end of the third cohort we were regularly receiving inappropriate referrals, including a referral from a social prescriber that came through an unofficial channel and included the full name and contact details of a potential mentee, as well as details about their medical history.

What could have been done differently?

Providing additional clarity about what needs we can/can't meet for mentees may have helped avoid inappropriate referrals (including making it clear that mentors are volunteers, not professionals). It would also have been useful to make guidance available for the parents of young adults about what to consider when supporting them to apply for mentoring.

To reduce mentor/mentee drop-out, we could have made the expectations around time commitments much more explicit. This includes providing more clarity for participants who decide they can't commit (and making it clear that they can do so without judgment). It would also have been useful to have decided at an earlier stage how to deal with applications from mentors who were not suitable, including what criteria to use for rejecting applications.

Pairing process

Mentors and mentees from each cohort were paired according to their location, availability, stated preferences, access needs, personalities, and life experiences. The pairing process was conducted by the core project team based on information provided by the participants in their applications and during their interviews, as well as during the mentor training session.

Once a proposed pairing had been established, a short paragraph was sent to the mentor about the possible mentee, then if they were happy in principle, a similar paragraph was sent to the mentee about the possible mentor. If both partners agreed to go ahead, the project coordinator put the pair in touch through an introductory email, encouraging the mentor to reach out separately to initiate contact and arrange their first meeting with their mentee.

A detailed breakdown of the numbers of participants in each cohort, the frequency with which each pair met, and the length of time over which each pair continued to meet, can be found in Appendix A.

What worked well?

Having one-to-one, informal interviews with both mentors and mentees offered a valuable opportunity to get to know every participant and to introduce some of the project team. It was also beneficial to create time/space for the project team to meet in person to do the pairing.

Although staggering the introductions for each pair was relatively time-consuming, it was very effective in minimising breakdown of pairings, as it provided both participants with an opportunity to say at an early stage if they didn't think the proposed pairing would work.

Interestingly, the pairs that worked best involved older/perimenopausal women – many of whom reflected that it was extremely valuable to be able to talk to someone similar to them about the specific challenges associated with being socialised as a woman, and about the sense of grief that accompanies a later life diagnosis/identification of neurodivergence.

What challenges arose?

Asking participants' preferences about who they were matched with sometimes ruled out a pairing that may otherwise have worked. For example, someone with limited exposure to gender diversity may assume that they would not feel comfortable paired with a non-binary person, simply because they have never consciously met anyone who identifies as such. Likewise, some only wanted a partner who shared their neurotype (and/or experience of clinical diagnosis), even though cross-neurotype pairings were often very successful.

Occasionally we were unable to find a suitable match for a mentee/mentor, and had to keep them waiting until the next cohort. To manage this, it would have been helpful to have established early on which mentors were able/willing to take on more than one mentee.

Finally, mentors weren't always 'further along' in their journey of self-discovery/acceptance than their mentees, so didn't always feel comfortable taking a lead in the relationship.

What could have been done differently?

Our mentor application form required more details than the mentee application form, but pairing would have been easier if we had asked for the same level of detail from both.

It would also have helped to have a clearer system in place to manage any conflicting access needs between mentors and mentees, for example where one person in the pair struggled with planning/organisation while the other struggled with lack of structure/routine.

It would be interesting to find out how well the project would have worked if we had paired people on a 'buddy' basis rather than as mentor/mentee, the rationale for this being that it could help to reduce the inevitable power imbalance that arises when one person in the relationship has more responsibility/accountability than the other. However, it is not clear whether this is what all the participants want or need – some participants preferred a more formalised relationship, which may be more difficult to accommodate in a buddying system.

Support during the mentoring period

The project coordinator supported each pair to establish a suitable time and location to meet, and where relevant, offered suggestions based on what other pairs had found helpful. Some people had strong preferences for meeting online or in person, so each pair decided between them what would work best. Some pairs only ever met online, while others moved from online to in-person once they had established a relationship. One pair successfully conducted their whole mentoring relationship using the text chat function on Teams, to accommodate the mentee’s preference for non-verbal communication.

> **“Neither of our brains do Teams very well, so we always met for coffee and cake… it was very informal and we could bring our dogs along!”**

All pairs were encouraged to create a mentoring agreement during their first session, and a template was provided to support them in doing this. After each mentoring session, mentors were asked to complete an online feedback form with some brief details about the session, including what topics had been covered and whether there were any safeguarding concerns.

A series of relevant topic discussion prompts were created by the project team and sent out periodically to the mentors and mentees in each cohort. The format and frequency of these varied throughout the course of the project, based on feedback and time constraints – they were initially distributed as personal blog post-style emails (including an option to listen to an audio version), but were later replaced with one-page topic discussion PDFs, which were designed using a less text-heavy, graphic format and sent via email.

Some examples of these graphic-format discussion prompts, along with a template mentoring agreement, can be found in the appendices to this report.

All participants (mentors and mentees) were invited to have regular, informal check-ins with the project coordinator via email or phone, and where necessary were offered additional administrative and pastoral support to facilitate their continued participation in the project.

Mentors were also invited to attend monthly ‘reflective practice’ sessions, which were hosted online via Zoom by a neuro-affirming therapeutic practitioner. These were designed to offer mentors an opportunity to raise and discuss any issues related to the mentoring relationship, so that they could support and learn from each other in a safe and confidential environment.

A WhatsApp group was set up to facilitate casual communication between mentors in each cohort, and regular opportunities provided for all participants to meet other mentors/mentees involved in the project, including a series of online socials facilitated by a project partner.

What worked well?

Maintaining consistency by having a single point of contact (i.e. the project coordinator) for all participants was also extremely valuable, and highlighted the importance of having someone in the project coordinator role who is skilled at identifying and addressing barriers to engagement for neurodivergent people. For example, participants that are not fully engaging with the mentoring relationship are not necessarily ready to drop out and may just need a friendly chat – while this kind of intensive support can be time-consuming, it can be crucial in helping people continue to access support which might otherwise be withdrawn.

> **“I felt very supported, the project coordinator was really proactive and brilliant at prompting, recognised peoples’ neurodivergence and that they may need a nudge. Her prompts were welcome, support was instantaneous, responsive and clear – flawless! Can’t speak highly enough.”**

Mentors said that having simple online forms to fill in after each session with their mentee worked well, as it was easier to not forget parts. The forms also worked well in terms of increasing the quantity/quality of data available to the project team, and allowed the design of the forms to be easily adapted to be more dyslexia-friendly.

Finally, feedback from both mentors and mentees suggests that having a template mentoring agreement (and some guidance of how to use it) was very useful for helping pairs establish appropriate boundaries and to set/agree expectations.

What challenges arose?

Some participants struggled with using Teams, especially those that were less familiar with using it in a work environment. Several mentors only used their Teams account for the introductory meeting with their mentee, and for online meetings with the project team. This led to some duplication/errors in project communications, as several participants were using other channels such as Zoom, WhatsApp, and their personal email accounts as well as (or instead of) Teams and/or their official Inclusion Gloucestershire email accounts.

While enabling mentors to communicate with their mentees without sharing their personal contact details was an important safeguarding consideration, many reported that not being able to text or call to keep in touch was a barrier, and several said they would have liked to have the option to phone each other and/or use WhatsApp (feedback suggests that several pairs did swap numbers, but didn't tell the project team because they thought they'd be in trouble!).

The nature of the project was such that many of the participants struggled with arranging and remembering dates/times for meetings so often required administrative support from the project coordinator. Once this was identified, the project team could support with this.

Feedback from mentors in the focus group suggests that staying on-topic during sessions was often challenging, and that conversations slipped easily into 'friends meeting for coffee'. They agreed that having some structure in place for sessions was key to preventing this, and that having a mentoring agreement was a useful way to provide structure/direction. In our first cohort, although a mentoring agreement was encouraged, none of our mentoring pairs actually completed one. In our second and third cohort, they were provided with the template (see Appendix 2) and encouraged to use it as a tool to discuss what they wanted to discuss together, so that this could then be revisited later on to check if things had changed.

While all mentors were provided with access to a shared Teams drive containing relevant resources, feedback from mentees suggests that having a similar resource area for mentees would also have been helpful. Several mentees also said they would have preferred more structure (including in some cases for their mentor to take more of a lead) and to have received more regular and consistent discussion topic emails.

Interestingly, despite the fact that regular reflective practice sessions were held for mentors to discuss as a group what they were learning and/or any challenges that they may be encountering, several participants said that they would have liked to have known what other mentors and mentees were talking about, to better understand how things could be approached within the mentoring relationship.

Finally, in the occasional cases where things were not working out with a pair, we didn't always identify this soon enough. Several mentors struggled with overwhelm (which we identified was likely due to the tendency of some neurodivergent people to over-commit) and some even ended up dropping out of the project.

If this happened suddenly/without warning, there was a risk of the mentee assuming that it was their fault, which was triggering for those with experience of therapeutic relationships breaking down because they are 'too much'. There were also cases where mentees were not happy with their mentors, but didn't tell the project coordinator as they were concerned about the mentor feeling rejected.

What could have been done differently?

Given the importance of the first meeting in setting the tone for the mentoring relationship, it may have been beneficial for the project coordinator to have facilitated the first meeting between each pair and to actively support them to complete their mentoring agreement. Further, to help the project coordinator better support each mentoring pair, we could also have created an online form to capture 'first impressions' from both mentors and mentees.

It would have been sensible to have fully planned and produced the topic discussion resources before the first cohort began, so that regular distribution could be automated. To facilitate this, it would have been helpful if the responsibility for developing topic discussion resources had been delegated to a neurodivergent-led steering group – this would also mean they were co-produced by people with a range of perspectives rather than by any one single member of the team. It would also have been helpful to provide a clear programme of activities at the start, including proposed dates for socials, focus groups, and reflective practice sessions.

Regarding the reflective practice sessions, given that attendance was inconsistent and that the issues discussed were not of a nature that required professional insight, it would have been sufficient for the team to have hosted these rather than a therapeutic practitioner. Related to this, the fact that feedback from participants indicated that there was a genuine appetite to know what other pairs were discussing suggests that it would also be helpful to have more explicitly clarified the role and purpose of these sessions to mentors during their initial mentor training session(s).

Mentors did indicate a need for more practical information/resources to offer mentees, for example about how to complain about a negative experience during clinical assessments, so establishing partnerships with other specialist support organisations (both national and regional/local) would be a useful way of ensuring that any information provided is up to date.

To reduce participant drop-out, in our cohort 3 training day, we provided all mentors with explicit ‘permission’ to be able to say at any point if a relationship was not working. This could also be communicated to mentees when they are paired initially with their mentor. We could also have managed the impact of mentor drop-outs more effectively, by a) asking directly during check-ins whether they were getting overwhelmed, and b) explaining to mentees at the beginning that there was a potential risk of unexpected mentor dropout.

While we had planned for all pairs in each cohort to finish their six-month mentoring period at the same time, delays in pairing some mentors/mentees meant that most pairs finished at different times. This made it hard to coordinate communication around ending or continuing their relationships, as this needed to be personalised.

Part 2: Impact

This section focuses on the impact of the project – i.e. the extent to which mentoring helped participants understand themselves, explore new ideas, and connect with others.

Our approach

Many structured support programmes for neurodivergent people are designed to reduce specific inequalities (for example around mental health or employment), so measuring the impact of these interventions is relatively straightforward. However, the experimental nature of this pilot project meant that standard evaluation metrics were less relevant or useful.

Instead, we created an evaluation framework based around three key research questions – to what extent can one-to-one peer mentoring help late-identified neurodivergent adults to:

1) understand and accept their own neurodivergence;
2) explore new ways of thinking about neurodivergence; and
3) connect with others within the wider neurodivergent community?

We also wanted to know whether there were any unexpected benefits of participating in the pilot project, as well as whether any challenges arose (and if so, how these were overcome).

To evaluate the pilot we drew upon various types of qualitative data in order to build up a comprehensive picture through the triangulation of different sources. We avoided using quantitative evaluation tools such as standardised questionnaires with project participants, on the basis that many neurodivergent people experience ‘alexithymia’ – difficulty identifying, comprehending and/or explaining internal bodily responses and feelings.

We gathered ongoing feedback from all participants (both mentors and mentees) on an ad-hoc basis, as well as through semi-structured exit interviews at the end of each pair’s mentoring period. Mentors were also encouraged to provide insights and reflections during their regular one-to-one check-ins with the project coordinator via telephone and/or email.

We also held an in-person focus group for mentors in March 2025, during which feedback was encouraged through guided discussion alongside a facilitated creative reflection activity.

Understanding

Feedback from both mentors and mentees suggests that increased self-understanding was an important benefit of participation in the project.

Specifically, mentors reported learning a lot about neurodiversity via the training session, which included a section on the neurodiversity movement and its links to the disability rights movement. For example, one mentor shared that she had initially only considered herself to be dyslexic, but that the information about ADHD in the training session was a 'lightbulb moment'. She said that neurodiversity is not talked about much within her community so she hadn't thought about it before – but after the training session (and subsequently realising that she and her mentee shared a lot of ADHD traits) she began pursuing an ADHD assessment for herself.

However, self-understanding also did not only emerge from formal learning – several participants indicated that just being able to talk to other neurodivergent people about their experiences was an essential part of self-discovery. This included being able to finally articulate challenges that they had previously been unable to express – one mentee said the most important benefit of having a mentor was: "knowing there's someone there that understands the difficulties that are really hard to describe."

Many mentioned how validating it was to see their own challenges mirrored in someone else, and how this helped them to better understand and accept themselves. Many participants agreed that being able to understand and explore their own neurodivergence has allowed them to extend more compassion to themselves.

> **"I recognise that previously I was over-apologetic. I'm now less apologetic for who I am."**

Participants said that meeting and learning more about other people with different types of neurodivergence helped them to empathise with how others might think/react differently based on their neurotype. For example, one mentor, who has ADHD, said that meeting others who are autistic had helped them to better understand their own autistic daughter.

Mentors also discussed whether being matched with someone of a different neurotype might help someone to better understand their own traits/tendencies. One said that being able to identify and separate their 'ADHD' traits from their 'autistic' traits had allowed them to better appreciate how their various neurodivergent tendencies complemented each other.

During the focus group, mentors discussed the advantages of being able to 'unmask' during the mentoring relationship. They recognised that we all have different masking strategies, and it can be uncomfortable when you are unable to use them in a mentoring relationship. They didn't see this as a negative thing because they were aware they were there to 'help' the mentee, so were happy to adapt their approaches. One mentor explained: "The mentee gets the 'real me', not the 'masked me'." Another said: "This helps me accept my 'real' self."

Many mentors also expressed a sense of relief in being able to be themselves during the various mentor meet-up sessions. One mentor said they appreciated the fact "you don't need to pretend", and described how other mentors are "the only people I can be open with."

> **"It felt wonderfully 'safe' to be with 'people of my own kind' [...] I felt extremely validated and like my struggles and associated needs were perfectly legitimate."**

One mentor said that their experiences of being able to unmask in the context of the project prompted them to consciously unmask for the first time during a meeting in an unrelated context, which they felt was a huge step forward and a positive thing for them generally.

Feedback suggests that a positive outcome for many participants was how much their experience during the project helped them to empathise with other neurodivergent people, and to recognise that they had internalised neuronormative ways of perceiving/responding to others based on how they had been perceived/responded to themselves in the past.

For some participants, this included recognising their own internalised ableism – for example, one mentee described how, before receiving mentoring, they had thought about their autism as a “terrible diagnosis” and a “bad thing”, which was “responsible for every bad thing that’s ever happened to me”, but that now they were much more accepting of their autism, and felt that “it’s just a part of me – I’m not fighting it anymore.”

> **“I’m less judgmental of people in general - all mentees have different backgrounds and experiences – this made me a more accepting and understanding person. I’m learning so much from each of them about the RANGE of neurodivergence and different experiences.”**

Exploring

Feedback suggests that the opportunity for personal and professional self-development was a motivating factor for some participants, especially among those applying to be mentors. One mentor said that being a mentor was an opportunity for them to apply/practise some of the interpersonal/relational techniques they had learned about within a therapeutic context.

> **“I wanted to explore and diversify my previous experience of mentoring and apply it locally, and with a neurodivergent focus.”**

Several mentors developed and refined their own communication skills as part of their role, and many benefited from additional learning/development/networking opportunities that were offered or promoted through the project. These included attending relevant conferences, participating in advocacy groups, and accessing specialist training (including one mentor who accessed training in selective mutism to engage more effectively with their mentee).

> **“I wanted to give back as well as take something away for myself – I definitely found this balance on this project.”**

Feedback suggests that mentors learned as much, if not more, from challenges that arose during their mentoring relationships as they did from successes.

One challenge that several mentors expressed was how to hold boundaries in the mentoring relationship once a friendship develops; another challenge was learning how to guide someone without taking control or creating a power imbalance. Mentors said the training was crucial in helping them to manage these situations, as was having the opportunity to discuss the issue with others.

> **“I was aware of [the risk of] sharing personal stories of my own in an attempt to identify [with my mentee] and that I had to be careful not to make it all about me.”**

Several mentors developed and refined their own communication skills as part of their role, and many benefited from additional learning, development, and networking opportunities that were offered or promoted through the project. These included attending relevant conferences, participating in advocacy groups, and accessing specialist training (including one mentor who accessed training in selective mutism to engage more effectively with their mentee).

> **“I have a tendency to speak at 1000mph so I tried to give them space to think and grow, rather than try and finish sentences for them.”**

Feedback suggests that mentors and mentees often swapped tips and recommendations for navigating day-to-day challenges, and that being able to share tools/strategies offered new ways for each of them to address specific barriers associated with their neurodivergence.

Some of the topics that mentees told us were helpful to explore during their regular sessions with their mentors included:

- Establishing boundaries/being able to say no
- Dealing with communication challenges/interacting with other people
- Recognising and dealing with the ongoing impact of childhood experiences of rejection (for example being the kid that always gets left out in the playground; being the teenager who was never invited to parties, etc) on personal and professional relationships as an adult
- Managing the conflict between ADHD/Autistic traits
- Navigating the clinical diagnosis process

Many participants, particularly mentees, emphasised the value of having a 'safe space' in which they could explore these things without judgement.

In particular, several participants noted the value of being able to explore and discuss in a supportive environment some of the issues around clinical diagnosis and self-identification. We were explicit about participants not having to have a formal diagnosis of any kind, so there were many people involved in the project – as both mentees and mentors – who were self-identified as being neurodivergent.

For some, this was because they had been unable to access the relevant assessment service, while others were not interested in getting a diagnosis as they didn't feel that it would offer them any particular advantage or benefit. Several participants noted that it was useful to be able to explore this topic further by talking to others with different views/experiences, and/or that it challenged their own assumptions.

Connecting

Feedback from both mentors and mentees suggests that having an opportunity to connect with other neurodivergent people was a significant motivating factor for many participants.

Several participants indicated the value of a safe space to 'come out' as neurodivergent. One explained they found it hard to connect with other neurodivergent people outside the project, because it felt rude/presumptuous to ask someone if they are neurodivergent (however, others pointed out that they were increasingly able to identify other neurodivergent people the more they learned about themselves – they developed a kind of 'neuro-radar'!).

Mentors agreed strongly that having opportunities to connect with each other as a group (such as during the training, the online reflective practice sessions, the focus group, etc.) was at least as important as their relationship with their mentee, and some felt that their mentees had missed out by not having the same structured opportunities for connection.

During the focus group, mentors discussed how these opportunities for group connection differed from what they could get from a traditional support group. Some mentors said they found support groups overwhelming because of the lack of structure; others said that they disliked support groups because of the tendency to always be talking about problems. Others liked the idea of support groups, but were overwhelmed by the idea of going to one without knowing anyone.

One mentor/mentee pair, who decided to stay in touch after the end of their mentoring period, planned to attend a local in-person support group together as a way of overcoming the anxiety around attending alone. Most mentors agreed that 1-to-1 mentoring and support groups are not mutually exclusive – they can complement each other.

All participants agreed that the matching process was a vital component of the project. Feedback shows that discussions about specific challenges related to neurodivergence often arose organically from more general conversations about shared interests/experiences – this underscores the value of pairing mentors/mentees according to more than just neurotype.

> **“There was a sense of being ‘held’ by the project team during the pairing and introduction process, and that really helped build trust.”**

Some mentors questioned whether their desire to be a ‘good mentor’ was sometimes distracting them from connecting authentically with their mentee, ie. as equals. Several indicated during the focus group that they had felt a lot of pressure to guide/advise their mentee, and to be the one to take the lead during conversations - some were uncomfortable doing this. One explained: “You don’t want to impose your own perspective on your mentee”; another raised the possibility that this imbalance of responsibility might have a negative impact on the mentor: “I hold stuff back as a mentor, so as not to put stuff on to my mentee.”

Many participants emphasised the value of having someone to talk to who ‘gets it’, while mentors frequently reported feeling useful, and enjoyed helping other neurodivergent people.

> **“[Mentoring was] very rewarding and fulfilling. I definitely feel like I’ve helped.”**

Appendix 1

Quantitative data for each cohort

Cohort 1

(7 mentors; 8 mentees)

Pair	Sessions/format
1A	5 (online)
1B	0 (N/A)
1C	19 (online)
1D	4 (online)
1E	14 (online)
1F	0 (N/A)
1G	6 (in-person)
1H	2 (online)
1I	3 (online)

Cohort 2

(10 mentors; 12 mentees)

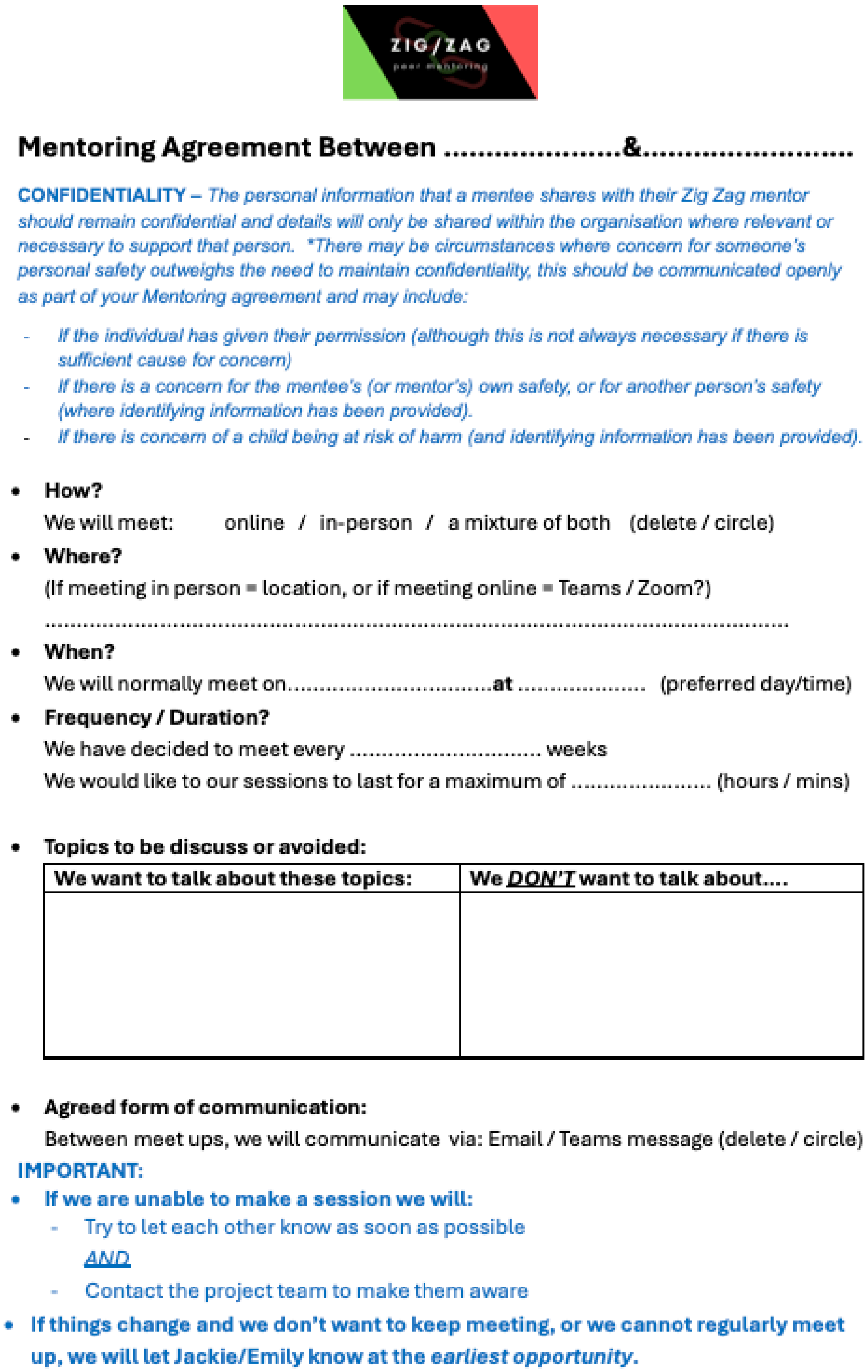
Pair	Sessions/format
2A	8 (online)
2B	17 (online)
2C	2 (online)
2D	2 (in-person)
2E	3 (in-person)
2F	16 (online)
2G	0 (N/A)
2H	0 (N/A)
2I	12 (online)
2J	8 (in-person)
2K	2 (online)
2L	2 (online)

Cohort 3

(7 mentors; 14 mentees)

Pair	Sessions/format
3A	8 (in-person)
3B	7 (online)
3C	5 (online)
3D	1 (online)
3E	15 (online)
3F	1 (online)
3G	7 (in-person)
3H	6 (online)
3I	0 (N/A)
3J	8 (online)
3K	5 (both)
3L	1 (online)
3M	9 (both)
3N	4 (in-person)

Appendix 2 Template mentoring agreement



ZIG/ZAG
peer mentoring

Mentoring Agreement Between ……………………&………………………

CONFIDENTIALITY – *The personal information that a mentee shares with their Zig Zag mentor should remain confidential and details will only be shared within the organisation where relevant or necessary to support that person. *There may be circumstances where concern for someone's personal safety outweighs the need to maintain confidentiality, this should be communicated openly as part of your Mentoring agreement and may include:*

- *If the individual has given their permission (although this is not always necessary if there is sufficient cause for concern)*
- *If there is a concern for the mentee's (or mentor's) own safety, or for another person's safety (where identifying information has been provided).*
- *If there is concern of a child being at risk of harm (and identifying information has been provided).*

- **How?**

  We will meet: online / in-person / a mixture of both (delete / circle)
- **Where?**

  (If meeting in person = location, or if meeting online = Teams / Zoom?)

  ………
- **When?**

  We will normally meet on………………………………**at** ………………… (preferred day/time)
- **Frequency / Duration?**

  We have decided to meet every ………………………… weeks

  We would like to our sessions to last for a maximum of …………………… (hours / mins)

- **Topics to be discuss or avoided:**

We want to talk about these topics:	**We *DON'T* want to talk about….**

- **Agreed form of communication:**

  Between meet ups, we will communicate via: Email / Teams message (delete / circle)

IMPORTANT:

- **If we are unable to make a session we will:**
  - Try to let each other know as soon as possible

    AND
  - Contact the project team to make them aware
- **If things change and we don't want to keep meeting, or we cannot regularly meet up, we will let Jackie/Emily know at the *earliest opportunity*.**

Appendix 3 Examples of discussion prompts

Spiky profiles

To excel (or 'spike') in some areas and struggle (or 'dip') in others, is known as a 'spiky profile'.

For example, you might be very good with numbers but have difficulty interpreting maps, or you might be extremely creative but find it hard to process verbal instructions.

Executive function is just one area of your profile - what are your 'spiky' bits?

'Adulting'

What we call 'executive function' skills are typically those that help us 'act like a grownup' - or at least, to do all the things that are generally expected of grown-ups. Neurodivergent people often say they don't feel like a 'proper adult'.

Do you relate to this?

Shame

People who struggle with planning, organisation, and working memory are less likely to conform to normative expectations such as 'being on time', 'having a tidy house', 'remembering people's birthdays', and so on. This can lead to intense feelings of shame.

Is this fair?

No lone geniuses

Lots of historical figures who are considered to be genuises are also thought to have been neurodivergent.

But many of them also had mothers, wives, or servants to whom they could outsource their executive functioning!

What could you get done if you had a full-time personal assistant?

EXECUTIVE DYSFUNCTION

Brain fog

Many people experience executive dysfunction - or 'brain fog' - as a side-effect of illness or medication, or as a result of hormonal changes ('baby brain') and ageing ('senior moments').

Does your own experience of executive dysfunction change the way you think about other types of 'brain fog'?

Whose values?

The modern world defines success through productivity, efficiency, and profitability - all of which are easier to achieve with strong executive skills.

But who benefits from us striving to achieve these things? What if we measured success through creativity, authenticity, and fulfilment?

Managing feelings

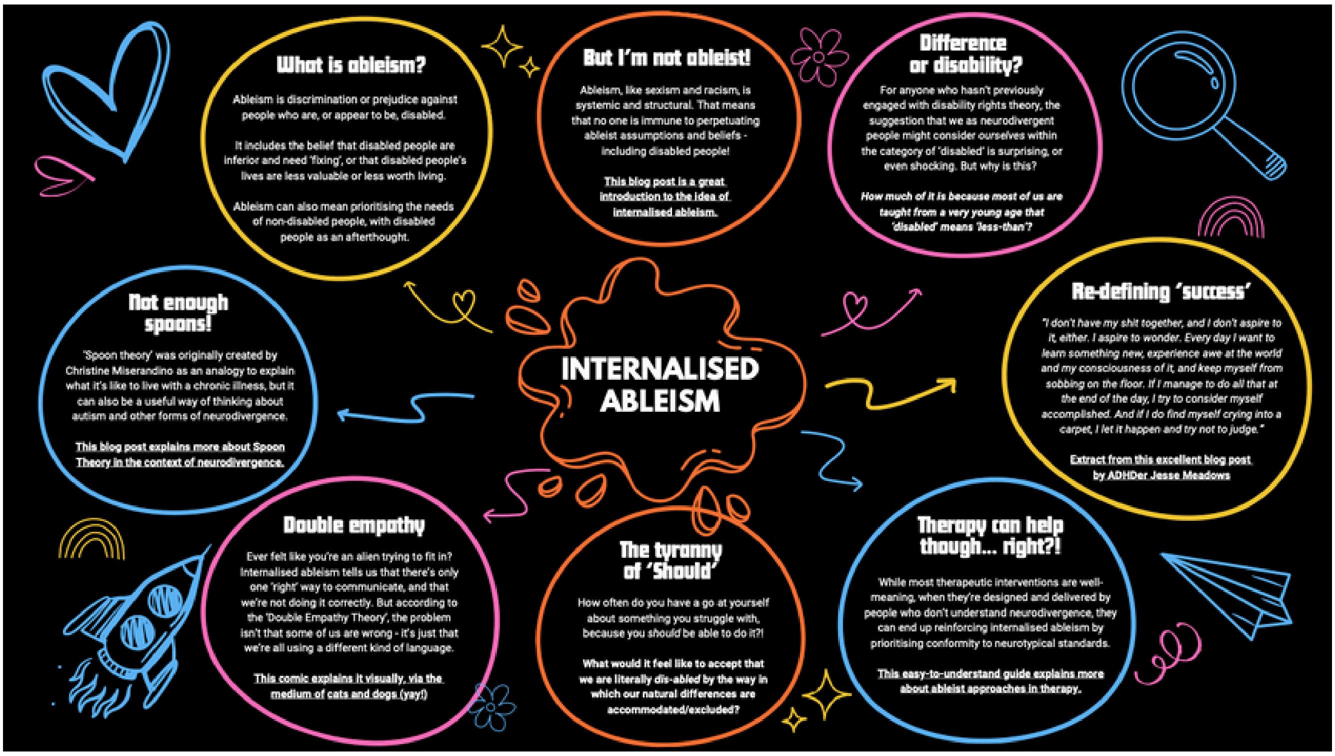
Executive functioning is also linked to emotional regulation - the ability to manage and adjust our emotional responses to various situations.

"Have you tried using a planner?"

People who don't experience these problems can't always understand how debilitating they are. Unhelpful 'advice' may include:

"Have you tried setting a reminder on your phone?"
"Just start getting ready a bit earlier!"
"Don't overthink it, just do it."

What others have you heard?



What is ableism?

Ableism is discrimination or prejudice against people who are, or appear to be, disabled.

It includes the belief that disabled people are inferior and need 'fixing', or that disabled people's lives are less valuable or less worth living.

Ableism can also mean prioritising the needs of non-disabled people, with disabled people as an afterthought.

But I'm not ableist!

Ableism, like sexism and racism, is systemic and structural. That means that no one is immune to perpetuating ableist assumptions and beliefs - including disabled people!

This blog post is a great introduction to the idea of internalised ableism.

Difference or disability?

For anyone who hasn't previously engaged with disability rights theory, the suggestion that we as neurodivergent people might consider *ourselves* within the category of 'disabled' is surprising, or even shocking. But why is this?

How much of it is because most of us are taught from a very young age that 'disabled' means 'less-than'?

Not enough spoons!

'Spoon theory' was originally created by Christine Miserandino as an analogy to explain what it's like to live with a chronic illness, but it can also be a useful way of thinking about autism and other forms of neurodivergence.

This blog post explains more about Spoon Theory in the context of neurodivergence.

INTERNALISED ABLEISM

Re-defining 'success'

"I don't have my shit together, and I don't aspire to it, either. I aspire to wonder. Every day I want to learn something new, experience awe at the world and my consciousness of it, and keep myself from sobbing on the floor. If I manage to do all that at the end of the day, I try to consider myself accomplished. And if I do find myself crying into a carpet, I let it happen and try not to judge."

Extract from this excellent blog post by ADHDer Jesse Meadows

Double empathy

Ever felt like you're an alien trying to fit in? Internalised ableism tells us that there's only one 'right' way to communicate, and that we're not doing it correctly. But according to the 'Double Empathy Theory', the problem isn't that some of us are wrong - it's just that we're all using a different kind of language.

This comic explains it visually, via the medium of cats and dogs (yay!)

The tyranny of 'Should'

How often do you have a go at yourself about something you struggle with, because you *should* be able to do it?!

What would it feel like to accept that we are literally *dis-abled* by the way in which our natural differences are accommodated/excluded?

Therapy can help though... right?!

While most therapeutic interventions are well-meaning, when they're designed and delivered by people who don't understand neurodivergence, they can end up reinforcing internalised ableism by prioritising conformity to neurotypical standards.

This easy-to-understand guide explains more about ableist approaches in therapy.