

Independent 3-month evaluation of the new Kent & Medway Multi-Agency Risk Assessment (MARAC) Hub Model

Summary

This entry presents the independent 3 month evaluation of the newly implemented Kent & Medway MARAC Hub model. The evaluation was commissioned to understand whether the redesigned multi agency framework had begun to improve risk management, information sharing and coordinated safeguarding for high risk domestic abuse cases. The project addressed two core questions: what enabled successful implementation, and what barriers were limiting the effectiveness of the new model.

The research used multiple data sources including interviews, focus groups, surveys, meeting observations, referral audits and analysis of the new Case Management System (CMS). A total of 43 professionals participated in qualitative sessions, 92 professionals completed the survey, and several MARAC meetings were observed to examine practice in context. CMS analytics, referral data and case reviews provided insight into emerging operational patterns.

The evaluation generated a robust understanding of successes such as improved partnership working, strengthened information sharing, and early benefits of digital transformation. It also produced practical recommendations related to licensing, training, role clarity, referral quality, action planning, and meeting structure. Findings have already informed adjustments to MARAC processes, and the report will guide the upcoming 12 month review.

The work demonstrates how local research can support system learning, strengthen accountability and improve safeguarding outcomes.

Methodology

The evaluation followed a mixed methods design incorporating qualitative, quantitative and documentary sources. Between July and August 2025, the researcher conducted five in depth interviews and eight focus groups with 38 representatives from key agencies including police, social care, domestic abuse services, housing, probation, substance use services and health. Sessions were recorded (with consent) to ensure accuracy.

A countywide survey was distributed to 1,042 MARAC involved professionals, receiving 92 responses. Survey questions explored understanding of the model, experiences of referrals, application of the CMS, challenges with action planning, and perceptions of meeting effectiveness.

Two MARAC meetings were observed, and the research team reviewed 14 declined referrals and six randomly selected cases. This enabled triangulation of referral quality, decision making and alignment with the Operating Protocol. CMS analytics were examined to assess patterns in research timeliness, action setting, action completion and licence usage.

Finally, documentary analysis included the Operating Protocol, process maps, CMS guidance, domestic homicide review recommendations and previous MARAC reviews (Kent Police 2020; Kent Analytics 2021/22). All qualitative data were analysed using MAXQDA Tailwind to identify themes and quantify their frequency. This combination of methods ensured a comprehensive and balanced understanding of early implementation.

Wow factor

The evaluation revealed that although the new MARAC model strengthened information sharing and early safety planning, fewer than half of all actions across agencies were being completed. This finding has prompted immediate operational change and is already reshaping how accountability is structured within the multi agency partnership.

Synopsis

The new Kent & Medway MARAC Hub model was introduced in April 2025 following recommendations from domestic homicide reviews, a Kent Police review, and the 2023 Domestic Abuse Needs Assessment. Historically, MARAC processes had been constrained by inconsistent information sharing, varying local practices, limited action tracking, and lack of multi agency accountability. The redesigned model, supported by a new Case Management System (CMS), aimed to improve risk management, modernise processes and strengthen agency collaboration.

This evaluation examined the model during its first three months of implementation. Findings demonstrate clear progress. Partnership working was consistently highlighted as a success, with agencies recognising stronger engagement in Steering Groups and routine collaboration. The new online referral portal improved security and clarity, and CMS access enabled faster sharing of research, reducing reliance on meetings for updates. Early evidence suggests that some agencies were beginning to use the CMS to drive timely actions and improve communication.

However, the research also surfaced significant barriers limiting the effectiveness of the model. The most frequently cited challenge was insufficient CMS licences, resulting in operational strain, inconsistent access to information and limited capacity to contribute research or actions. Many agencies reported difficulties meeting the five day research window due to licence restrictions and workload pressures. Referral quality was variable, with missing or incomplete information, inconsistent application of risk criteria and confusion around minimum thresholds for acceptance.

Action planning presented further difficulties. Only around half of actions recorded in the CMS were completed within the period examined. Inconsistent understanding of action planning, lack of clarity around roles, and delays in action approval contributed to this. Meeting observations showed that MARAC meetings were often lengthy, with practitioners experiencing fatigue that impacted the quality of discussion. The meeting format was not always being used as intended, partly because the earlier stages of the process (research and action planning) were not consistently functioning.

The evaluation generated a comprehensive set of recommendations. These include increasing licence availability, providing targeted training, simplifying referral forms, strengthening quality assurance, clarifying expectations around research updates, and restructuring meeting frequency and format. Recommendations also focus on improving documentation, enhancing CMS functionality (including search features and notification settings) and reinforcing the role of the MARAC Hub in monitoring performance and supporting consistency.

The evaluation has had immediate impact. Feedback has informed revisions to communication, training and referral guidance. CMS functionality is under review, and agencies have been supported to embed MARAC processes into routine workflows. The 12 month review will assess progress and deeper outcomes.

The project demonstrates excellence in local area research. It adopts a balanced and rigorous methodology, delivers evidence that is already shaping operational practice and enhances the safety of high risk victims through better system design. The work aligns directly with the LARIA criteria relating to research impact, citizen safety, partnership working, innovation and evidence based decision making.

What should LARIA members learn from your award entry?

LARIA members can learn how a mixed methods, multi agency evaluation can drive real time system reform. This project shows the value of combining administrative data, qualitative evidence, meeting observations and case reviews to understand how new models function in practice. It also demonstrates the importance of examining the whole system rather than focusing on single stages of the process.

The evaluation reveals that digital tools alone cannot transform safeguarding. Impact depends on clarity of roles, shared understanding of thresholds, training and strong communication. It illustrates how governance structures must align with operational processes, and how performance data can be used not merely to monitor but also to support reflective practice.

Another key lesson is that partnership improvement requires realistic expectations of capacity. Adequate access to systems (such as licences), preparation time and manageable meeting structures are fundamental. The findings show how workforce pressures can undermine even the best designed systems unless these supports are in place.

Finally, the project highlights the importance of capturing early implementation learning rather than delaying evaluation until systems are fully embedded. Early insight enables corrective action, prevents entrenchment of ineffective practices and builds trust across agencies.