Following the Energy

Ruth Germaine: Mobilising workforce transformation through embedding Continuous Professional Development (CPD) to meet the health and well-being needs of people living with learning disabilities and/or autistic people.

Ruth's own lived experience of learning disabilities and autism, seeing people's needs go unmet, combined with her professional experience of not feeling equipped to meet the needs of people living with learning disabilities and/or autistic people when they sought her care or support, was a key reason for this work's focus. Having worked in workforce development for over ten years, Ruth has long been passionate about making sure people's needs are genuinely met, and has seen how often learning is built around targets or care pathways that do not always work for the people they are meant to serve

This project began with two truths:

- continuing professional development only changes care when workplace culture changes alongside it (Jackson et al., 2015)
- effective learning depends on people, culture and networks working together, not on any one of them alone (Germaine et al., 2022)

Knowledge mobilisation (KM) isn't about generating evidence from nothing. It's about bringing evidence and knowledge into contact with a population it might serve. Here, knowledge about translating learning into practice, based on what people need and what matters to them, met a community too often assumed hard to include: people living with learning disabilities and/or autistic people across Kent and Medway. It was met by eliciting the tacit knowledge already held by the staff and people, Experts by Experience (EbyE) around them.

By learning with and from people the learning is about is both knowledge translation (Jackson et al., 2015) and people-centred learning (Germaine et al., 2022). In many ways, this project is as much about knowledge mobilisation itself as it is about the workforce learning it set out to study.

Using co-creation and CIP (collaboration, inclusion and participation) principles (Hardy et al., 2021), the project has been able to evolve and respond throughout, eliciting tacit knowledge at every stage rather than gathering it once. PARIHS (Harvey & Kitson, 2016) was used to guide implementation, with review and challenge built in through a steering group and inviting conversations to gain deeper understanding and broader perspectives.

Both stories follow: what I learned about doing knowledge mobilisation this way, and what I learned about the knowledge itself.

THE STARTING POINT

Jackson et al. (2015): CPD only transforms care when four things change together: individual practice, skills, knowledge translation, and workplace culture and context. Workplace culture and individual practice are the two the other two can't fully land without.
Germaine et al. (2022): Effective learning rests on three interdependent values: people-centred learning, cultures that enable team learning, and networks that sustain learning across a place, not only a single workplace.

LEARNING ABOUT KNOWLEDGE MOBILISATION
the process in action

How the process itself had to stay iterative and network-led, shaped by steering group challenge, workshops, and the community's own energy, not by a fixed plan.

Two evidence bases already existed. The process was designed for iteration from day one, not fixed in advance.

Four workforce workshops plus two in-depth individual conversations, planned, run and facilitated by Ruth herself (Nov 2025): cross-sector professionals, family carers and lived-experience contributors from NHS, local authority, community health and universities, ranging from a full cross-sector online group to a small, focused three-person session.

brought to steering group

THE STEERING GROUP'S CHALLENGE
Not whether, how. Not doubt in people's capability, a push to properly support and involve Experts by Experience (EbyE). (Dec 2025)

Three co-creation events, designed with lived experts, not for them (Mar 2026): a face-to-face workshop, 17 Mar, 9 people; an online workshop, 19 Mar, 10 people, all with lived experience; and a LOUD Group session, 20 Mar, lived-experience-led.

puts it to the test

"I learnt more from watching them interact than from any formal training."
LOUD Group, observational reflection.

the energy behind it

Meeting Chloe, the CoP forms out of shared appetite, not a plan (Apr 2026).

CoP Session 1 launches (6 May 2026).

43 attended, across 9 sectors; 90% of poll respondents (27 of 30) arrived feeling comfortable or okay, not one selected the strongest 'nervous' option.

forces a rebuild

Format rebuilt from Session 3 onward: longer sessions, smaller breakouts. A Leadership Group of lived experts takes over agenda-setting.

hands agenda to members

"The group has, in effect, co-authored a partial charter through their answers."
Chloe, on Session 1's themes.

MOBILISING THE KNOWLEDGE
into practice

What the two starting evidence bases actually predicted, and what happened when that knowledge met real workplace practice, with real people.

CPD is often assumed to mean formal education. It needed reframing toward learning embedded in the workplace itself.

The workshops asked what staff need to know, feel and understand to deliver safe, humane care, not just what they should be taught. Finding: workplace learning works best when it's co-created, and where possible co-delivered, with the people it's about.

Senior nurses said "lived experience training was the best they had ever had."
Workforce workshops, top-level report.

Finding: what actually makes co-creation possible: trust, safety, accessibility, relational warmth. Not a technique; a practice.

"This feels like we are doing it."
Said repeatedly, independently, across the workshops.

EbyE shaped the agenda directly, not only its content: co-creating the project's own language and terms, including how 'Experts by Experience' itself is named, and helping decide what later sessions would cover.

Findings: lived experience central, not consultative, 'nothing about us without us'; language as a fault-line, not a style question; intersectionality within the group.

'You said, we did': sessions felt rushed, breakouts too large, pace fell away, members wanted a say before the agenda was built. Response: full 2-hour sessions, 6-8 person breakouts, a bi-monthly rhythm, and a Leadership Group of lived experts now meeting monthly.

CoP polling: 68 invited, 31 responded, across social care, health, mental health, lived experience, education, local authority, the voluntary sector and family carers.

Session 4's topic, reducing autistic suicidality, comes directly from members, not a professional agenda.

WHAT'S BEEN ACHIEVED — THE CHARTER (Jul 2026)
Place-based learning, meeting all three of its defining values: people-centred learning, cultures of teamwork enabling learning, and networks for learning together (Germaine et al., 2022), now held in a co-created document that carries both kinds of learning at once.

6
workforce data sources: 4 workshops + 2 in-depth conversations (Nov 2025)

3
co-creation events with lived experts (Mar 2026): 2 workshops + a LOUD Group session

43
attended CoP Session 1, across 9 sectors (May 2026)

31/68
poll responses from invitations, spanning 8 sectors and roles

FUTURE PLANS AND RISKS

What's hoped for is that the Community of Practice continues, grows, shares its learning more widely, and has influence across the system.

Nationally there has been a move toward place, neighbourhood and system-level working, but the processes and resources, including shared funding across organisations, needed to support that shift are not yet in place: a real barrier to networks and learning across organisations.

The energy this project has generated for Experts by Experience now needs matching with sustained, paid recognition. Some people were funded through project funds; others contributed through a role with an organisation that recognised this work formally, but that organisation has since closed, and paying EbyE for their contribution is not currently secure. People with lived experience remain willing to contribute, in employed care and support roles and in their own time, but if this contribution isn't paid and recognised, they may not be able to continue, and that runs directly against what this project has been about: recognising people's skills and assets. These issues have been raised with system leaders, and active exploration of solutions continues.

Ruth Germaine is a registered nurse and NIHR Knowledge Mobilisation Fellow, hosted by KMMH.

References (Harvard, verify exact titles/publishers against source PDFs before submission): Jackson, D., Manley, K., Martin, K. and Wright, T. (2015) Evidence Base and Impact of Continuing Professional Development, Education Outcomes Framework report, NHS Employers. • Germaine, R., Manley, K., Stillman, P. and Nicholls, D. (2022) Place-based learning, International Practice Development Journal, 12(1), Article 4. • Harvey, G. and Kitson, A. (2016) PARIHS revisited: from heuristic to integrated framework for the successful implementation of knowledge into practice, Implementation Science, 11(33). • Hardy, S., Clarke, S., Frei, I., Morley, C., Odell, J., White, C. and Wilson, V. (2021) A global manifesto for practice development, revisiting core principles. Chp 8 in Manley, K., Wilson, V. and Oye, C. (Eds.) International Practice Development in Health and Social Care. Chichester, UK: Wiley. pp 99-116.