




# Mapping stakeholders to maximise the impact of research on health inequalities for people with learning disabilities: The development of a framework for the Making Positive Moves study

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## Abstract

**Background:** People with learning disabilities experience health and social inequalities, and research that could improve health services may not be implemented in real-life settings. Building stakeholder networks that can share and implement research findings may address this. This paper presents a framework for building a stakeholder network that maximises the likelihood of research recommendations being implemented in practice. This was developed as part of the 'Making Positive Moves' (MPM) study, which explores the experiences of people with learning disabilities following discharge from a residential stay within a hospital inpatient setting.

**Methods:** We reviewed the literature on existing theoretical frameworks to support the development of a model for dissemination of the MPM findings. Stakeholder categories were identified through consultation with the MPM researchers, experts by experience and the steering group and a hub and spoke model to represent all stakeholder categories was created. These categories include person moving; family of the person moving; specialist schools; social care; care providers; regulators; third sector organisations; policy organisations; academic community; and NHS professionals. After establishing the categories, we consulted with people with learning disabilities and other stakeholders and conducted online searches to create a stakeholder database. Through information gathering and direct contact with stakeholders, we assessed levels of interest, power and engagement to determine which stakeholders to prioritise in our dissemination activities. The Stakeholder Wheel was created to present the data captured within the database and engagement profiles in an illustrative way.

**Findings:** We use two stakeholder sub-categories, user-led organisations and care providers, to demonstrate the methodological approach. The examples illustrate how a scoring system helped us to identify high-priority stakeholders who we then

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contacted to collaborate within developing our dissemination strategy to maximise the impact of the MPM research findings.

**Conclusions:** We developed a framework to map stakeholders for the MPM study and enable targeted dissemination to increase the impact of the research. This approach has the potential to reduce health inequalities among people with learning disabilities by increasing the awareness of and ability to implement evidence-based recommendations in real-life settings. The stakeholder mapping framework could be applied to research projects associated with learning disabilities to bridge the gap between research and practice and reduce health inequalities.

#### KEYWORDS

collaborative practice, health, health & social care policy and practice, intellectual disability, learning (intellectual) disabilities, research

#### Accessible Summary

- People with learning disabilities experience unfair disadvantages relating to their health. These are known as health and social inequalities.
- Findings from research projects can help improve health and social care for people with learning disabilities, but only if people know about and are able to apply the research recommendations.
- Finding people and organisations who can make use of the research findings (known as stakeholders) is an important first step in sharing research. Working with stakeholders to think about how they use the findings to change practice can improve care and services.
- We have been doing this for one research project called Making Positive Moves and it has helped us plan how to share our findings. Our approach could be used by other researchers to make it more likely that their research findings will be used to make a difference in the lives of people with learning disabilities.

## 1 | INTRODUCTION

Currently, there are approximately 1.5 million people with a learning disability living in the United Kingdom, constituting 2.6% of the total population (Mencap, 2022). Research conducted over the past few decades has illustrated the extent of health inequalities experienced by people with learning disabilities, including increased rates of morbidity and preventable health problems, as well as decreased life expectancy (Emerson et al., 2012; Mencap, 2020; Ouellette-Kuntz, 2005; Ploeg Booth, 2011).

The following paper details the development of a framework for stakeholder mapping to support the dissemination of research. This was done as part of Making Positive Moves (MPM) (a study that explores the experiences of people with learning disabilities following discharge from a mental health inpatient hospital and identifies key factors that support or undermine the ability to sustain community living over time (Ellis-Caird et al., 2020; Head et al., 2018). By building relationships with stakeholders, insights can be gained about their interest in the project,

their preferences for sharing findings and how they can use research to affect changes in practice. The development of individual stakeholder profiles, in combination with a comprehensive stakeholder map, can inform dissemination activity. The aim is to maximise the impact of findings by broadening the reach of dissemination activity and increasing the implementation of recommendations. This has the potential to positively impact the lives of people with learning disabilities.

### 1.1 | Health inequalities among people with learning disabilities

Throughout much of the 20th century, many people with learning disabilities were institutionalised due to an assumption that they lacked capacity regarding their health and social care needs (Campbell & Martin, 2010). However, the last 50 years have seen dramatic changes in care provisions, most recently the Transforming Care agenda (Department of Health DoH [2012]) and Building the

Right Support (NHS England, 2015). Both aim to support people with learning disabilities across the lifespan and enhance provisions of care in the community (NHS England, 2017). Despite this, it is estimated that at least 2020 people who have learning disabilities and/or who are autistic are still living in inpatient units with the average length of stay being 5.4 years (NHS Digital Transformation data [2023]). Furthermore, it is reported that 11% to 80% of people with learning disabilities experienced delayed discharge from hospital settings (Ince et al., 2022), whilst 41% of deaths of people with learning disabilities whilst admitted to hospital could be attributed to avoidable causes (White et al., 2023). Additionally, research into readmission rates, within 30 days of discharge, indicates that people with learning disabilities are three times more likely to be readmitted to hospital with preventable conditions than those in the general population (Kelly et al., 2015).

Up-to-date research has explored why community health and social care support are unable to meet the needs of people with learning disabilities (Watts et al., 2000). Moreover, concerns have been propelled into the public domain following the Panorama documentaries 'Undercover care: the abuse exposed' (British Broadcasting Corporation BBC [2011]) and 'Will the NHS Care for Me?' (British Broadcasting Corporation BBC [2022]). Nevertheless, despite this research, the impact on policy and practice is limited due to an enduring gap between research and practice (Grimshaw et al., 2012), without continuous efforts by researchers to ensure that knowledge is both relevant and serviceable within the target audience (Green, 2008). These challenges remain despite the recognised benefits of collaboration between researcher, policymaker and practitioner (D'Cruz & Gillingham, 2005) in ensuring that research is both purposeful and practical within societal contexts (Krebbekx et al. [2012]). Through the coproduction of research with individuals or groups who can impact or are impacted by findings, known as stakeholders throughout the paper (Freeman, 1984, as cited in Schiller et al., 2013), it is possible to ensure the relevance and accessibility of research for the intended beneficiaries (UNAIDS/AIDS Vaccine Advocacy Coalition [2011]). Through active engagement and sustained relationships, these individuals can act as advocates to distribute and promote novel research. This is particularly true within the public sector where profits are not seen as financially driven (Vinten, 2000). The following sections will discuss the process and purpose of stakeholder mapping, which informed our approach to developing the stakeholder framework for MPM.

## 1.2 | Stakeholder engagement

Stakeholders are considered significant when their inclusion will result in a direct impact on the project, which could be through a variety of provisions such as funds, resources, connections, insights or volunteers (Aligica, 2006; Barquet et al., 2022). Stakeholder mapping enables researchers to collect data about stakeholders, which is then presented in an illustrative way to demonstrate stakeholders' connections to one-another and the project (Bourne & Weaver, 2010). Early categorisation of target stakeholders is essential to

ensure equal representation and equity for those from under-represented or minority groups, who may otherwise be overlooked (Barquet et al., 2022; Concannon et al., 2019). Once developed, these categories act as a basis for further exploration and identification of potential stakeholders, enabling researchers to build a comprehensive list (Hutt, 2010; Ginige et al. [2018]). This can then be used to facilitate communication with each stakeholder, to inform the interpretation, dissemination and future implications of the research (Concannon et al., 2012; Deverka et al., 2012).

Awareness of individual stakeholder expectations and potential power is critical to the allocation of resources to maximise outcomes (Johnson et al., 2006). By utilising their interest and influence, stakeholders can remove barriers to support informed decision-making, improve patient experiences and reduce health inequalities (Esmail et al., 2015).

Nevertheless, stakeholder engagement remains largely overlooked in the process of research dissemination, with researchers tending to opt for more conventional methods, such as academic publications and press releases (Boaz et al., 2018). Within the field of learning disability research, this is especially problematic due to the inaccessibility of academic publications for people with learning disabilities. This creates a barrier for people with learning disabilities to learn from research findings and subsequently reinforces health inequalities by preventing informed decision-making about a person's own care. Notably, we have identified a gap in the research landscape of learning disabilities for a systematic, model-led approach to stakeholder engagement. Additionally, we found that existing stakeholder mapping models, drawn from other fields, lacked a robust stakeholder identification protocol suitable for the dissemination of the MPM study. We hope to address these gaps in this paper to maximise the impact of the MPM study findings.

## 1.3 | Aims and objectives

In this paper, we aim to share a novel approach to stakeholder identification and mapping, as designed for the dissemination of the MPM study findings. We will demonstrate how we worked collaboratively with people with learning disabilities to evaluate existing literature and theoretical models of stakeholder mapping and develop an approach specifically designed for the field of learning disability research. We will also provide a rationale for why we chose to develop a new approach rather than utilising existing avenues of dissemination. To our knowledge, this is the first paper to outline an approach to developing a comprehensive map of stakeholders within the field of learning disabilities that could help address the evidence gap between research and practice with the goal of improving lives.

## 2 | THE APPROACH

This section details the development of our approach to stakeholder mapping. It describes the processes at each stage of model development and our reasoning behind the approach founded in

existing stakeholder theory and collaboration with stakeholders from nonacademic backgrounds.

Our approach was to (1) establish a dedicated team to lead on stakeholder mapping and research dissemination, (2) review existing stakeholder mapping research and develop an approach tailored to the MPM project, (3) identify categories of relevant stakeholders, (4) identify specific stakeholder organisations, (5) create engagement profiles and (6) incorporate learning into dissemination and impact planning. A flowchart demonstrating the process can be seen in Figure 1.

## 2.1 | Team allocation

A dedicated team linked to the MPM study was formed to focus on dissemination plans and stakeholder mapping (F. B., D. K., M. D., and L. R.). The Stakeholder Mapping and Dissemination (SM&D) team met fortnightly to deliberate on the development and progress of the mapping process. Tasks were divided into those that were to be completed as a team and those that could be allocated to individual members. Joint tasks included: (1) agreement of search strategies for existing literature, (2) development of mapping process design, (3) initial creation of hub and spoke model, (4) development of search

strategy for individual stakeholders, (5) completion of engagement profiles and (6) placement on the Stakeholder Wheel.

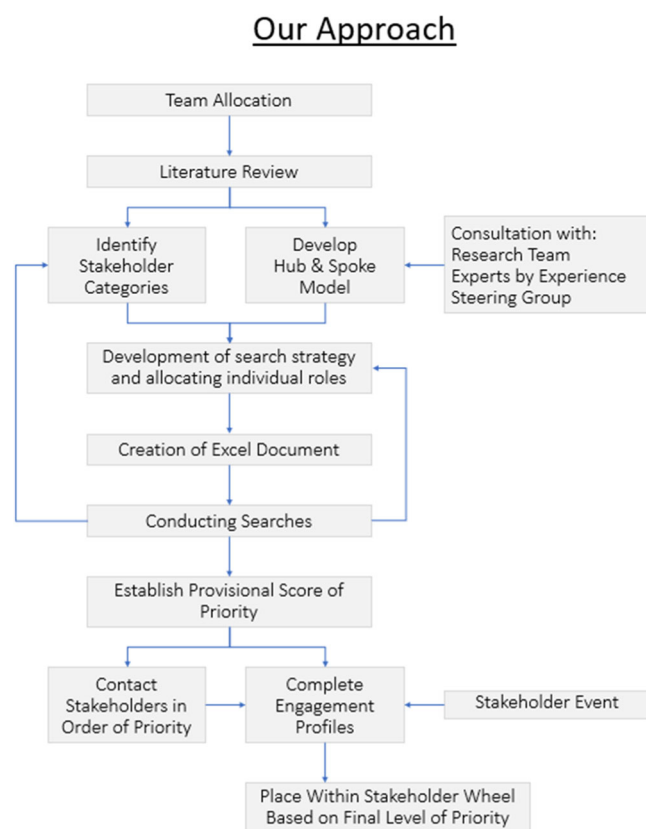
Other tasks were allocated to individual members, these included: (1) completing the literature review of existing research and sharing relevant findings with the team, (2) creating a categorised database, (3) conducting searches of individual stakeholder categories, (4) establishing a provisional score for individual stakeholders and (5) establishing first contact with individual stakeholders.

## 2.2 | Reviewing existing stakeholder literature

Information regarding stakeholder mapping was gathered from journals and publications in the fields of construction, project management, corporate governance, economics, law and health research. This was reviewed and relevant approaches were extracted and combined to begin to develop a working model for use within the MPM project.

Traditional models of stakeholder mapping began with Freeman's 1984 Hub and Spoke model (cited in Schiller et al., 2013) which provides a tool to illustrate generalised stakeholder categories but does not support stakeholder analysis. Subsequent models, such as Mendelow's model of Power/Interest (cited in Johnson et al., 2006) and Savage et al. (1991) Diagnostic Typology of Organisational Stakeholders were considered. These models focus on identifying individual stakeholders with the greatest power to affect large-scale change during the development of the project. In doing so, they focus only on the biggest stakeholders and fail to consider those with less immediate impact but who may be most affected by the outcomes (Barquet et al., 2022). This could be considered a weakness as it has been acknowledged that collaboration and consultation with service users can benefit the ongoing success and overall impact of the project following completion (Boaz et al., 2018).

More recent models of stakeholder mapping were identified as providing a more comprehensive approach. The Stakeholder Circle (Bourne & Weaver, 2010), based on research from the construction industry, delineates a five-step process to identifying and prioritising key stakeholders, managing expectations and monitoring receptiveness, and developing a visualisation tool to guide stakeholder engagement. Another alternative is MapStakes (Barquet et al., 2022) which follows a similar approach. Both models offer a thorough approach for creating a map of stakeholders, however, with certain limitations. Bourne and Weaver (2010) opt for convenience sampling, utilising existing relationships with stakeholders and shareholders. On the other hand, Barquet et al. (2022) use literature reviews and snowball sampling to identify experts within the field. Both sampling methods appear to be more suited to projects where the stakeholder group is small or easily identifiable. A project with a wider geographic scope would require a framework with a more robust methodology. In conclusion, the review of the existing stakeholder literature indicated the need to develop a novel, accessible and inclusive approach to reach the scope intended for the MPM project. The stakeholder literature acted as the foundation of our framework,



**FIGURE 1** Flowchart of our approach to the development of a stakeholder mapping framework. [Color figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

which was further developed as presented in the following section of the paper.

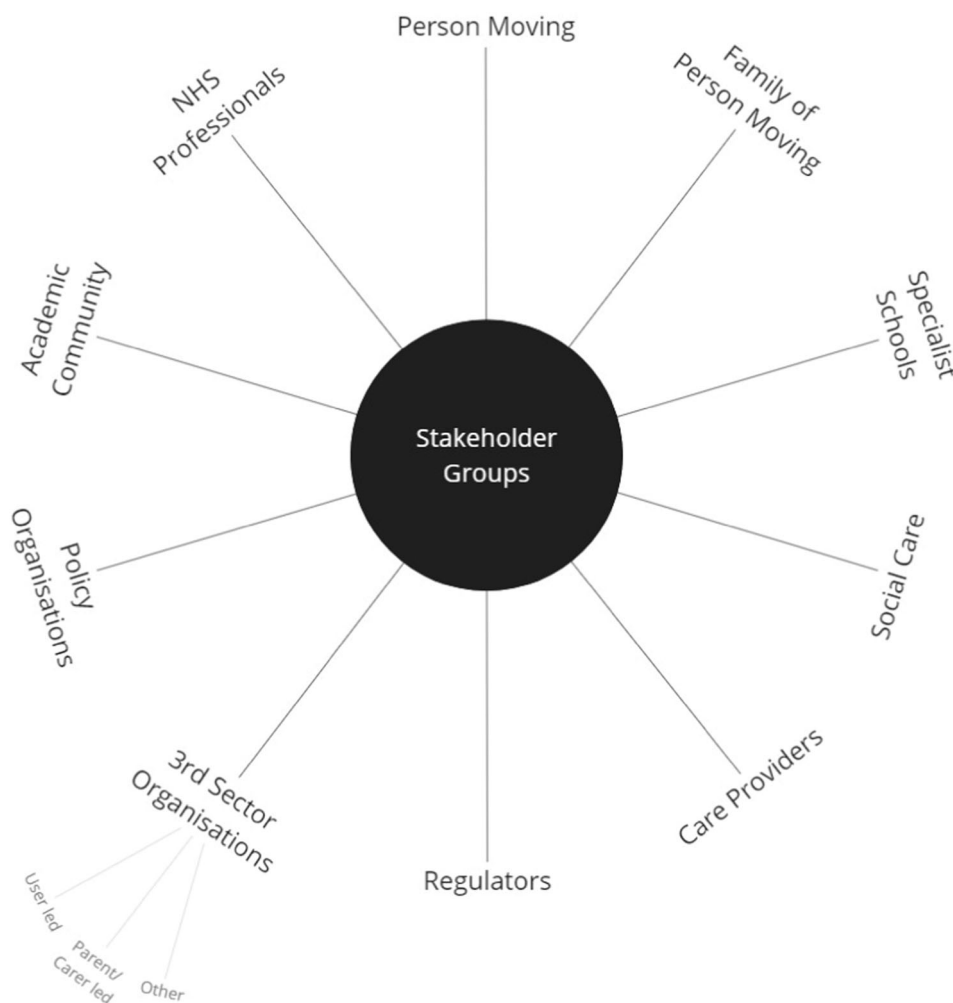
### 2.3 | Identifying stakeholder categories

The SM&D team considered various approaches to stakeholder identification. Existing models employ a method of beginning with a list of pre-existing stakeholder partners which are then categorised to create a map (Barquet et al., 2022; Bourne & Weaver, 2010; Hutt, 2010). This approach utilises methods such as focus groups, semi-structured interviews and snowball sampling to gather and share information between researchers and stakeholders (Schiller et al., 2013). Such methods can be commended for their efficiency in ensuring active participation from stakeholders both immediately and across the duration of the project (Barquet et al., 2022). However, by relying upon established relationships this may reduce the potential impact of the project (Mitchell et al., 1997).

While Barquet et al. (2022) acknowledge the need to explore beyond existing networks, proposing the use of literature or

document reviews to identify latent stakeholders, this approach is limited to researchers and policymakers. This could further exacerbate the research-to-practice gap by failing to consider practitioners and service users as valuable contributors. Subsequently, it was agreed that a broader mapping methodology would be used, beginning with the identification of relevant categories, followed by systematic searches to identify individual stakeholders, which would be most suited to the development of a model for the dissemination of MPM research findings. However, it should be noted that we were keen not to disregard existing stakeholder relationships, while these were not accessed as a starting point for model development, they were integrated into the model during development.

The SM&D team began by identifying distinct categories under which stakeholders may be classified. Through consultation with the wider MPM research team and Experts by Experience consultation group (EECG), a hub and spoke model tailored to the landscape of learning disabilities research and specifically the scope of the MPM study was developed (see Figure 2). Through coproduction with the EECG, this model was recognised for being accessible to the research population, presenting the complexities of stakeholder classification



**FIGURE 2** The Making Positive Moves stakeholder category hub and spoke model.

in a simplified but comprehensive set of boundaries illustrated in a clear visual representation. Following consultation, additional categories were added to encompass all those who may be considered stakeholders of the MPM study, and the categories were finalised.

Ten categories were identified: (1) people moving out of a long-stay hospital under transforming care, (2) the families of those people, (3) specialist schools, (4) social care professionals, (5) care providers, (6) regulators, (7) NHS Professionals working within learning disabilities settings, (8) academics conducting or interested in learning disabilities and neurodevelopmental conditions, (9) policymakers and (10) third sector organisations supporting people with learning disabilities and their families. This last category was divided into sub-categories which consisted of user-led/self-advocacy organisations, family-/carer-led charities and other charity organisations.

## 2.4 | Identifying individual stakeholders: Search strategy and information gathering

An Excel spreadsheet was created to record all information collected during the stakeholder searches (see Figure 3). This document contained 10 tabs, one for each of the identified categories and sub-categories described above, excluding *person moving* and *family of person moving*, as these referred to individuals. Each tab was organised by geographic location, with a space at the top for those acting nationally or across multiple regions. Additionally, a space to record web addresses, contact details, scope of work, methods of information sharing and references to transforming care or moving house was created for each stakeholder.

All searches were conducted using the Google search engine. Compared to other browsers, Google was found to be the most used search engine globally between 2015 and 2023 (Bianchi, 2023). This was deemed the most appropriate and accessible tool to locate organisations or groups across all sectors and gather information about the scope of their work. Since the aim of the

search was not focused on academic papers and research outcomes, we did not use academic databases to identify stakeholders. Information specific to the categories shown in Figure 3 was collected from individual stakeholder websites and documented in the database. All universities in England, Wales, Scotland and Ireland were searched to identify leading academic, research and special interest groups on intellectual/learning disabilities and neurodevelopmental conditions. All NHS Trusts and local authority social services were searched on Google and website information was used to identify trusts/hospitals with a dedicated service for people with learning disabilities as well as the type of service offered and contact information. We also identified stakeholders through links signposted on already identified stakeholder websites and online forums. We limited our search of stakeholders to the United Kingdom as our research, and therefore the findings, are specific to the United Kingdom context for people moving under the Transforming Care programme. We included all those for whom the MPM findings had the potential to be relevant to themselves or their work. Additionally, at this point, stakeholders with whom we had pre-existing relationships were also integrated into the model.

Our search strategy was informed by the PEO framework (population, exposure, and outcome), often used to define the research question in systematic and literature reviews but adjusted for the needs of this project to fit our objectives (Methley et al., 2014). The framework helped us to identify the concepts of interest and define our search terms such as the population under examination, the location and the remit of their work (i.e., stakeholder category). During our search, we used the key search terms 'people with learning disabilities' (see Table 1) followed by information regarding their location and stakeholder category. Boolean Operators 'AND/OR' or (+) were used to specify location and stakeholder category. For example, we searched for 'People + Learning + Disabilities + Self-Advocacy + London' or 'Adults + Developmental + Disabilities + Charities + Parent AND/OR Carer'.

Stakeholder Group								
Region	County/Borough	Groups & Organisations	Websites	Key Contact	Email	Area of Work	Dissemination Format	Reference on Website to Transforming Care/Moving House

**FIGURE 3** The Making Positive Moves identification and mapping of stakeholder information.

**TABLE 1** Search strategy and key terms.

Population	Exposure	Outcomes
People; Person; Persons; Person(s); Adult; Adults; Adult(s).	Learning Disabilities; Learning Disability; LD; Intellectual Disabilities; Intellectual Disability; I.D.; Developmental Disabilities; Developmental Disorders; Neurodevelopmental Disorders; Complex Needs.	<ul style="list-style-type: none"> <li>Geographical Location—England, Scotland, Wales and so forth.</li> <li>Stakeholder Category—lived experience, self-advocacy, carer groups, parent groups and so forth.</li> </ul>

## 2.5 | Creating engagement profiles and stakeholder consultation

An engagement profile template was created by the SM&D team, in collaboration with the MPM research team and the EECG, informed by existing stakeholder theory (See Figure 4). The template offered a standardised process for scoring individual stakeholders in three key areas, namely interest, power and engagement. When combined, these scores provide a provisional level of priority to prioritise communications with potential stakeholders during the initial phase of engagement.

Once the engagement profile template was agreed upon, we met with stakeholders with whom we had previously established relationships in the MPM study, via virtual meetings, to seek feedback on our proposed stakeholder mapping model and dissemination plans. This included experts by experience, policymakers and third sector organisations in the field of learning disabilities. This provided an opportunity to ensure that our proposed dissemination strategy was informed by stakeholders as well as researchers to maximise our chances of reducing the research-to-practice gap and create a model for dissemination informed by current industry practices.

Following collaboration with the EECG and exploring existing literature, we deemed it vital to ensure all information was communicated in a way that would be suitable for its target audience to maximise engagement potential. This was supported by literature to prevent some stakeholders from feeling marginalised, manipulated or excluded by researchers (Sperry & Jetter, 2019).

Subsequently, we collected additional data regarding dissemination, specifically the type and format of information stakeholders would like to receive, as well as frequency and whether they would be willing to support distribution via their own channels. This information was then used to optimise dissemination efforts by targeting those with the greatest potential to share or implement the findings of MPM research.

Details recorded during *individual stakeholder identification* were used to establish a score based on the general rules outlined in the engagement profile template. Additionally, those with direct reference to *transforming care, moving house or moving out of long-stay hospital* featured on their website were considered to have a shared interest and given a provisional high-interest score. Stakeholders were then contacted in order of their provisional priority score. Those with high provisional scores of *priority* were contacted first and invited to one-to-one virtual meetings to build relationships and discuss the research. Notes were taken during meetings and securely stored in a shared drive, accessible by all members of the SM&D team.

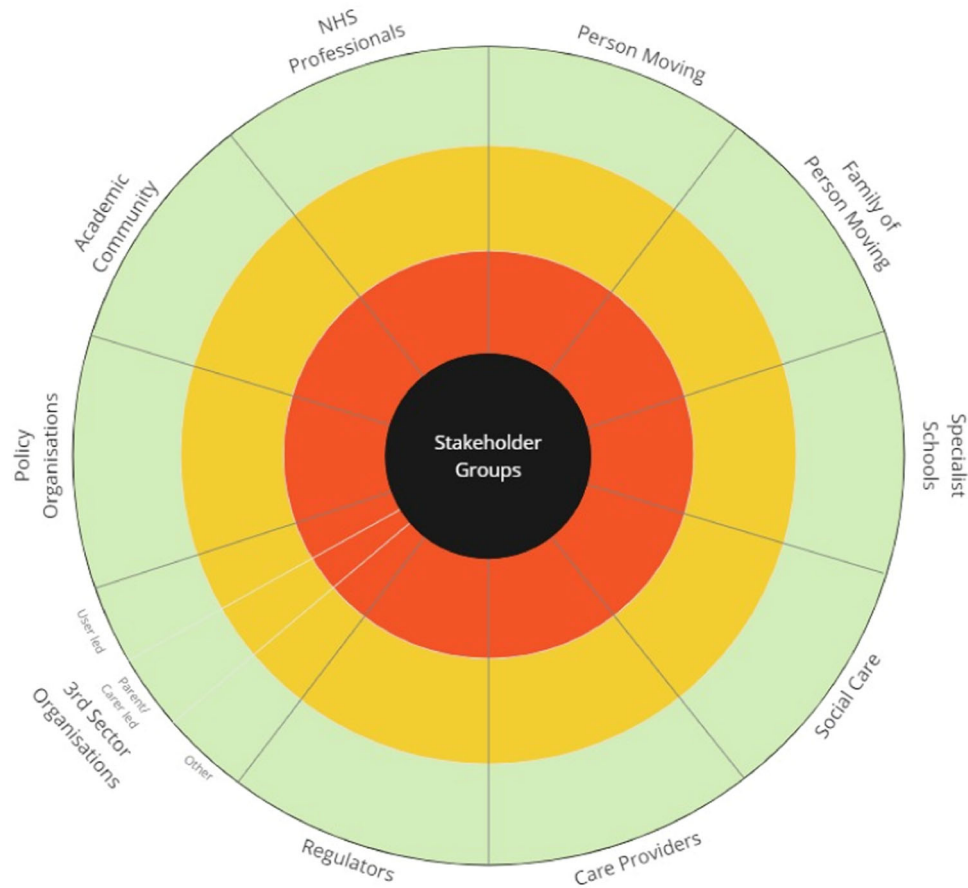
Additionally, we held an online stakeholder event to present the preliminary MPM findings and establish connections with stakeholders. During this event, we utilised breakout rooms to initiate conversations and online polls to gather information about attendees' interests and preferences for future engagement (see Table 2). Specifically, audience interaction tools such as Slido (<https://www.slido.com>) and Padlet (<https://www.padlet.com>) were used to record, organise and present information live.

<b>Engagement Profile</b>		
<b>Levels of Interest</b>		
<b>Low (1)</b>	<b>Medium (2)</b>	<b>High (3)</b>
<ul style="list-style-type: none"> <li>Limited interest in research outcomes.</li> <li>Understands relevance but personally unaffected by issues.</li> </ul>	<ul style="list-style-type: none"> <li>Some interest in the research outcomes.</li> <li>Indirectly impacted by research outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>Personal interest in research outcomes.</li> <li>Directly impacted by research outcomes, such as people with an LD.</li> </ul>
<b>Levels of Power</b>		
<b>Low (1)</b>	<b>Medium (2)</b>	<b>High (3)</b>
Limited involvement with process and low levels of power to affect change.	Direct involvement and capacity to affect local change.	Direct involvement in decision making, high levels of power to affect national change.
<b>Levels of Engagement</b>		
<b>Low (1)</b>	<b>Medium (2)</b>	<b>High (3)</b>
Agrees to receive significant information only such as invitations to events and publications.	Would like to receive regular updates through blog links/newsletters.	Would like to receive regular updates and share/disseminate information via own channels.
<b>Levels of Priority</b>		
<b>Low (3)</b>	<b>Medium (4-6)</b>	<b>High (7-9)</b>

**FIGURE 4** The Making Positive Moves engagement profile framework. [Color figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

**TABLE 2** Overview of stakeholders' preferences of engagement.

Questions for information gathering	Breakout room conversation starters
(1) Where would you most like to read about the findings from making positive moves?	(1) How will the findings of this research be relevant/important to you and your work and life?
(2) Why are you interested in the making positive moves research?	(2) What are your ideas about where, who with and how we should be sharing our findings?
(3) What is your connection to the making positive moves research?	(3) What have we spoken about today that has stood out for you?

**FIGURE 5** Stakeholder Wheel for the Making Positive Moves research project. [Color figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com/doi/10.1111/abd.12591)]

## 2.6 | Stakeholder mapping for dissemination and impact planning

The final stage of stakeholder mapping was to create a visual representation of the data collected within the database and engagement profiles of each stakeholder. For this, we constructed the *Stakeholder Wheel*, a circular model depicting levels of priority based on proximity to the central project, which would help to set the research in motion and propel the findings in practice and policy (See Figure 5). The wheel is divided into the 10 categories identified within the hub and spoke model, with three concentric circles showing those with high, medium, and low levels of priority. Each stakeholder was then plotted onto the wheel following confirmation of their final score of priority, providing an illustration of the spread of stakeholders across all categories.

For the purposes of this project, we used the support of the visual platform Miro (<https://www.miro.com>) to create the figures as displayed within this paper and used within the MPM project.

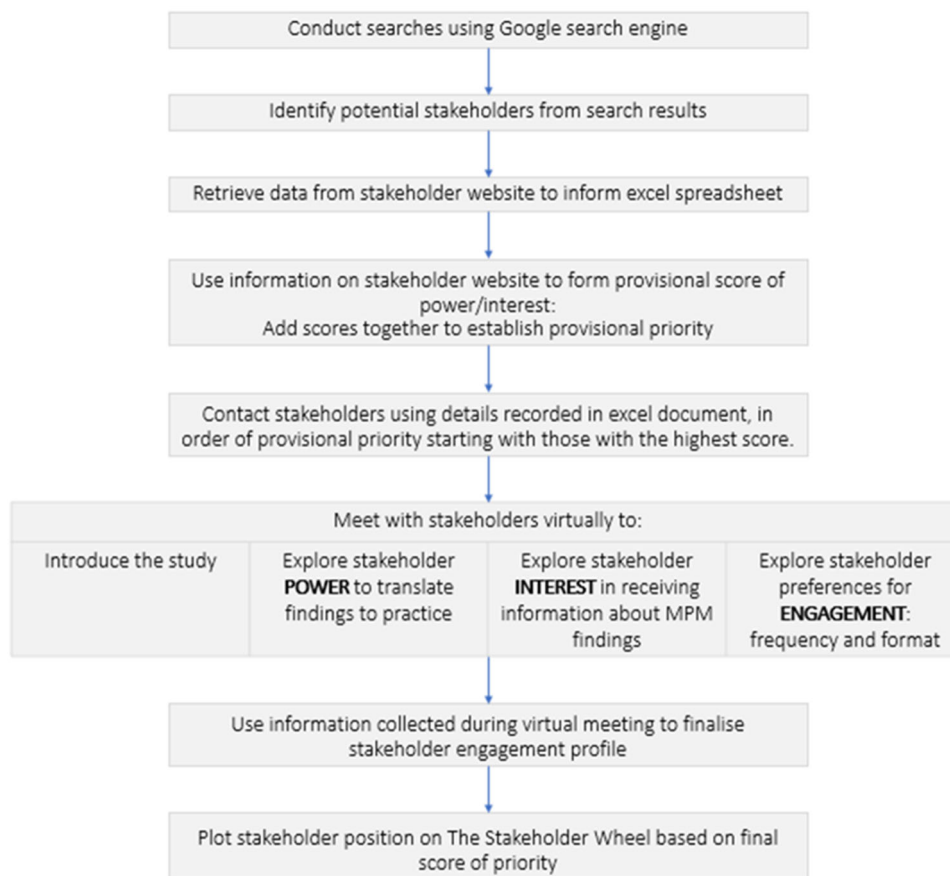
## 3 | THE APPROACH IN ACTION

In this section, we describe how our approach was applied within the context of the MPM study to support dissemination and increase the impact of the MPM findings in real-life clinical and community settings. We delineate the step-by-step process (see Figure 6) and outline the distinct advantages gained by following the process described in the previous section.

During the early phases of stakeholder identification, a stakeholder event was conducted to initiate interest and build rapport with identified



## Our Approach in Action



**FIGURE 6** Flowchart presentation of Our Approach in Action. [Color figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

stakeholders. Additionally, the event explored stakeholders' connections with the study and preferences regarding engagement, to inform future dissemination activity. All stakeholders with pre-existing connections to the study, such as colleagues and family members of research participants and the EECG, as well as those identified before the stakeholder event, were invited to the event via email. We directly invited 111 stakeholders in addition to circulating the invitation within whole teams or networks where appropriate. Of the 60 stakeholders who attended, the majority were healthcare professionals. Other stakeholders' primary roles consisted of researchers; person with a learning disability; family/unpaid carer of a person with a learning disability; representatives from third sector organisations; and commissioners.

This event allowed us to quickly collect information regarding the preferred formats of information dissemination across a range of stakeholder categories, with the top-scoring dissemination options being Easy-read summaries, MPM website, Videos/Animation and Top tip documents (see Table 3).

Following this event, stakeholders were contacted individually in order of provisional priority and invited to a one-to-one virtual

**TABLE 3** Stakeholders' preferred dissemination method.

Dissemination method	N of votes
Easy-read summaries	15
MPM website and blog	14
Videos or animations	10
Top tips documents	10
Academic paper	8
Social media	6
PowerPoint training slides	5
Online conference	5
Webinar	5
Case-study examples	4
Online workshops	4
In person conferences	4
In person workshops	2

meeting. The meeting offered an opportunity to introduce the study and collect information to finalise engagement profiles and inform the dissemination strategy of the MPM findings.

Information gathered indicated that those with the highest provisional score of *priority* were organisations with a national profile that work directly to support people with learning disabilities. This was due to the combination of their high provisional scores of *power* and *interest* based on their relatively large reach when compared with smaller, local organisations or those supporting a larger population, such as nonspecific disability support groups.

Response rates across stakeholder categories were variable. The sector with the highest response rate was user-led thirdsector organisations. The following example will briefly present engagement with one of those organisations, namely Learning Disability England (LDE), who has a large membership of people with learning disabilities, as well as their families, carers and professionals in a supporting role. Due to the direct relevance of MPM's research findings to LDE's members, a maximum score of '3' was awarded for levels of *interest*. Similarly, as they demonstrated an ability to affect change on a national scale, they received a score of '3' in the domain of *power*. In discussions regarding engagement, they offered to disseminate the MPM research findings via webinars and written information displayed on their website, as a result, they were given a score of '3' for *engagement*, resulting in a total *priority* score of '9'.

In contrast, one of the categories with the lowest response rates was care providers. Nevertheless, we secured a meeting with Choice Care, a provider who specialises in residential and supported living care provisions for people with learning disabilities and associated complex needs. Similar to LDE, Choice Care received maximum scores in all areas of the engagement profile, resulting in a total *priority* score of '9'. Through meeting with Choice Care, a partnership was established, for consulting on the development of dissemination resources including a training package that would form the basis of freely available online training tools to be distributed nationally within their organisation. Once developed, these resources could be distributed to other care providers with the potential to optimise the impact of the MPM research findings due to already being translated to a format that supports implementation to practice.

## 4 | DISCUSSION

This approach provides a clear framework for the identification, engagement and mapping of stakeholders specific to the field of learning disabilities research. The benefits of such an approach have been long recognised by research detailing the significance of the research-to-practice gap (UNAIDS/AIDS Vaccine Advocacy Coalition [2011]; Krebbekx et al. [2012]; Concannon et al., 2012) specifically within the field of healthcare (Hyder et al., 2010). The application of this model could therefore support the reduction in health inequalities, through the active engagement of stakeholders to increase the impact of research findings (Esmail et al., 2015).

To ensure maximum impact for the MPM research, we were mindful to include representation from all sectors that may have an interest in the findings. This provided a more diverse network of stakeholders and allowed us to produce a comprehensive model for dissemination in the field of learning disabilities, with the aim to reduce experiences of health inequalities. As such, the inclusion of people with learning disabilities was deemed crucial throughout all stages of the research, including dissemination planning. This is supported by existing research that has acknowledged the importance of including consumers as stakeholders (Boote et al., 2002). As well as possessing useful insight into the applications of research, consumers are credited for their ability to provide links to underrepresented populations and harder-to-reach individuals; this is an under-utilised resource within dissemination. Additionally, using collective and participatory approaches may amplify the voices of marginalised groups, empower people with learning disabilities and support the identification of forums for people with learning disabilities without an online presence or small-scale organisations (Gates & Head, 2019; Holt et al., 2019; Roberts et al., 2012).

Although this model has been designed with a specific study in mind, we are confident that it would be possible to replicate effectively for the use of both larger and smaller-scale projects with some minor alterations. For example, by customising search terms and locations it would be possible to create broader or narrower search criteria, as well as tailor the breadth of geographical location to either a more local or global scale. Furthermore, for smaller projects or those contained within a smaller geographical location, initial one-to-one consultations may not be necessary when the lead researchers have prior connections with key stakeholders, allowing engagement profiles to be completed based on researchers' knowledge and established relationships. Although this could be considered a limitation, it would significantly reduce the commitment of time and resources required by more in-depth mapping, whilst still providing a visual representation of stakeholders to inform equal representation.

As there is a lack of relevant frameworks tailored to mental health and psychology, this can be helpful for other projects within the NHS and third sector. To reduce the research-to-practice gap by ensuring that research is informed by not only academics but also those working in or accessing services (D'Cruz & Gillingham, 2005; Krebbekx et al., 2012), The Stakeholder Wheel employs an approach that can support the identification of potential stakeholders at earlier stages of research planning. Additionally, this approach enables timely conversations to ensure suitable communication style and content for each point of contact, ensuring the knowledge gained from research is accessible to all stakeholders to promote the adoption of learning. By following this approach, learning disability research groups and independent researchers in the field can inform their dissemination plans to increase the impact of their work, subsequently reducing health inequalities.

## 4.1 | Limitations

We faced challenges during both stages of identifying and analysing stakeholder categories. Whilst collecting information from internet searches, we experienced some challenges around the classification of individuals into one stakeholder category (Schiller et al., 2013), for example, some academics may also hold a dual identity of being family members of people with learning disabilities. This posed a challenge as the map does not provide the opportunity to represent this cross-over of roles and intersectionality. Following discussions with the research team and individual consultation where possible, we categorised individuals who fall under more than one category based on their primary role and/or the initial category they were identified under. As such, steps are being taken to minimise the impact of this predictable limitation; however, it could not be entirely negated.

Additionally, due to constraints of time and resources, we were unable to individually contact all stakeholders initially identified as low priority based on initial scoring. This limited not only communications but also the opportunity to engage in the analysis of all potentially high-priority stakeholders. This was a predictable challenge, highlighted by Bourne and Weaver (2010) who claim that this is always the case, not only due to constraints of time but also restrictions of trying to represent such rich and complex data on a comparatively simple model.

Lastly, although this is a useful and accessible approach to connect with stakeholders in the learning disabilities field, it has not been evaluated. Therefore, we do not yet have evidence of the real-life impact of this approach in association with a reduction of people in hospitals or an improvement in the overall quality of life of people with learning disabilities.

## 4.2 | Recommendations

During the development of this approach, it became evident that there was no existing framework for stakeholder identification and mapping within the field of learning disability research. Research evidencing the ever-growing research-to-practice gap (Grimshaw et al., 2012) and its effects exacerbating the prevalence of health inequalities (D'Cruz & Gillingham, 2005) demonstrates a clear need to strengthen dissemination strategies. Consequently, it is recommended that a structured approach be employed to inform the dissemination of research.

Despite past research exploring both the challenges of effective knowledge translation (Green, 2008) and recommendations to overcome them (Krebbekx et al. (2012); UNAIDS/AIDS Vaccine Advocacy Coalition (2011)), there are no existing approaches to do this. Due to existing models using an approach for stakeholder mapping that begins with existing stakeholders as the starting point for the mapping process (Barquet et al., 2022; Bourne & Weaver, 2010; Hutt, 2010), the potential impact of research is limited (Mitchell et al., 1997). Therefore, it is recommended that including

a broader mapping approach, either exclusively or in combination with previous approaches, would be beneficial in reducing the research-to-practice gap.

Additionally, both past research (D'Cruz & Gillingham, 2005; Krebbekx et al. [2012]; UNAIDS/AIDS Vaccine Advocacy Coalition [2011]) and consultation with stakeholders and the EECG highlighted the benefits of collaboration through all stages of research design and dissemination planning. As such we recommend early adoption of stakeholder identification and mapping within research projects to enable coproduction. This has the potential to optimise the relevance of research through collaboration with organisations influential in policy, we can gain awareness of policy initiatives throughout the life of the project and ensure research remains relevant. Additionally, through consultation and co-creation, dissemination resources can be tailored to specific stakeholder audiences to maximise the accessibility of knowledge and support knowledge translation into practice to reduce health inequalities.

Finally, the replication of the framework in other learning disability research projects could positively impact the way up-to-date evidence is disseminated across disciplines and applied in clinical practice to enhance the quality of care and reduce health inequalities for people with learning disabilities. Nevertheless, it is recognised that further research to evaluate the effectiveness of the framework in the long-term impact of research translation and its ability to support the reduction of health inequalities both locally and nationally is needed.

## 5 | FINAL REFLECTIONS

The development of a stakeholder mapping framework has increased our dissemination reach and allowed us to tailor our outputs from the research to different audiences. In doing this work, we expect the research to have a much greater impact and contribution to the reduction of health inequalities, than if we had simply shared the findings in different forums. This strategic approach to stakeholder mapping and targeted dissemination of research findings is generalisable to all forms of research and as such could support with the reduction in health inequalities by extending the reach and impact of research findings. In conclusion, the implementation of our framework could potentially inform the dissemination activities in other mental health research fields contributing to a reduction in health and social inequalities.

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## CONFLICT OF INTEREST STATEMENT

The author declare no conflict of interest.

## DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no data sets were generated or analysed during the current study.

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