

Kent and Medway LDaA Community of Practice

Session 2: A Thematic Summary

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Context

Session 2 of the Kent and Medway LDaA Community of Practice was held on 3 June 2026, with 43 participants attending – matching the Session 1 attendance and confirming that this is no post-launch fall-off. This was the first session run with breakout rooms functioning properly, following the technical failure of breakouts at Session 1. The session ran broadly to the structure set out in the Session 2 facilitator plan, with the addition of new discussion principles developed in response to Session 1 feedback.

Mentimeter responses across the five captured questions ranged from 3 to 17, with a maximum of 26 participants accessing the tool at any point. The gap between attendance (43) and Menti reach (max 26) is itself useful information – many participants contributed through chat, voice and breakout rooms without using Mentimeter, and the polling data should be read as a partial sample of the conversation rather than its full representation.

This summary draws on those five Mentimeter questions (Q1, Q5, Q6, Q9, Q10), chat responses to an opening reflection question, sampled contributions from a breakout discussion, and notes on outcomes and lived expert feedback captured after the session. Five other Mentimeter questions are believed to have been deployed (Q2, Q3, Q4, Q7, Q8) but results were not available at the time of preparation.

Read together, this dataset shows a Community of Practice moving out of the coalescing phase and into early shared practice. The relational ground that breakout failure prevented at Session 1 has been laid down. Several threads from Session 1 have deepened. New threads have emerged. And the CoP has, in a small but significant way, begun to broker connections within the system – which is the practice element of Wenger's framework starting to manifest.

Who was in the room

Forty-three participants attended Session 2 – the same headcount as Session 1, which is a meaningful signal in itself. The literature on Communities of Practice predicts a fall-off between the launch session and the second session as the initial curiosity settles. We have not seen that. The group has held.

Seventeen of the 43 contributed to the demographic Mentimeter question – so what follows is an indicative rather than complete picture of who is in the room.

Sector / Group	Session 2 (Menti)	Session 1 (Menti)
Social care	5	9
Health (NHS)	3	7
Local authority	3	2
Lived experience	2	4
Voluntary or community organisation	2	1
Mental health	1	4
Education	1	3
Primary care	0	–
Family carer	0	1
Other	0	0
Total Menti respondents	17	31
Total attendance	43	43

Three observations matter. First, attendance has held at 43 from Session 1 to Session 2 – meaningful evidence that the group is forming, not fading. Second, the primary care category was added to the demographic question this time in response to a Session 1 action – and registered zero respondents. The gap remains. Third, several participants used the chat to make clear that they straddle multiple categories – most importantly, that they hold both professional and lived expert identities simultaneously. The binary categorisation of the demographic question almost certainly undercounts lived experience presence in the room.

‘I am here as I work in the system but also have lived experience – how do we capture people that don’t work in the system or aren’t part of specific groups?’ – chat contribution opening Session 2.

How people left

Where Session 1 asked how people felt arriving, Session 2 asked how people felt leaving. Of ten respondents, eight expressed positive activated affect – hopeful, motivated, confident, called to action, excited, optimistic. Three expressed something more textured: flustered, overloaded, rushed.

This is exactly the shift we would expect – and want – as a CoP moves from welcoming into work. Comfort softens; activation rises; some discomfort emerges. The presence of activation alongside the discomfort is the signal. ‘Called to action’ in particular is the language of a group beginning to feel that something is at stake here, not just a meeting being held.

The discomfort responses also reinforce a clear lived expert message captured separately: sessions are too dense, and the pace and structure need adjusting. This is taken up in the section on session-format adjustments below.

Thematic threads from Session 2

Five threads run strongly through the Session 2 dataset. Three are continuations and deepenings of Session 1 themes. Two are new.

Thread 1 – Lived experience leadership made visible

The most insistent thread of Session 1 has not weakened; it has been made structurally visible. In the opening minutes of Session 2, three independent chat contributions named lived experience as central:

- *‘That lived experience needs to be at the heart of this group – this stood out’*
- *‘I agree that lived experience should lead or be equal in co-production and delivery’*
- *‘Such a great point – people that join these kinds of forums may have different needs and experiences to those that don’t’*

In the breakout reflections (Q5), the same thread:

- *‘The importance of Lived Experience taking the lead and being a primary voice’*
- *‘Some good points about how involving the patient most can help avoid infantilising them or pushing them aside’*
- *‘The importance of accessing hard to reach people with lived experience’*

Two things are new at Session 2. First, participants who hold both professional and lived expert identities have begun to name that overlap explicitly – which is itself a marker of psychological safety building. Second, the question has shifted from ‘is lived experience central?’ (settled, yes) to ‘how are we operationally ensuring lived experience leads?’. The CoP is moving from principle to practice.

Thread 2 – Intersectionality and representation as structural work

Intersectionality appeared twice in Session 1 polling, almost as a quiet aside. At Session 2, it has surfaced as a direct, repeated, structural demand:

- *‘Do you have a black/brown person to help support the community into the group and work to make this open to them more and advertise in the appropriate place?’ (chat)*
- *‘Sat with me well to see encouraging people of colour and families to join as there are barriers to accessing support’ (Q5)*
- *‘We were able to discuss about cultural issues impacting on sharing openly about LDA’ (Q5)*
- *‘Thinking about how we get a black/brown ambassador’ (Q6, as a personal change someone will pursue)*
- *‘I would like to see more about intersectionality. Black and brown people are often underrepresented. Even the statistics are limited which was especially apparent in the Oliver McGowan training’ (Q9)*

Quite simply, the group is asking the CoP to act on representation, not just to acknowledge it. The reference to the Oliver McGowan training data limitations is a sophisticated, evidence-led observation – and a useful reminder that the group is bringing professional analysis to bear alongside lived experience.

Thread 3 – The anti-talking-shop demand for visible action

This is the most quietly devastating thread in the Session 2 dataset, and the one that most strongly raises the stakes for what the CoP does next:

- *‘Been in many similar meetings and often we end up having lots of meetings and nothing really changes even with all the time we all give’*
- *‘Have clear actions rather than just lots of meetings as happened in the past’*
- *‘Need to have clear things we want to change’*
- *‘Need to have actions happening so sense of empowerment – things are changing from their contributions’*
- *‘Have smaller sub groups feeding into bigger action group’*

Session 1 contained warnings of this kind. Session 2 has named the failure mode directly and offered the alternative: smaller sub-groups doing concrete work, feeding into a wider action structure. This is a useful structural suggestion that warrants serious consideration as the CoP moves forward.

Held alongside the polling response ‘called to action’ from Q10 and the in-session connection brokered between someone with a need and someone with lived expert carer groups, this thread is not pessimism. It is the group saying: we are willing to invest, but we need to see something move.

Thread 4 – System knowledge and mapping as practical work

A new thread strongly present in Session 2 is the practical work of system mapping – building shared knowledge about what services exist, what pathways are, and how to find help:

- *‘The lack of knowing appropriate services and the fear when accessing them that they understand your disability, neurodivergence etc’ (Q5)*
- *‘I think start writing down all the organisations, services, support groups etc that we know might be “out there” to start feeding into the mapping’ (Q6 – what small change might you try?)*
- *‘A need for better and transparent information for everyone about all the services and provisions in Kent and Medway’ (breakout)*
- *‘We discussed that it was important for people in this CoP share their understanding of how the system works so we can develop our collective understanding of the system and learn how to influence it as it is, rather than how we might want it to be’ (breakout)*

This is a maturing of the directory/register suggestion that surfaced in Session 1. The group is now framing it more sophisticatedly – not just as a static resource to be produced, but as collective shared knowledge of the system that emerges through participation. This is exactly the kind of practice element the Wenger framework predicts will form in a healthy CoP.

Thread 5 – Communication, accessibility, and what it takes to participate

Communication and accessibility ran through Session 2 in multiple registers – and this is the thread that produced the session’s single most uncomfortable contribution, which warrants direct attention rather than soft-peddalling.

- *‘We spoke about how underutilised things like Communication passports are. A lot of work goes into developing them but not used consistently’ (Q5)*
- *‘Bringing in advocacy groups as they have different ways of communicating’ (Q5)*
- *‘Inclusive, non-judgmental, differences respected and celebrated, freedom to contribute as each person prefers’ (Q5)*
- *‘Sharing slides gives time for people to feedback later’ (Q5)*
- *‘Small breakout rooms could make people feel uncomfortable’ (Q5)*
- *‘i need to see previous menti questions’ (Q5)*

And then this, from Q6:

‘no idea. I requested certain things but I feel unheard here because the request wasn’t upheld so predicability fell by the wayside.’

This contribution requires direct acknowledgement. The language of predictability falling by the wayside, paired with the experience of having made specific requests that were not upheld, is consistent with the kind of accessibility failure many Autistic people experience repeatedly. Two things are true simultaneously. First, the contribution itself is evidence that the CoP is doing some of its work – this person was able to say something difficult in a space they did not feel had served them.

Second, the CoP now needs to demonstrate that it can hear this and respond. Anything less would confirm the failure the person described.

This thread connects directly to the lived expert feedback on session format (covered in its own section below), which independently named the need for adjusted pacing, fewer discussion points per session, and curated breakout structures.

What is beginning to happen – early signs of practice

Session 2 contained the first clear evidence that the CoP is doing more than discussing. Three concrete things happened that the Session 1 polling data only gestured toward.

A connection was brokered in the room

A participant asked openly whether anyone had access to a 'ready made lived experience group that as services we can seek their opinions on changes to diagnostic services'. Separately, a participant from another organisation emailed Chloe to confirm that their organisation runs lived expert carer groups. The connection was made. This is the brokerage function of a CoP – connecting a service with a need to a service with a solution – beginning to manifest. It is small. It is significant.

People left planning to take material back into their work

Of the twelve responses to Q6 ('what small change might you try before the next CoP session?'), nine described concrete next actions:

- Sharing the CoP with a ND parent/carer forum
- Sharing with team and colleagues across Kent and Medway
- Bringing the discussion principles slide to an MDT
- Engaging a family carer in learning disability teaching
- Bringing CoP content into supervision
- Pursuing the question of a black/brown ambassador
- Using the communication slide as a reflection tool
- Beginning to map services and supports informally
- Liaising with social prescribing

These are not abstract intentions. They are concrete acts of outward dissemination – the CoP's relational and conceptual work travelling into other parts of the system through the people who attended.

An external invitation was shared

A participant shared an invitation to the Kent Learning Disability Partnership Board’s Learning Disability Week 2026 event on 18 June 2026, themed ‘Do you see me?’. The CoP is beginning to function as a space where adjacent work in the system finds its way to relevant audiences.

Session format – adjustments decided with lived experts

After Session 2 ended, two lived experts stayed back to feed back directly to Ruth and to me. That itself is a signal worth naming. Lived experts choosing to remain after a meeting to shape the work – without that being asked of them – is the kind of trust building the literature would predict only after several sessions, not after the second. It also reinforces the principle that lived expert leadership in this CoP needs to be structural, not occasional.

The conversation produced concrete decisions that are now confirmed for Session 3 and beyond.

Aspect	Decision	Rationale
Session duration	Extending from 1.5 hours to 2 hours from Session 3	The depth of conversation being attempted is incompatible with a 90-minute slot. Echoed in Q10 closing responses (‘overloaded’, ‘rushed’, ‘flustered’).
Discussion density	Fewer discussion points per session, held within the longer duration	More space per point, not more points overall.
Breakout size	6–8 people, curated groups	Smaller groups (2–3) create pressure for some; larger groups lose individual voices.
Breakout chairs	Designated chair in each breakout	Holds structure without forcing a single mode of contribution.
Time for typers	Longer breakout time, built into the 2-hour session	Allows those who contribute by writing rather than speaking to participate fully.
CoP rhythm from Session 4	Bi-monthly CoP sessions	Allows for proper preparation and reduces session-on-session fatigue.
Lived expert preparation meeting	Held in the off-month between CoP sessions, lived-expert-only	Embeds lived expert leadership structurally into the planning rhythm – not only the session itself.

That last decision – the lived expert preparation meeting in the off-month – is the most structurally significant change of this set. Up to now, lived expert leadership has been a value the CoP states and an experience some participants bring. From Session 4 onwards, lived expert leadership becomes a scheduled, resourced part of how the CoP is run between sessions. That moves it from rhetoric into structure, which is what every thread of the polling data from both sessions has been asking us to do.

Reading Session 2 alongside Session 1

Some threads have continued and deepened from Session 1; some have shifted; one has surfaced that was not visible at Session 1.

Thread	Session 1	Session 2
Lived experience leadership	The most insistent thread; principle established	Moving from principle to operational question of how
Intersectionality	Surfaced as a quiet aside (twice independently)	Repeated, structural, directly named – including specific request for representation
Language as fault-line	Medical vs neurodiversity-affirming language as structural barrier	Less directly named at Session 2 – likely held in the now-established discussion principles
Difference within difference	Heterogeneity across LD, autism, ADHD; one set of needs not interchangeable for another	Continued and deepened, with specific reference to age, presentation, and varied service experiences
Time / barriers	Time and capacity named as the strongest single barrier	Less foregrounded at Session 2; possibly because the discussion principle of 'honour pace' was now visible
Anti-talking-shop / momentum	Quietly present ('do what we say we will do')	Surfaced as a direct, named concern with a structural alternative proposed (sub-groups feeding into action group)
System mapping / shared knowledge	Implicit in the directory suggestion	Surfaced as a sophisticated, collective task – not just a static resource

Thread	Session 1	Session 2
Accessibility / unheard requests	Not visible	Surfaced directly through the Q6 'predictability fell by the wayside' response and through lived expert feedback on session format

What this means for Session 3 and beyond

Several decisions are now confirmed and need to be visible to the group at Session 3. Drawing the threads together, Session 3 should hold five things at its centre.

- **Acknowledge what the participants told us, and what we have done in response.** Open Session 3 by naming the feedback received – including the Q6 contribution about feeling unheard – and the structural decisions taken: longer sessions, curated breakouts, a bi-monthly rhythm with lived expert preparation meetings in the off-months. This is non-negotiable. The CoP either visibly responds to what people said, or it confirms the failure described.
- **Run the longer, less dense session structure.** Two hours. Fewer discussion points held more deeply. Curated breakouts of 6–8 with a chair. Time built in for typers.
- **Begin the system-mapping work as collective practice.** Not as a deliverable to be produced, but as a starter mapping exercise – bring what you know is out there in your service area, share with others. This honours both the anti-talking-shop signal and the practical interest in shared knowledge.
- **Take action on intersectionality.** Specifically, follow up on the question of a black/brown ambassador role and how to extend representation. The group has named this clearly three times now – including as a personal action one participant intends to pursue.
- **Hold the affective check-in again at close.** The Session 1 'arriving' baseline and the Session 2 'leaving' snapshot now give us two data points. A third at Session 3's close – with the bi-monthly rhythm beginning thereafter – lets us start to see direction of travel.

Beyond Session 3, the bi-monthly rhythm with lived expert preparation meetings is the structural change that most directly answers what the participants have been telling us across both sessions. It moves lived expert leadership from value to schedule, and it gives the CoP time to digest, prepare and follow up between

sessions rather than running on monthly momentum that the data suggests is too dense to sustain well.

A closing note

Session 2 has shown a Community of Practice doing what the literature predicts when the foundations have been laid well. The relational fabric has begun to thicken. Practice has begun to form. Connections have been brokered. People have left planning concrete acts. And the group has been honest, including in places it cannot have been comfortable to speak.

The single most important signal from Session 2 is not that things are going well – though much is. It is that the group is now demanding more of itself and of us. The anti-talking-shop thread, the explicit intersectionality demand, the accessibility request that was not upheld, the lived expert feedback on session format – these are all the same signal in different registers. The CoP is now being asked to act in ways that match what it says about itself.

Quite simply: the group is ready to move from coalescing into maturing. The question is whether our structures, our pace, and our follow-through can hold that movement.