

LSCP Multiagency Guidance: Cross-jurisdictional working in England

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Part 1: a quick guide to cross-jurisdictional working

1.1 Introduction

Child Safeguarding Practice Reviews repeatedly highlight that difficulties in navigating cross-jurisdictional working can leave children at increased risk of harm, so it is important for *everyone* involved in safeguarding children to know how to navigate cross-jurisdictional working so we can hold ourselves and others to account.

This guidance inevitably will not cover every eventuality but aims to guide best practice and expectations. At all times the interests of the children involved must take precedence and all efforts should be made to avoid discussions around jurisdiction causing delays to supporting any children. The principles and statutory guidance found in [Working Together to Safeguard Children](#) should always be applied when involved with cross-jurisdictional working.

1.2 Terminology

For the purpose of this guidance, we use the terms: ‘*Home*’ to describe the area where the child is living in or moving from, ‘*Receiving*’ or ‘*host*’ to describe the area a child is moving to or placed in, and ‘*Secondary*’ to describe areas where children visit or access services. We use the term ‘child’ to refer to any individual under the age of 18, for whom safeguarding responsibilities apply within this guidance.

1.3 Cross-jurisdictional working defined

Cross-jurisdictional working is the term for when agencies across different jurisdictions are involved in safeguarding a child who has moved to or between those jurisdictions. It describes the situation where responsibility is split, shared or transferred across jurisdictions.

A jurisdiction is essentially the boundaries within which an agency works. They might be geographical (the catchment area where they work), legal (statutory powers or duties imposed by government) or organisational (self-defined limits for what they do and how they do it). Most of the time, agency jurisdiction is made up of *all* these elements.

1.4 The ways which children can move across jurisdictions

Children can move between jurisdictions in different ways:

- **Permanent moves:** when a child moves permanently to a new area (e.g., moving house or being adopted into a new family).
- **Temporary moves:** when a child moves to a new area for a short time (e.g., fleeing domestic abuse or a move to a B&B during repairs).
- **Placements:** when a decision is made to place a child in another area (e.g., with a new foster carer or for long-term hospital care).
- **Co-Location:** when a child lives/moves between, or accesses services in, different areas (e.g., living between 2 parents, going to school in another area, being trafficked to another area).

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In other words, cross-jurisdictional working happens not just when children move permanently from one place to another. These moves can also happen across different geographical boundaries at different levels, which we categorise as:

- **Local:** a move from one defined local authority or catchment area in London to another.
- **National:** a move from one defined local authority or catchment area in England to another.
- **International:** a move outside of the English Legal system (we include other UK Countries in this category).

To successfully navigate cross-jurisdictional working, it is important that each involved agency is aware that both the *type* of move and *level* of move need to be considered within safeguarding responses.

1.5 Key considerations by type of move

Please refer to Part 2 for more detail about the different considerations based on which agency you work for (because different rules will apply), but a good starting point is to think about what type of action might be needed depending on the type of move.

For permanent moves:

- What services need to be transferred?
- Are any new services needed because of the move?
- What notifications and alerts need to be sent?
- How is support being provided during any transition period?
- Is there a contingency plan if services are not available?

For temporary moves & placements:

- Which services are being transferred / remaining local?
- Are any new services needed because of the move?
- What notifications and alerts need to be sent?
- How is the multiagency network being coordinated?
- Is there a contingency plan if services are not available?

For co-located children:

- Which local authority area is responsible?
- Which area has responsibility for other involved services?
- Do all involved agencies know where to send notifications?
- How is the multiagency network being coordinated?
- Is there a clearly defined lead professional?

In relation to the level of move, international moves have completely different considerations to local and national moves. These are not covered by this guidance, but you can read more about children who move abroad on the [CFAB website](#).

1.6 The challenges of cross-jurisdictional working

Safeguarding is everyone's responsibility and relies on multiagency working, this means that cross-jurisdictional working doesn't just mean work between Children's Social Care in different areas but lots of other services (like education, health and policing). Different rules apply depending on the agency involved, where the child is and how long they are in the area for. This makes things very complicated.

Some common challenges include:

- **Legal complexity** – there are often different safeguarding frameworks, policies, procedures and processes across jurisdictions which need to be understood and applied.
- **Case responsibility** - it might be unclear which jurisdiction should be responsible for safeguarding and supporting the child, leading to delays or gaps in support.
- **Thresholds & eligibility** – there might be different thresholds to receive statutory services in different jurisdictions, or different eligibility criteria for non-statutory services.
- **Local resources** – some jurisdictions might provide services for which there is no equivalent in another jurisdictions. Sometimes there might be long waiting lists to access services.
- **Fragmented systems** – there is no universal and shared recording system for safeguarding partners, and individual agencies often have their own systems. This means there is no easy way to find out information about a child without knowing who to ask and can lead to gaps in information.
- **Incomplete records** – even if information is requested, a failure to respond or receipt of incomplete paperwork can also contribute to gaps in information.
- **Different terminology** – terminology, documentation styles and communication norms can all vary across jurisdictions making it difficult to make sense of information.
- **Not knowing who to contact** – it can be hard to understand who needs to be contacted and how to contact them to enhance multiagency working.

On top of the challenges presented by trying to work with different agencies across different jurisdictions, safeguarding these children can be made more difficult by the fact their support networks are often disrupted, leaving them vulnerable to isolation and grooming. Some families also move children to avoid detection, this can lead to situations where children become '*unseen*', e.g. not registered with a GP or school and no agencies are aware of the child. You can read more about the risks associated with families who move in the [National Safeguarding Practice Review into the death of Victoria Marten](#).

In summary, safeguarding across jurisdictions is complex on many levels and can lead to inconsistent and fragmented responses. It is important to be aware of these dangers and take action to mitigate them.

1.7 Top tips and key considerations to navigate cross-jurisdictional working

Depending on which agency you work for, there will be different things you need to consider. We've broken these down by service area in Part 2. Even if you don't work for the agency, it's good to know what everyone should be doing so that you can hold other multiagency practitioners to account.

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Regardless of which agency you work for, these do's and don'ts will help mitigate the risks associated with cross-jurisdictional working:

✔ Do	✘ Don't
✔ Be clear about <i>all</i> the child/family needs and the specific services they should be accessing (including universal services).	✘ Assume that these needs are being met or picked up by other services who have jurisdictional responsibility.
✔ Ensure there is a single whole-child plan that lists all involved services and whether they are in the home area, receiving area, secondary area or not yet in place.	✘ Don't let services sit in different plans or systems without one clear overview of who is doing what, and where (and where the gaps are).
✔ Keep clear contact information about each involved agency, if services are not yet in place include the contact for who is responsible for the transfer <i>or</i> note which area should be responsible.	✘ Leave responsibility unclear if services are not yet in place.
✔ Confirm if involved agencies are keeping jurisdiction or transferring to a counterpart.	✘ Assume that agencies have jurisdiction or will automatically refer or transfer to counterparts outside of the area.
✔ Where relevant, ensure that each involved agency has a plan in place to transfer to their counterpart and will maintain responsibility until services are in place.	✘ Assume that this is the responsibility of the lead professional or that they will know what the process for referring or transferring services is.
✔ Continue to provide services until transfer and receipt of services in a new area is confirmed (especially when there is statutory responsibility).	✘ Assume that having sent a referral means that the child/family is eligible and has been accepted for services and that the need is met.
✔ Have a contingency plan if the transfer or referral-in is not accepted or services are not available in receiving areas.	✘ Accept that just because an exact equivalent isn't available in receiving areas that no other support can be offered.
✔ Make sure that each involved agency has sent any required notifications or alerts to the correct local authority area, regardless of whether they are keeping jurisdiction or transferring.	✘ Assume that notifications and alerts are not needed if jurisdiction is maintained, some responsibilities lie with the child's home local authority even if other areas are involved.
✔ Ensure that notifications about children missing education are sent to the local authority where they live.	✘ Assume that local authorities are aware they have a child missing education in their area.
✔ Ensure that notifications about children who are electively home educated are sent to the local authority where they live.	✘ Assume that local authorities are aware they have an electively home educated child in their area.

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✔ Do	✘ Don't
✔ Ensure that notifications about children at risk of extra-familial harm are sent to the MACE local authority area where they live or are placed.	✘ Assume that local authorities are aware they have a child at risk of extra-familial harm in their area.
✔ Follow up on notifications and alerts to check these have been received and are being acted upon.	✘ Close without checking that necessary action has been taken and the notification has been sent to the right place.
✔ Make sure there is a named lead professional who can coordinate involved services across different areas. Record their name, role, contact details, and escalation route in every agency's record.	✘ Allow responsibility to be shared so widely that no-one is clearly leading on and coordinating support across areas.
✔ Update the lead professional if there are any barriers, delays or challenges to accessing the required service in another area.	✘ Wait for services to resolve access issues independently or assume the lead professional already knows about delays or challenges.
✔ Ensure active information-sharing across areas until everything is stable and joined up.	✘ Assume that all services are talking to their counterparts or each other, and that new information or concerns are widely known and being acted upon.
✔ Support children and families to register with GPs in a new area.	✘ Assume that they will do this or that their home GP will even know that they've moved.
✔ Support children and families to register with schools in a new area.	✘ Assume they know about local school admission processes or how to access education.
✔ Escalate any challenges via the dispute resolution and escalation policy in the area which has local authority responsibility for the child.	✘ Just assume that because it is a different area that nothing can be done if there are disputes or disagreements.
✔ Ensure records are accurate and up-to-date at all times.	✘ Wait to do it later. You never know when another area or service will need information to make decisions.
✔ Keep case summaries and chronologies on file, ideally multiagency. Make sure all agencies have a genogram and, wherever possible, an eco-map on file.	✘ Assume that a single agency chronology is available or has all the key history and information. Assume that all agencies know about family and peer relationships and can transfer this information to counterparts on request.
✔ Ensure prompt transfer of paperwork and response to information requests.	✘ Delay because it doesn't seem urgent or as risky based on what you're used to.

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☑ Do	☒ Don't
<p>✓ Ask children and families about where they have lived in the past and actively seek out background information from these areas.</p>	<p>✗ Assume that other services and areas know where children have moved to in order to share information and request transfers.</p>
<p>✓ Always check the local safeguarding children partnership or local council websites to find out more information about local safeguarding delivery. If unsure, call and ask.</p>	<p>✗ Assume that thresholds, processes and procedures are the same in different areas.</p>

[Part 2 of this guidance](#) breaks down additional factors and considerations depending on the type of agency or service involved with supporting the child. [Appendix A](#) provides a flowchart for all multi-agency practitioners to follow when a child is moving to a new area.

Part 2: explanatory notes and considerations by agency

Different agencies involved in safeguarding have different rules and key considerations when working across borders. These explanatory notes provide more detail about the different responsibilities for agencies involved in cross-jurisdictional working.

2.1 Local authority services

Local authorities in England are legally responsible for providing certain services to people who live in their area. Services include Children's Social Care, Early Help, Education, SEND, Youth Justice and Housing.

Each council's area is clearly defined on a map and entitles people living in that area to access local authority services. You can find out which local authority is responsible for a child using this [postcode search](#), but please note when it comes to safeguarding children the local authority area where they live will not always be responsible for safeguarding because:

- Immediate safeguarding will be the responsibility of the area where the child is 'found' (i.e. where they are when the concern is identified).
- For children who are looked after, the local authority to whom the court order or agreement is made out maintains overarching safeguarding responsibility.

More detail about local authority jurisdiction for safeguarding children is explained below depending on the nature and level of need.

a) Child in Need & Child Protection

Under the Children Act 1989, all local authorities in England must safeguard and promote the welfare of children who are in need (S17) and at risk of harm (S47) within their area. This means wherever a child is living or found they are entitled to safeguarding from Children's Social Care (CSC). However, *how* they are safeguarded will vary depending on the local authority area.

There are 152 CSC Areas in England who set their own Policy, Procedure and Practice Standards to determine how CSC is delivered in their area. This can result in lots of difference across different CSC areas, e.g.:

- Different thresholds (i.e. the point at which concerns are serious enough to trigger intervention). Lambeth uses the [Pan-London thresholds](#).
- Different transfer-in protocols (i.e. the process that needs to be followed to transfer into the area). Lambeth follows [Pan-London procedures](#), and a transfer-in request can be made using the [online multi-agency referral form](#) and attaching all required documentation.
- Different referral processes (i.e. the process that needs to be followed to report a concern and request intervention). Lambeth uses the [online multi-agency referral form](#) or via phone (0207 926 3100 / 0207 926 5555 out of hours).

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- Different assessment frameworks (i.e. the tools and practice models social workers use to assess level of need). Lambeth uses the Child & Family Assessment and Signs of Safety Practice Model.
- Different standards for frequency of visits and reviews (i.e. how often a child needs to be seen and how often plans need to be reviewed). Please see [Lambeth Practice Standards](#).
- Different models of delivery and commissioning (i.e. how they are structured and whether they buy-in services).
- Different recording systems (i.e. how they document and record information). Lambeth uses Mosaic.

Some CSC areas might have agreement with neighbouring areas to try and provide consistency. This is the case in London, with all 32 London Boroughs using the [Pan-London Procedures & Threshold Document](#) to determine thresholds for service and consistency, although processes and standards continue to be set individually by CSC area. You should always check the local safeguarding children partnership and council websites to find out which local rules apply.

Despite all this difference, there are some things which are consistent across all CSC areas in terms of responsibility:

- Immediate safeguarding responsibility is in the area where a child is found, i.e. where they are when the concern arises.
- Strategy Meetings should always be convened by the local authority where a child has suffered or likely to suffer harm. If this is not their home local authority, the home local authority should be informed and involved, case responsibility will normally be transferred at the Strategy Meeting.
- Long-term responsibility for Child in Need & Child Protection Plans lies with the area where the child normally lives. If a child moves to a new area, the case should be transferred to the receiving local authority. Other involved agencies are responsible for notifying and transferring to their counterparts in the receiving area.
- Notifications must be sent to the receiving local authority to alert them that the child is in their area without delay (as transfer paperwork can take time, it is important to send these alerts quickly).
- Home local authorities maintain case responsibility until the point that the receiving local authority has formally accepted the case.

Things to consider in practice include:

- There is no fixed national time-based rule that defines at which point a temporary move requires a transfer. In London, generally cases will only be transferred if the move will last for more than 4 weeks. Temporary moves like holidays or respite breaks would not normally necessitate a transfer. You should check local procedure and protocol to determine the rules in a receiving area.
- Safeguarding responsibility should transfer even if other local authority services, like housing, continue in the home local authority (e.g. Lambeth Housing might pay for temporary accommodation out of area, but safeguarding responsibility needs to transfer to the receiving area).

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- The receiving local authority might accept a case but undertake their own assessment to determine whether to intervene (i.e. they might complete an assessment and conclude the child is not a Child in Need within their area).
- If the receiving local authority does not formally accept the case, the home local authority will need to consider whether it is safe to end involvement. The local safeguarding children partnership of the receiving authority will have a dispute resolution or escalation policy which should be used to resolve disagreements. In Lambeth, [the Multi-Agency Escalation Policy is available on the LSCP website](#).
- If a child lives between two areas (e.g. between 2 parents), the area where they live most of the time is responsible although it is important that the secondary area knows the child spends time there and that there is joined up working.
- If a child protection enquiry or S17 Assessment has started and a child moves, the home local authority normally completes the assessment to determine whether S17 or S47 services should be provided then requests the receiving local authority to deliver these.
- If the home local authority has initiated care proceedings, it is for the court to determine which local authority area is responsible.

You should always check the local safeguarding children partnership and council websites to find out which local rules apply. In Lambeth, these are:

- [Lambeth Safeguarding Children Partnership website](#)
- [Lambeth Council website](#)

b) Children looked after

Children who are looked after by court order or S20 agreement remain the responsibility of the home local authority (i.e. the local authority to whom the court order or agreement is made out) regardless of where the child lives in the UK. Responsibilities include corporate parenting, care planning and funding.

The home local authority must notify the host local authority that the child is placed in their area. This includes responsibility to notify:

- The host local authority children's social care
- The host local authority education services (including Virtual School & SEND where applicable)
- The host health provider's designated nurse for children looked after.

The host local authority is responsible for any immediate safeguarding action, although the home local authority is responsible for convening the strategy meeting. The host local authority must attend and contribute to support local service coordination.

c) Early Help

Working Together to Safeguard Children states that local authorities *must* have arrangements in place to provide early help, which includes identification of emerging needs and providing timely and coordinated support. However, it does not prescribe which authority is responsible for Early Help when children move across or between areas. Normally, responsibility lies with

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the area where the child is living but in complex cases it is up to local authorities to negotiate and agree who holds case responsibility. E.g.

- For permanent moves, Early Help services would normally be transferred.
- For temporary moves or placements, Early Help services would negotiate who is best placed to provide support based on the needs of the child.
- For co-located children, Early Help services should be provided in the area where the child lives most of the time *but* there must be multiagency working across jurisdictions via Team Around the Family.

Early Help local delivery models, policies and protocols vary widely, e.g.: services may be delivered by the Council, commissioned services or by a hybrid model; there will be different thresholds and referral routes; there will be different rules about how long support can be provided; there will be different step-up and step-down procedures, etc. This means that children and families who are transferring between Early Help services may not receive the same type of support. In Lambeth, [early help is everyone's responsibility](#) which means early help might be provided at a community or targeted level depending on the needs of the child.

When children who are open to Early Help move across or between jurisdictions, the responsible practitioner should:

- To transfer a child to another Early Help area, check the local safeguarding children partnership and council websites to find out how to do so.
- To clarify which Early Help area should be responsible, arrange a case consultation between involved areas to agree who is best placed to support a child.
- When providing Early Help to a child who lives out of your area, seek consent to notify the home local authority of your involvement.

d) Extra-familial harm

Children who are at risk outside the home, including risk of child criminal and sexual exploitation or youth violence, are very likely to be moving across or between areas and require cross-jurisdictional working. E.g.: they can be trafficked across the UK, they may go missing and be found in other areas, or they may have to move because they are at risk of violence. Children at risk outside the home often require coordination across multiple local authority, police and health jurisdictions, sometimes involving several children at the same time.

Most local authorities have Multi-Agency Child Exploitation (MACE) panels and procedures. [MACE arrangements in London](#) have been governed by a formal protocol since 2014. When a child at risk outside the home moves to a new area, the receiving MACE should be notified to consider whether operational oversight is needed to manage the extra-familial risk (this is separate to Children's Social Care responsibility). In Lambeth, notifications should be sent to MAVE@lambeth.gov.uk

There may also be a need for cross-jurisdictional working via complex strategy meetings. These meetings should be convened when there are geographic areas of concern or groups of children which required a joined-up approach (for example, children living in different local authority areas who have been arrested for the same reason or located in the same

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geographic area of concern). If you are working with a child impacted by these issues, you should contact your local contextual safeguarding service or MACE Panel to request that a complex strategy meeting be convened.

Things to consider in practice include:

- Where a move is initiated by practitioners, it must be underpinned by clear, evidence-based reasoning and a demonstrable belief that it is in the best interests of the child. Such decisions should only be made when all other avenues to support stability have been fully explored and exhausted. The rationale for the move must be robust, child-centred, and subject to careful scrutiny.
- In London, if a child moves from one London Council to another because of risk of extra-familial harm, the home local authority is responsible for child in need or child protection services for a period of 3 months.
- The home local authority must inform the receiving local authority Children's Social Care that the child is in their area, and other involved agencies must inform their counterparts in other areas.
- The home local authority must also notify the receiving local authority's MACE that the child is in their area, this provides an opportunity for multiagency coordination at a local level where the child is living. This should normally done by the home MACE, but if the child has not been referred to the home MACE then it is the responsibility of the social work team.
- Where you are aware of safeguarding concerns for a group of children or specific to a geographic area, you should request that your local MACE or Children's Social Care convenes a complex strategy meeting.

e) Alternative provision, children missing education & elective home education

Under the Education Act 1996, local authorities in England must ensure that free education is available for all children living in their area. This includes duties to:

- Make arrangements for suitable education (at school or otherwise) for children who because of illness, exclusion or otherwise cannot access education.
- Identify children missing education and take action to return these children to education.
- Establish the identities of children who are electively home educated, enquire about the suitability of that education and initiate a School Attendance Order where enquiries fail to establish a child is in receipt of suitable home education.

Although the Education Act 1996 sets clear legal responsibilities on local authorities, how they will do this depends on local policy and procedure. This can result in lots of difference across different local authority areas, e.g.:

- School admission processes will vary (local authorities set their own admission processes for maintained schools, whilst academies and free schools also have separate admission processes).
- Fair access protocols for ensuring children who need a school place are given one will vary.
- Alternative provision commissioning will vary (e.g. some will use a Local Authority Maintained Pupil Referral Unit whilst others might commission independent schools and specialist providers).

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You should always check the local council website for more information about local policy and protocol. In Lambeth, the point of contact regarding children who cannot access education, children who are missing education and children who are electively home educated is inclusion@lambeth.gov.uk

Things to consider in practice include:

- The local authority where a child lives must arrange alternative provision if they are permanently excluded (even if excluded from a school in another area) and the school must always notify the local authority where the child lives of a permanent exclusion.
- The local authority is reliant on other agencies to notify when children in their area are electively home educated (e.g. if a child who is electively home educated moves into their area and a GP becomes aware of this, the GP should notify the home local authority).
- The local authority is also reliant on other agencies to notify when children are missing education (e.g. if a child moves into an area without a school place and another agency becomes aware, they should notify the home local authority).

f) Education welfare services

Local authorities have a duty to initiate formal legal intervention when attendance concerns persist and voluntary support has not been effective (e.g. Attendance Prosecution). This is the responsibility of the local authority area where the **school** is based (i.e. not the local authority where the child lives).

In practice, this means that a Lambeth Child may have an Education Welfare Officer from another Council. It is important that cross-jurisdictional working involves secondary local authority areas for attendance concerns.

Local authorities decide how to run and manage education welfare services at a local level, so there is likely to be difference across areas (e.g. some will provide preventative support, others will only take enforcement action). You should always check the website of the local council where the school is based to find out how attendance concerns are managed.

g) SEND services

Under the Children & Families Act 2014 and SEND Code of Practice, local authority areas in England must provide a local SEND Offer which includes responsibility for identifying, assessing, planning and securing SEND provision for children and young people (age 0-25) living in their area. An Education Health Care Needs Assessment must be undertaken by the local authority if:

- The child has or may have SEND; and
- It may be necessary for special educational provision to be made out to the child.

Although this is a legal requirement, each local authority area will set its own policy and process as to how these duties are discharged. E.g. in one local authority area special educational provision may not be considered necessary because a mainstream school might allocate a lot of funding and resources to in-house SEND provision, but when a child moves to

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a new area this support may not be available meaning it is necessary for special educational provision to be made out to the child.

If the local authority agrees an Education Health & Care Plan (EHCP) they maintain responsibility for funding, reviewing and administering the plan as long as the child lives in their area. If the child moves to a new local authority area, the plan must be transferred, the home local authority must transfer the EHCP to the receiving local authority on the day of the move (unless the home local authority has not been provided with 15 working days notice of the move, in which case the home local authority must transfer the plan within 15 working days of being aware of the move).

Things to consider:

- If the child is placed out of area *solely* for education purposes (e.g. attending a specialist residential school *only* because it is necessary to meet their education health and care needs), the home local authority maintains responsibility for the child's EHCP.
- If a child moves out of area for safeguarding reasons, then the EHCP should be transferred to the receiving area.
- Where children in receipt of an EHCP moves out of area, involved practitioners must notify the home SEND Team to ensure they are aware and can initiate a transfer of the EHCP.
- Many local authorities appoint a Designated Social Care Officer (DSCO) within their SEND arrangements to work across social care and SEND teams to improve outcomes for children and young people with SEND. You should check the local council website to find out if a DSCO is available to support with any cross-jurisdictional issues. In Lambeth, you can contact the DSCO Natasha King NKing1@lambeth.gov.uk

2.2 Schools & education providers

Regardless of whether schools are maintained by a local authority or independently run, they have to follow Department for Education rules and regulations (including [Keeping Children Safe in Education](#)). *How* they do this will set by individual school policy and procedure (i.e. schools have their own safeguarding policies).

A child does not need to live in the local authority area where the school is based to enrol. Schools set their own admissions criteria, and this will normally (but not always) include a geographical catchment area. In practice, this means schools are often working with children who live in lots of different local authority areas and liaising with lots of different local authority CSC and Education services at any time.

Things to consider in practice:

- Schools must always ensure they are sending safeguarding notifications to the local authority where the child lives or to whom they are looked after.
- Schools must always be involved in multiagency safeguarding work, including meetings.
- If schools remove a child from their school roll, they must always notify the local authority area where the child lives.
- If a child moves so that they no longer live a reasonable distance from the school *and* the school does not believe the child will return to the school, they may remove the child from the school roll but should notify the receiving local authority area (e.g. if a child moves

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without securing a school place, the local authority that they have moved to should be notified).

- If schools permanently exclude a child, they must always notify the local authority area where the child lives.
- If schools receive a notification that a parent is electively home educating a child, they must always notify the local authority area where the child lives.
- Schools should confirm receipt of notifications by the child's home local authority to ensure that action has been instigated and follow the local multiagency escalation policy if not satisfied with the outcome. This is particularly important to mitigate the risks of children becoming unseen.

2.3 Health services

Integrated Care Boards (ICBs) plan and commission NHS services for the local population. At the time of writing, there are 42 ICBs in England, Lambeth is one of 6 local authorities within the South-East London ICB (alongside Bexley, Bromley, Greenwich, Lewisham & Southwark).

There are lots of different health services that can be provided to children, and different rules apply regarding responsibility for cross-jurisdictional working depending on the type of service being provided.

There is no single national database or no national protocol for transferring records or services between NHS Providers. The key roles and considerations for cross-jurisdictional working depend on the type of provider. It is therefore important that the NHS Number is used as a unique identifier when transferring and liaising with health and social care partners.

a) GP services

Anyone in England can register with a GP, although GPs will define their own catchment areas so only people living within a self-defined geographical boundary are able to register. Once registered, GPs are responsible for both primary care and safeguarding for all registered patients (which can include patients who have subsequently moved to a new area but have not yet registered with a new GP).

GPs set their own safeguarding policies and procedures, so these can differ between practices. However, they will often be guided or will agree to a policy or procedure that has been set by their locality. In Lambeth, most GPs have signed up to a local incentive scheme for safeguarding that outlines specific responsibilities with regards to training and procedures.

GPs have their own recording systems and cannot access patient records for anyone registered with another GP. This means that when children register at a new GP, records must be transferred. This can take time if GPs use different systems (e.g. from EMIS to SystmOne).

As a general rule, GPs cannot see patient records or safeguarding alerts held by other NHS services - like hospitals - and vice versa. There are some local variations (e.g. in Lambeth GPs can view limited local hospital records and vice versa), but normally GPs are reliant on other health providers to electronically send relevant paperwork.

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Whilst GPs run their own day-to-day services and policies, they operate within a wider system and some elements of what they do are locally determined by ICBs. Most ICBs appoint a 'Named GP' whose role is to promote and embed the safeguarding of children across the local system and within general practice, as outlined within the [NHS England Safeguarding Accountability and Assurance Framework 2024](#). All GP practices should additionally have a Practice Safeguarding Lead.

Things to consider in practice:

- Family members are not always registered with the same GP, GP registration should be checked individually for all family members by involved Children's Social Care practitioners.
- A home GP cannot transfer a child's case to another GP, the parent/carer has to do this by registering with a new GP. At this point the child's records will be transferred to the receiving GP and they will be administratively de-registered from the home GP.
- A home GP will only be able to transfer information about safeguarding concerns to the receiving GP if they have been made aware of these concerns. It is critical that GPs are routinely informed of safeguarding concerns as a child's GP record is often the most complete and continuous record of their health and wellbeing. Ensuring GPs have this information increases the likelihood of concerns being received in receiving areas when children regularly move.
- A home GP is unlikely to know a child has moved out of their jurisdiction unless the family or another professional tells them.
- A home GP can de-register a patient in some circumstances (e.g. moving outside of the catchment area or violent or abusive behaviour) even if they have no receiving GP, this is up to the individual GP. In Lambeth, the [Special Allocation Service for South East London](#) provides medical primary care services to people who have been removed from their mainstream GP Practice list. The service seeks to ensure that any patient removed from a practice has access to essential and additional medical services, and works with patients reintegrating them over time back into mainstream general practice wherever possible.
- A home GP can continue to provide services to a patient who has moved out of area, this is also up to the individual GP and although they often advise the patient to register at a local practice whether or not they enforce this varies from practice to practice.
- Out of area registrations are quite common and can impact on other health provision, e.g. CAMHS normally accept referrals depending on the local authority area where the GP is based (not the child's home address).

In practice, this means that although individual agencies are normally responsible for notifying their counterparts in receiving areas and/or arranging for transfer of services, this does not apply for GPs. GPs can only provide information on request and cannot proactively instigate a transfer. Other involved practitioners should lead on ensuring that a child has a registered GP in their local area to enable a transfer of records and services.

b) Community health services

Community health services are commissioned by local commissioning ICB arrangements, and can be linked to GP registration, school location or home address. E.g.:

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- Health visiting services are aligned with local authority areas based on a child's home address.
- School nursing services are aligned with local authority areas based on where the child goes to school.
- Community paediatrics, like Evelina London, are aligned with local authority areas based on where the child's registered GP is.

Community health providers belong to an NHS Trust, which runs and manages services, and sit within an ICB area, which plans and commissions NHS services for the local population. Safeguarding policy and practice are determined at a Trust Level.

All the services delivered by the same NHS Trust use the same recording system and can view patient records, safeguarding alerts and flags. Generally patient records are not available outside of the NHS Trust, but some local variations apply (e.g. health practitioners from Kings College Hospital can view Guy's & St Thomas's Hospital records on a role-based and limited-purpose basis and vice versa). GPs do not have access to community health records systems. This means that unless information is proactively shared with a GP, they may be unaware of concerns.

Things to consider in practice:

- If a child moves home address, not all services will transfer. E.g. health visiting would transfer but if the child did not change school or GP then school nursing and community paediatrics would continue to be delivered in the local authority area where the school or GP is based.
- Each individual service (e.g. health visiting, school nursing, community paediatrics) is responsible for transferring a child's care to their counterpart in the receiving area.
- Some community health services may not be available in other areas (e.g. although school nursing is a universal service, Lambeth's Educated Otherwise Than at School Nursing services is a locally commissioned service that may not be commissioned in other ICB areas).
- Although health visiting is a universal service which all children are entitled to, arrangements for more specialist health visiting services (like Lambeth's early intervention health visiting service) may have different thresholds and criteria at a local level.

c) CAMHS services

CAMHS services are nationally mandated but locally commissioned and delivered, so what CAMHS looks like, how you access it, and what support is available can vary significantly between areas. Differences include:

- Who provides CAMHS (e.g. this could be via a Mental Health NHS Trust, an Acute Trust or a Community Trust). In Lambeth, South London & Maudsley (SLAM) NHS Mental Health Trust provide CAMHS with planning input from South-East London ICB.
- Whilst CAMHS geographical boundaries are generally aligned with local authority boundaries, the criteria might be based on where the child lives *or* where they are registered with a GP. In Lambeth, for SLAM CAMHS services it is the area where the child's registered GP is based.

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- Eligibility and thresholds for CAMHS services (e.g. some provide early intervention, some accept moderate mental health needs and others focus on severe and enduring needs).
- Availability of specialist CAMHS services (e.g. crisis teams, neurodevelopmental pathways, perinatal and infant mental health, etc. may or may not be available).
- Referral routes (e.g. some areas accept GP referrals only, others accept self-referrals).
- Recording systems and databases (e.g. Access RiO, SystemOne) which are determined by the NHS Trust they sit within.

CAMHS can only access patient records from their NHS Trust. They cannot normally view records from other CAMHS or NHS Teams. However, in London, a system called the London Care Record allows CAMHS to view basic information like diagnosis codes, medications and appointments. This does not show full therapy notes or safeguarding detail.

Things to consider in practice:

- Depending on local CAMHS catchment areas, children will need to be transferred to a new CAMHS team if they move home or GP. It is the responsibility of the CAMHS Team to oversee this transfer.
- A child accepted by CAMHS in one area may be declined in another with the same presentation.
- A child receiving CAMHS in one area may find no equivalent specialist service or support in another area.

d) Hospitals

Hospitals belong to an NHS Trust, which runs and manages the hospital, and also sit within an Integrated Care Board (ICB) area, which plans and commissions NHS services for the local population. Safeguarding policy and practice are determined at a Trust Level.

Hospitals provide unplanned healthcare (like A&E visits) to anyone, regardless of where they live. They also provide planned healthcare (like paediatric diabetes or epilepsy services) to residents within geographically defined areas linked to the child's home or registered GP address. Midwife services are available regardless of where someone lives, if an expectant mother books her pregnancy with a hospital they maintain midwife responsibility regardless of where the mother lives unless services are transferred. This means that hospitals work across multiple local authority areas and jurisdictions.

Although hospitals have their own healthcare record systems, which generally can't be viewed by anyone outside of their NHS Trust (some local variations can apply depending on ICB arrangements), hospitals do use the Child Protection Information Sharing Service (CP-IS). CP-IS is an England-wide system that tells health professionals when a child is known to Children's Social Care as a child looked after or subject to a child protection plan (including pre-birth plans). CP-IS automatically sends notifications to the responsible local authority CSC when these children attend unscheduled health settings. It is being extended gradually to scheduled services like GPs, CAMHS and community health services. It is not used for children who are known to Child in Need or Early Help services.

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Things to consider in practice:

- Hospitals must send safeguarding referrals to the local authority where the child lives and/or where the incident occurred. They should not rely on CP-IS alerts to make safeguarding referrals where they have concerns.
- Hospitals often won't be involved in long-term care and safeguarding arrangements; they should contribute to strategy meetings and planning but usually won't be involved in long-term multi-agency working. The exception is where a child is accessing planned healthcare (e.g. paediatric diabetes services).
- Planned healthcare services will normally need to be transferred if a child moves outside of the catchment area.
- Hospitals may also remain involved in cross-jurisdictional working where they are unable to discharge children. There must be clear joined up working to safely discharge children at the earliest opportunity and local escalation procedures should be followed to resolve concerns. In Lambeth, the [Lambeth's multi-agency escalation policy](#) should be followed.
- Midwife services do not need to transfer if an expectant mother moves somewhere else during pregnancy, although services can be transferred on request.

2.4 Policing

There are 43 territorial police forces in England (including the Metropolitan Police Service (MPS)) which cover defined geographic areas and have responsibility for criminal investigations, safeguarding and emergency responses within their area. They must work within national safeguarding frameworks (like Working Together to Safeguard Children & The College of Policing Authorised Professional Practice) and the policies and procedures for implementing these are set at the territorial police force level.

Territorial police forces (like the MPS) are often broken down into smaller units who hold jurisdiction over specific areas. There are 12 Basic Command Units (BCU) in London who have jurisdiction over the 32 London Boroughs, with each of the 12 BCUs having their own public protection team. Central South BCU is responsible for policing in Lambeth and Southwark. Because policy & procedure is set at the MPS level, there is a lot of consistency across London areas. However, there will be some differences in policing depending on which area is involved (especially if outside the MPS), e.g.:

- The statutory requirement for strategy meetings is universal but there may be local variations around how they are convened, which police unit attends, local timescales and who chairs it.
- The structure and size of public protection units might vary (e.g. there may not be a dedicated Child Exploitation Team or Missing Person Team).
- Community policing arrangements, like neighbourhood policing or safer schools officers, might vary.
- Processes to notify the police of a safeguarding concern might vary (e.g. the 87A form is not universally used outside of London).
- Missing person procedures and protocols might vary.

The responsibility for policing is generally where the *crime* takes place. This means it does not matter where the victim and/or suspect live, nor where the crime was first reported: it is

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responsibility of the police area where the alleged crime took place to investigate. The exceptions are:

- Child criminal exploitation teams, who have specialist capability to identify, disrupt and investigate exploitation, can accept referrals from local authorities based on exploitation concerns regardless of where these occurred.
- Missing person investigations are the responsibility of the police force area where the child is reported missing.
- Some forces have national jurisdiction (like the British Transport Police who manage policing on railways & the London underground).
- Some forces have specialist jurisdiction (like the National Crime Agency who investigate serious and organised crime).

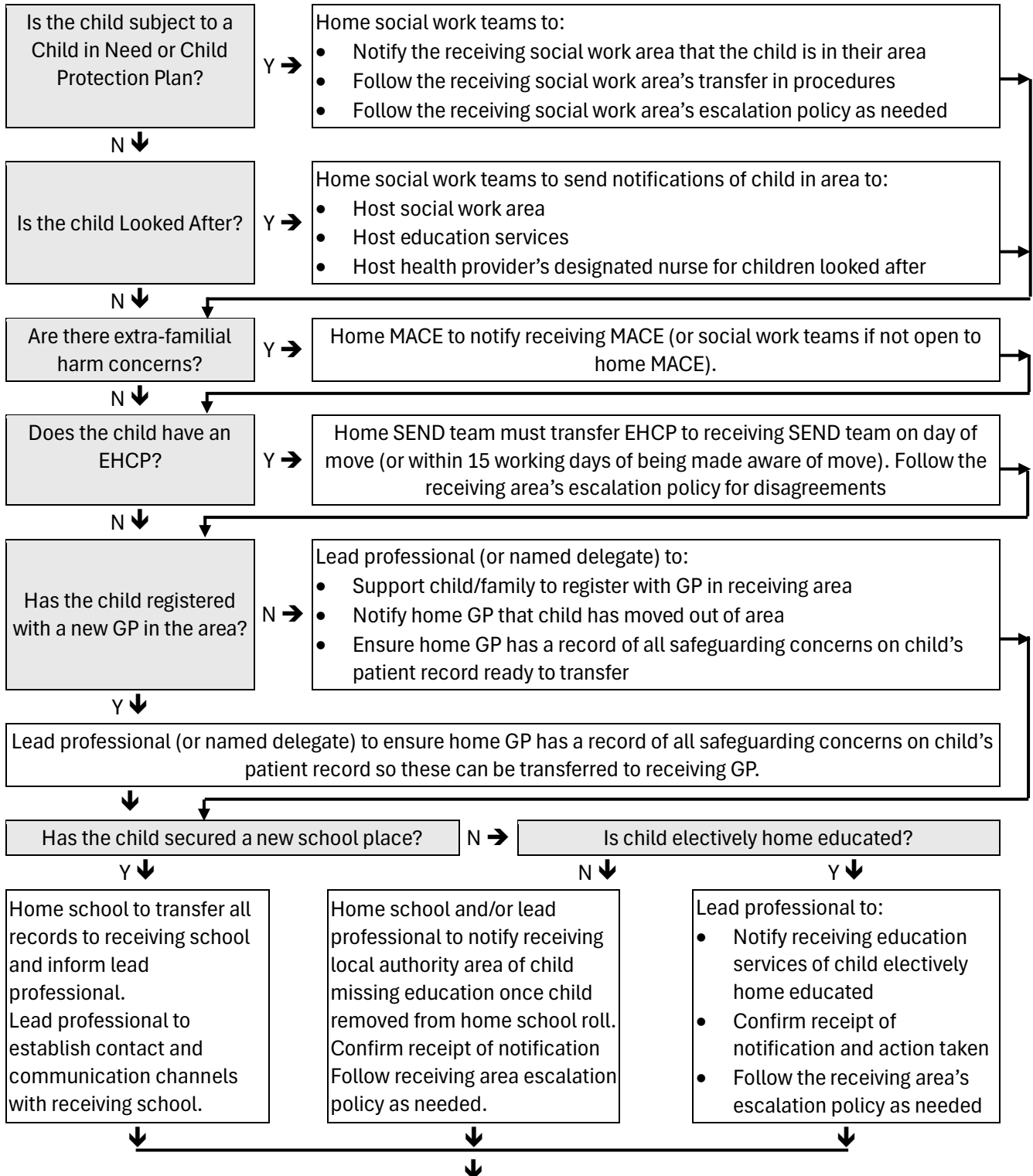
Territorial Police Forces use different local IT systems to record incidents, crimes, safeguarding records and concerns, and intelligence. Only selected information from those systems is visible nationally (via the Police National Computer (PNC)), e.g. convictions, cautions, wanted/missing status and bail conditions. Police officers can put 'markers' on PNC which flag if a child is vulnerable and for what reason, but there will be no specific detail. There is also a National Missing Persons system which has details on current missing status and basic descriptors.

Things to consider in practice:

- Multiple police force areas might be investigating crimes involving the same child at the same time, it is important that safeguarding concerns are shared and coordinated.
- Police force areas must contact one another to share safeguarding concerns explicitly and coordinate responses, rather than relying on national databases.
- There will not necessarily be a lead police force area or lead officer, especially if multiple investigations are ongoing at the same time.
- Police jurisdiction does not transfer or move if a child moves to a new area.
- Police should ensure that markers are placed on PNC to flag vulnerability.

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Appendix A – multiagency flowchart for children moving out of area



Please continue flowchart on next page

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