

Guidance for winter Severe Weather Emergency Protocol (SWEP) in Greater London 2024-25

This guidance is produced by the GLA and London Councils for London local authority rough sleeping lead officers, resilience leads, and their colleagues involved in the provision of services for people sleeping rough in the capital.

This guidance should be read in conjunction with the Homeless Link [SWEP and Winter Provision Toolkit 2024](#), which provides advice on severe winter weather provision for local authorities nationwide.

1. Background

SWEP is an emergency humanitarian response to severe weather conditions, the primary aim of which is to preserve life.

Since winter 2017-18, the GLA has provided guidance for London's local authorities regarding local SWEP plans. In a change to previous years, the 2024-25 guidance has been jointly developed by the GLA and London Councils.

This guidance, which has been agreed by the Life Off The Streets group, representing all 33 London local authorities, includes a trigger point for London's SWEP activation of 0°C on any one night to ensure consistency across the capital.

Each borough and sub-region is expected to make its own local SWEP provisions for those sleeping rough in the area. The capacity of local provision should adequately meet local need, informed by the assessment of need undertaken at the borough level.

In addition, the GLA funds some pan-London SWEP 'overflow' provision, which is accessible by London boroughs when all options for local SWEP provision have been exhausted.

2. Terminology

SWEP is Severe Weather Emergency Protocol

Activation is the opening of SWEP to new referrals

Deactivation is the closing of SWEP to new referrals

Pan-London activation is the centrally coordinated activation of SWEP by the GLA and London Councils across all London boroughs

Overflow provision is GLA-funded SWEP provision accessible by London boroughs when local provision reaches capacity

In for Good is the principle under which once a person is supported to access shelter or accommodation a borough or service will aim to take all steps to ensure that an offer is in place before the person is asked to leave. This would ideally be an offer of on-going accommodation, reconnection, or assessment of needs to move away from the streets.

3. Guidance on borough SWEP provision

The jointly agreed protocol requires that all London local authorities adhere to the following minimum standards for SWEP:

- SWEP will be activated for the whole of London when any part of the capital is forecast to be 0°C or lower overnight. The GLA and London Councils will coordinate this pan-London activation of SWEP.
- The capacity of local SWEP provision should match the anticipated level of need in the area.
- Local authorities should ensure that local SWEP options can always be easily accessed, including out of hours, by all outreach teams and other services coming into contact with people sleeping rough operating in their borough.
- While SWEP may be provided in a variety of settings, each local authority should ensure that their accommodation can be easily reached from across the borough or that transport is provided where the location necessitates this.
- Local authorities will endeavour to implement the 'In for Good' principle.

Local authorities should ensure that where local SWEP provision is available, these beds can be easily and swiftly accessed at all times by outreach teams, including by the Rapid Response team in areas where that service operates. Boroughs are encouraged to thoroughly 'road test' their systems for accessing local SWEP provision (including out of hours) to ensure it can be easily accessed by outreach.

Local authorities are encouraged to adapt SWEP provisions to meet the diverse needs of people sleeping rough in their borough. This may involve signposting to support for health-related issues, such as mental health and substance misuse, where needed. Additionally, SWEP spaces should be tailored for individuals with heightened vulnerabilities or those facing barriers to accessing standard SWEP accommodation. Examples could include:

- women-only bedspaces.
- bedspaces for people with high support needs.
- bedspaces for people with dogs.
- bedspaces for couples or groups who may not wish to be separated.

Local authorities should prepare for the need for daytime SWEP provision in the event of exceptionally prolonged or extreme cold weather. For example, this could be done by arranging 24/7 access to shelter or by working with local partners to extend opening hours or capacity in local day centres.

SWEP is an emergency response intended to save lives, and as such it is expected that local authorities will work together in that spirit of cooperation and offer accommodation to people who may not ordinarily meet the test of local connection or have recourse to public funds. Specifically, providing shelter should not be considered as accepting a local connection or constitute a relief duty.

4. Pan-London SWEP overflow provision

Where there is capacity within the borough's own emergency provision, it is expected that all those sleeping rough will be accommodated there. This includes any known

clients who present risks to themselves or others or are normally excluded from local pathways.

The GLA funds additional SWEP 'overflow' provision. Once capacity of a given local authority's local SWEP provision has been fully exhausted, GLA overflow will be available for referrals from that council's outreach service.

When SWEP is active, the local authority's SWEP coordinator has responsibility for notifying St Mungo's at panlondonswep1@mungos.org, their sub-regional Rough Sleeping Coordinator, and the GLA at roughsleepingcommissioning@london.gov.uk when their emergency accommodation is close to capacity. At this point, it is encouraged that the local SWEP coordinator checks through the appropriate channels to ensure all local and sub-regional options have been exhausted, and to confirm whether overflow provision is required. Where possible, notification of anticipated need should be made by midday to allow the overflow provision to be prepared.

Arrangements for access to overflow SWEP will be circulated to Local Authority Rough Sleeping Leads along with SWEP alerts when SWEP is activated. London Councils and the sub-regional Rough Sleeping Coordinators will collate information from boroughs of their key contacts and planned capacity.

Where people have been accepted into overflow provision, the expectation is that local authorities will support people to move into the local SWEP provision of the referring borough the following day, and are encouraged to speak with their sub-regional Rough Sleeping Coordinator as required. For all placements in overflow provision, SWEP coordinators should continue providing support until move on is secured.

5. The 'In for Good' principle

The 'In for Good' principle means that once someone has accessed SWEP accommodation, they are accommodated until an assessment of need has taken place to help end their rough sleeping - regardless of whether the temperature has risen above 0°C.

Data suggests that many boroughs employ this approach to good effect, and for hundreds of people each winter, a SWEP stay helps end their rough sleeping. As of 1 April 2024, 61 per cent of people who had had a SWEP stay recorded on CHAIN during winter 2023-24 had not returned to rough sleeping.

The 'In for Good' principle aims to minimise the number of people returning to sleeping rough following a SWEP placement. It also ensures that for anyone who does return to the streets, there is an assessment of need or clear plan in place as to how rough sleeping services will support them. The assessment should:

- be based on the person's needs and eligibility;
- be used to create a realistic and achievable move on plan;
- exhaust all options for Non-UK nationals.

The Mayor and London Councils are committed to delivering the 'In for Good' principle. However, it is recognised that local authorities are facing unprecedented challenges

that mean it may not be possible to apply In for Good in practice for every person accommodated during SWEP this winter. In for Good does not require local authorities to provide indefinite accommodation placements, but councils should still try to use the opportunity to engage, assess and try to identify longer-term solutions for everyone accommodated during SWEP.

6. Public Health considerations

The 2024-25 Severe Weather Emergency Protocol reflects evolving public health needs, focusing on both severe cold weather health risks and infectious disease transmission in shared communal settings. Evidence suggests that the rough sleeping population remain vulnerable to respiratory infections (e.g. covid, flu) alongside other illnesses. Therefore, single room accommodation remains the preference to minimise infectious disease transmission.

The GLA's position for its own SWEP provision during winter 2024-25 is that single-occupancy accommodation will always be the first preference. This is especially true for those deemed to be clinically vulnerable (see Appendix B). When demand for SWEP accommodation exceeds all available single occupancy bedspaces, communal sleeping arrangements will be used. Where possible, mitigation measures will be put in place (see Appendix A). This approach may need to be adjusted, should an increase in the prevalence or severity of respiratory infections, or increase in accommodation options, change the balance of risks.

The GLA seeks to offer single-room accommodation, where possible, to the most clinically vulnerable individuals referred to its SWEP provision. This also applies to those who need single-occupancy accommodation for other reasons (see Appendix B). The GLA will utilise communal spaces accommodating up to 25 people, with a range of mitigation measures in place when necessary. Mitigation is unlikely to prevent outbreaks, and therefore two or more symptomatic residents and/or staff should be reported to the [local health protection team](#). These teams can provide further support during suspected outbreaks of acute respiratory illnesses.

This plan for the delivery of the GLA's SWEP provision is not given as guidance to local authorities for their local SWEP arrangements. It is recommended that local authorities consult the relevant Director of Public Health and/or public health team about their plans for use of communal sleeping settings.

Local authorities can also consult the [operating principles for night shelters](#) published by the Department for Levelling Up, Housing and Communities in August 2022. This outlines key principles for maintaining public health in night shelter settings. There is also extensive national guidance at gov.uk on managing COVID and other infectious diseases.

Implementing these measures and SWEP itself will help protect the health and wellbeing of rough sleepers, minimising risks from both infectious diseases and severe cold weather.

7. Monitoring

Local authorities and their services should make every attempt to record all local SWEP stays on CHAIN. This should include recording of people accommodated each night and the demographics and support needs of those using the emergency spaces. This will allow councils to monitor use of their own SWEP accommodation and enable a comprehensive evaluation of SWEP provision at a pan-London level, informing future provision, and facilitating further improvements to the protocol in following years. The CHAIN team can provide more information at chain@homelesslink.org.uk.

It is however recognised that a requirement to record details on CHAIN can in some instances be a barrier to people accessing SWEP. So, while CHAIN recording is strongly encouraged, it is not an absolute requirement.

If you have any questions regarding this document, please contact:
roughsleepingcommissioning@london.gov.uk.

Appendix A: Respiratory illness mitigation measures for communal sleeping (≤25 people) in GLA SWEP provision

Mitigation measures

- Those sharing the provision should be made aware of the potential infection risk.
- Shared accommodation should wherever possible not be used for those who are clinically vulnerable and/or have other vulnerabilities, including age.
- Changes (throughput) in those sharing a room should be minimised.
- It is important to assess residents showing respiratory symptoms and adhere to [latest guidance](#). This winter, [free LFDs](#) will be available from local pharmacies for symptomatic residents [eligible for COVID treatment](#). These residents are highly likely to be clinically vulnerable (see Appendix B) and ideally prioritised for single-room accommodation.
- A thorough health screening, including vaccination status, would be part of the initial assessment, with access to vaccines offered for all those who are eligible.
- Staff with COVID symptoms should follow NHS guidance on COVID and Flu.
- A range of Infection Prevention and Control (IPC) strategies should be considered. Examples include handwashing, ensuring proper ventilation, limiting close contact—especially with those who have respiratory symptoms or are unvaccinated—and wearing masks in crowded indoor spaces.
- Enhanced environmental cleaning should be implemented.
- There should be a means to contact trace individuals when they move on.
- Opportunities to promote vaccination and GP registration should be maximised.

Further information is available via the latest guidance on managing [outbreaks in higher risk communal accommodation settings](#).

Appendix B: Clinically vulnerable criteria for GLA SWEP provision

The following list sets out factors that can make an individual more susceptible to respiratory illness. Clinical vulnerability should be considered as part of a holistic assessment alongside other vulnerabilities, including age and pregnancy. The older the individual the more at risk they will be.

Individuals may be at highest risk of getting seriously ill from COVID-19 and flu if they have:

- Learning disability (e.g. Down's syndrome)
- A condition that affects the brain or nerves (e.g. Parkinson's disease, multiple sclerosis, cerebral palsy, cerebrospinal fluid leaks)
- Autoimmune problems (e.g. inflammatory bowel disease, inflammatory arthritis, Addison's disease)
- Certain types of cancer, or had treatment for certain types of cancer (such as a blood cancer like leukaemia or lymphoma)
- Sickle cell disease
- Certain conditions affecting your blood

- A kidney disease (on dialysis/transplant list/letter from doctor confirming severe kidney problem)
- Severe liver disease (e.g. cirrhosis) or chronic kidney disease (e.g. requires dialysis)
- Heart or lung problem (e.g. COPD, cystic fibrosis, severe asthma, coronary heart disease or heart failure)
- Certain autoimmune or inflammatory conditions, such as rheumatoid arthritis or Inflammatory bowel disease
- Weakened immune system from:
 - infection (e.g. poorly controlled HIV)
 - history of transplant (organ or stem cell)
 - genetic condition
 - medication (e.g. steroids, drugs for arthritis, 'biologics' in the last 12 months)
 - damage to the spleen (e.g. spleen removal or sickle cell disease)

For clients with the above conditions, finding self-contained accommodation should be a priority. However, a client with one of the above conditions should not be excluded from a shared communal space when self-contained accommodation is not available and therefore the alternative is to return to the street.

These conditions will increase a person's susceptibility to infections all year round. However, during the autumn and winter months when respiratory pathogens (e.g. flu, covid) are circulating, people with these conditions will be particularly vulnerable and are more likely to become seriously unwell. **Therefore, during the flu season (e.g. October-March), or during pandemics, when there is increased risk of transmission, every effort should be made to find self-contained accommodation.**

When shared communal space is the only option, **the individual should be informed of the potential risk of airborne infections** and steps should be taken to reduce the risk of infections spreading in the environment. For example:

- Let fresh air in by opening vents, doors and windows. Good ventilation will help to clear airborne microbes that are released when infectious people cough or sneeze.
- Staff, volunteers and service users with symptoms (e.g. high temperature) should avoid contact with others to reduce the risk of transmitting infections.
- Good hand hygiene amongst staff, volunteers and service users.
- Enhanced environmental cleaning.

More information can be found here: [Operating principles for night shelters - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/operating-principles-for-night-shelters)