Pan-London Severe Weather Emergency Protocol (SWEP) Guidance 2026-27

This guidance is produced by the Greater London Authority and London Councils for London boroughs, in particular officers responsible for rough sleeping, homelessness or local resilience.

This guidance should be read alongside the *Pan-London SWEP 2026-27 Procedure* document which provides detail on activation and deactivation.

This guidance should also be read in conjunction with the Homeless Link guidance on planning for SWEP and winter provision, which provides advice on severe winter weather provision for local authorities nationwide.

1. Background

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

Since winter 2017-18, the GLA has provided pan-London guidance regarding local authority SWEP processes, and this guidance has been jointly developed with London Councils since winter 2024-25.

As in previous years this guidance includes a trigger point for London's SWEP activation of 0°C on any one night, applied consistently across the capital.

In addition to the pan-London trigger point of 0°C, this winter, the GLA and London Councils will be working with a number of boroughs to trial an enhanced trigger point of Yellow or Amber Cold Health Alerts, issued by the UK Health Security Agency. For these boroughs, this will broaden the central SWEP activation criteria to also include any Cold Health Alerts. 'Enhanced SWEP' is being introduced on a trial basis, this trial will inform the proposed full adoption into the London SWEP protocol in 2027/28.

Each borough is expected to arrange its own local SWEP provision for those sleeping rough in the area. This provision should adequately meet anticipated local need, informed by the assessment of need undertaken by councils in advance of the winter period. This local accommodation is supplemented by sub-regional SWEP provision.

There is also a small amount of pan-London SWEP 'overflow' provision, which is accessible to boroughs when all local and sub-regional options have been exhausted.

2. Terminology

SWEP is Severe Weather Emergency Protocol

SWEP Activation is the opening of SWEP to new referrals

SWEP Deactivation is the closing of SWEP to new referrals

SWEP provision is accommodation and support targeted at people sleeping rough during SWEP activation

Pan-London activation is the centrally coordinated activation of SWEP by the GLA and London Councils across all London boroughs when temperatures reach 0°C

Enhanced SWEP activation trigger is the addition of UKHSA Cold Weather Alerts to the activation criteria

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

UKHSA Cold Health Alert is a national alerting system that provides an early warning when adverse temperatures are likely to impact on the health and wellbeing of the population.

In for Good is the principle that before someone is asked to leave SWEP accommodation, services ensure that an assessment of needs and circumstances has taken place and advice is available to try to identify a longer-term route out of rough sleeping.

3. Guidance on local authority SWEP provision

This jointly agreed guidance requires that all London boroughs 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.
- Person-centred planning will be completed for those in the Target Priority Group[1] and with the most severe health needs who face the greatest risks during severe weather.
- London boroughs should ensure that local SWEP options can be easily accessed by all outreach teams operating in their borough (including the Rapid Response Outreach Team where applicable), both during the day and throughout the night[2].
- While SWEP may be provided in a variety of settings, each London borough should ensure that their accommodation can be easily reached from across the borough or that transport is provided where the location necessitates this.

[1] Previously known in London as the T1000

[2] Local authorities 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.

- London boroughs will have procedures in place with accommodation and support providers to meet the 'In for Good' principle.
- London boroughs should disseminate information for providers and relevant stakeholders on SWEP procedures, including out of hours processes.
- London borough services with CHAIN access should record all individual access to SWEP provision on CHAIN.

Additionally, SWEP will be activated for boroughs taking part in the trial of the Enhanced SWEP activation trigger when a Cold Health Alert is issued by the UKHSA.

London boroughs are encouraged to adapt SWEP provision to meet the diverse needs of people sleeping rough in their borough. SWEP provision should be tailored to people with heightened vulnerabilities or those facing barriers to coming inside, including those within the Target Priority Group. Examples could include:

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

Tailoring SWEP provision to individual need may also involve connecting people to relevant support services. For example, arranging access to health service or immigration related services where needed.

London boroughs 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 London boroughs 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. SWEP is instead an interim emergency intervention and should not be considered as accepting a local connection or constitute a relief duty.

4. Enhanced SWEP activation trigger

This winter, the trial of the Enhanced SWEP activation trigger will pilot the addition of any Cold Health alerts (yellow, amber or red) issued by UKHSA to the SWEP activation and deactivation criteria. The boroughs participating in this trial will provide the same SWEP response during Cold Health alerts as they do during the pan-London activations based on 0°C only.

Given the planned roll out of this enhanced trigger point to all boroughs from the winter of 2027/28, it's recommended that boroughs which aren't participating in the trial still use this

winter as an opportunity to prepare for how this change could be successfully implemented in their borough. This might include:

- Registering to receive the UKHSA Cold Health Alerts and making a note of when they're issued.
- Providing some additional support to people sleeping rough when Cold Health Alerts are issued. This could include, for example, greater welfare checks by outreach teams on people sleeping rough or targeted emergency accommodation offers to those sleeping rough who may be most vulnerable to the cold.
- Using local discretion to stand up or extend SWEP provision where there is capacity to do so.

5. Pan-London SWEP overflow provision

Where there is capacity within the borough or sub-region's own emergency provision, it is expected that all those sleeping rough will be accommodated there. This includes anyone known to the borough who present risks to themselves/others or are normally excluded from local pathways.

The GLA funds a small amount of additional SWEP 'overflow' provision, which consists of communal spaces. Once capacity of a given borough's local SWEP provision has been fully exhausted (borough and sub-regional), 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, the local SWEP coordinator should check the appropriate channels to ensure all local and sub-regional options have been exhausted, before confirming whether overflow provision is later required. Where possible, notification of anticipated need should be made by midday to allow the overflow provision to be prepared.

Overflow SWEP will be available for those boroughs who are trialling enhanced SWEP, when a UKHSA Cold Weather alert is active.

Arrangements for access to overflow SWEP will be circulated to Local Authority Rough Sleeping Leads along with SWEP alerts when SWEP is activated.

Where people have been accepted into overflow provision, it's expected that boroughs will try to enable people to move into locally arranged SWEP accommodation the following day. In cases where a move the following day is not possible, borough SWEP coordinators should continue to liaise with their sub-regional Rough Sleeping Coordinator and St Mungo's until a move to local accommodation can be secured.

5. The 'In for Good' principle

The 'In for Good' principle means that once someone has accessed SWEP provision, they are accommodated until an assessment of need has taken place to help identify a route off the streets - 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 stay in SWEP accommodation is the catalyst to ending their rough sleeping. During the winter of 2025-26, 56 per cent of people who accessed SWEP provision and were recorded on CHAIN had not returned to rough sleeping as of 1st April 2026.

Whilst 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:

- identify the person's circumstances, entitlements, needs and preferences;
- include referrals to specialist services when needed, such as immigration advice for non-UK nationals to ensure all options can be exhausted;
- be used to create a realistic and achievable move on plan.

The 'In for Good' principle encourages boroughs to try to use the opportunity of a SWEP stay to engage, assess and try to identify longer-term solutions for everyone accommodated during SWEP.

6. Public Health considerations

The 2026-27 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. Due to their shared facilities and airspaces, night shelters used during SWEP can present higher levels of risk in the transmission of infections. Evidence suggests that the rough sleeping population remain vulnerable to respiratory infections (e.g. COVID-19, flu) alongside other illnesses.

Local authorities should consult the relevant Director of Public Health and/or public health team about their plans for use of communal sleeping settings.

The GLA's position is that, especially for service users deemed to be clinically vulnerable (see Appendix B), single-occupancy accommodation remains the preference to minimise infectious disease transmission. In the GLA's own SWEP provision, communal sleeping arrangements are solely used as single occupancy bedspaces are not available. Therefore, outreach teams may be asked to instead seek single occupancy accommodation for service users with clinical vulnerability through the relevant council, prior to accessing overflow provision.

However, people with clinical vulnerability will not be excluded from a shared communal space when self-contained accommodation is not available, if the alternative is to remain on the street.

Mitigation measures will be put in place (see Appendix A) to help minimise risks to people in communal sleeping arrangements. 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.

This plan for the delivery of the GLA's SWEP provision is not given as guidance to local authorities for their local SWEP arrangements. Local authorities should 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 Ministry of Housing, Communities and Local Government. This outlines key principles for maintaining public health in night shelter settings. There is also extensive national guidance at gov.uk on managing COVID-19 and other infectious diseases.

Implementing these measures and SWEP itself will help protect the health and wellbeing of people sleeping rough, minimising risks from both infectious diseases and severe cold weather. However, mitigation is unlikely to completely 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, as well as advice on other communicable diseases.

7. Monitoring

Services with CHAIN access should record all people they have accommodated in local SWEP provision on CHAIN. This includes recording stays each night, demographics and support needs. This will allow boroughs to monitor use of their own SWEP accommodation and enable a comprehensive evaluation of SWEP provision at a sub-regional and pan-London level, informing future provision, and facilitating further improvements in following years. The CHAIN team can provide more information at chain@homelesslink.org.uk.

At the end of the winter, London Councils will also survey local authorities on the total number of people who they have accommodated during SWEP. This will capture all placements, including those which could not be recorded on CHAIN. Councils should maintain sufficient records which will enable them to complete this survey.

For boroughs participating in the Enhanced SWEP activation trigger trial, monitoring arrangements will be put in place to track delivery, operational challenges, and gather evidence of impact. Boroughs not participating in the trial are encouraged to record any occasions when SWEP is activated locally outside on the pan-London activations, in addition to informing the GLA and London Councils at the time.

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 SWEP provision

Mitigation measures

- Service users 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 (see Appendix B).
- Changes (throughout a stay) in those sharing a room should be minimised.
- It is important to assess service users showing respiratory symptoms and adhere to latest guidance. Free lateral flow tests (LFTs) are available from local pharmacies for symptomatic residents who are eligible for COVID-19 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.
- Service users or staff who show symptoms should follow relevant NHS and UK Health Security Agency guidance.
- 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.

Vaccination and GP registration

- If a service user is not already registered with a GP, prior to leaving the SWEP accommodation, they should be encouraged and supported to register with a GP in the area they will be returning to. As well as increasing access to general healthcare, this will enable and vaccination if eligible.
- NHS guidance on how to register with a GP surgery clearly outlines that a practice cannot refuse a patient because they do not have proof of address or immigration status.
- People experiencing homelessness or sleeping rough may be eligible for a COVID-19 autumn vaccine and flu vaccine due to their age (65 years and over) or clinical condition (as laid out in the Immunisation Green Book's chapters for COVID-19 and Influenza).

Further information is available via the latest guidance on managing outbreaks of respiratory infections in higher risk communal accommodation settings.

Appendix B: Clinically vulnerable criteria for communal sleeping SWEP provision

The following list sets out factors that can make someone 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.

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

- Down's syndrome, or another chromosomal disorder that affects their immune system
- certain types of cancer or have received treatment for certain types of cancer
- sickle cell disease
- certain conditions affecting their blood
- chronic kidney disease (CKD) stage 4 or 5
- severe liver disease
- had an organ transplant
- certain autoimmune or inflammatory conditions (such as rheumatoid arthritis or inflammatory bowel disease)
- HIV or AIDS and have a weakened immune system
- a condition affecting their immune system
- a condition affecting the brain or nervous system, such as multiple sclerosis, muscular dystrophy, motor neurone disease, myasthenia gravis, Huntington's disease, Parkinson's disease or certain types of dementia
- certain lung conditions or treatments for lung conditions

This list is a summary and does not cover everything.

For people with any of the above conditions, finding self-contained accommodation via the relevant council should be a priority. However, a client with any 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-19) 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 person 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. See Appendix A for detail on mitigation measures. 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.
- Practicing good hygiene (i.e. wash your hands, cover your coughs and sneezes) 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)