



CORBY BOROUGH COUNCIL

SEVERE WEATHER EMERGENCY PROTOCOL (SWEP)

FOR ROUGH SLEEPERS

Service Area	Housing & Neighbourhood Services		
Policy Owner	Housing Options Manager		
Author	Samantha Dickson		
Introduced	November 2011	Last Reviewed	November 2019
Version	Five	Review Date	2021

Contents

1	Background	3
2	Purpose of the Protocol	3
3	Triggers for Activating the Protocol.....	3
4	Eligibility Criteria	3
5	Procedure.....	4
6	Move On.....	5
7	Financial Implications	6
8	Monitoring and Review	6
	Appendix A: List of Key Partners	7
	Appendix B: SWEP Assessment Form	9
	Appendix C: SWEP Risk Assessment	16

1 Background

Corby Borough Council recognises that there is a rough sleeping presence in the borough. One of the Government's commitments under their six part plan "Vision to End Rough Sleeping: No Second Night Out" (July 2011) is to help people off the streets, as no one should spend a second night out. Rough sleeping is the most extreme and visible form of homelessness and for many, they do not necessarily qualify under the homelessness legislation as eligible for housing assistance.

The Council therefore has a humanitarian obligation and commitment to end rough sleeping and work with partners to link rough sleepers with the services that can help them find a way off the streets and into settled accommodation. In times of extreme and cold weather, rough sleepers are particularly vulnerable to harm and death - the Council will do all we can to prevent this from happening.

This Severe Weather Emergency Protocol (SWEP) sets out the arrangements that Corby Borough Council (CBC) will put into place to ensure that people are not at risk of dying on the streets in Corby during severe and extended cold weather.

2 Purpose of the Protocol

This protocol will ensure that the Council takes necessary steps to avoid deaths on the streets, by carrying out prompt action to ensure that all known rough sleepers have the opportunity to have access to shelter if it is believed that they are at risk due to sleeping rough during severe or extended cold weather.

The aims of the protocol are:

- a) to prevent loss of life;
- b) to ensure that every effort is made to engage with individuals during the cold weather period so they do not return to the streets; and
- c) to support any rough sleepers in making the transition from the streets to maintaining housing.

3 Triggers for Activating the Protocol

3.1 SWEP arrangements are triggered when the temperature is predicted to be zero degrees Celsius or below for three consecutive days. This is a minimum requirement - extended cold or extreme weather locally can also trigger SWEP which will be determined by the Housing Options Manager. This can include extreme wind/gales and excessive or sudden prolonged rain. An occasional forecast above zero in a series of sub-zero nights may also be considered.

3.2 The weather forecast will be checked daily. Once the minimum temperature is predicted to have risen above zero degrees Celsius, emergency accommodation will no longer be provided unless extended by the Housing Options Manager.

4 Eligibility Criteria

4.1 The Council will not apply Part VII Housing Act 1996 criteria (as amended by the Homelessness Act 2002) that governs access to housing when deciding whether to

assist a person sleeping rough during the period of the SWEP. This means that the individual concerned is not required in this case to demonstrate eligibility for assistance (including whether they have any recourse to public funds), priority need, intentionality or local connection.

4.2 The individual concerned must:

- a) be sleeping rough during the course of the severe weather;
- b) have nowhere to sleep indoors during the course of the severe weather (indoors does not include cars, sheds or garages); and
- c) agree to the assistance offered by the Council.

4.3 Clients may include those who are:

- a) banned from services;
- b) unknown to services; or
- c) not engaging.

4.4 Clients may include those who have:

- a) history of unacceptable behaviour;
- b) no local connection; or
- c) no recourse to public funds.

4.5 An individual assessment (Appendix B) and risk screening (Appendix C) will be completed for the purpose of identifying and managing risk. Risk screenings will not be used for the basis of exclusion.

5 Procedure

5.1 Within office hours, the Council's Housing Options Team will manage the SWEP and any emergency accommodation bookings (contact 01536 464629/31). Outside of office hours, an officer of the Council's Housing Options Team can be contacted through the out-of-hours service on 01536 400088.

5.2 Self-referrals, members of the public and any partners who become aware of a rough sleeper should advise the Council's Rough Sleeper Outreach Worker or Housing Options Team as soon as possible by one of the following methods:

On line form: www.corby.gov.uk/site-page/rough-sleepers

Email: housing.options@corby.gov.uk

Rough Sleeper Outreach Worker: 01536 464630 or 07779 419553

Housing Options Team (during office hours): 01536 464629/31

Monday – Friday 8.40am – 5.00pm

Telephone (outside office hours): 01536 400088

Monday – Friday after 5.00pm, Saturday & Sunday, Bank Holidays.

5.3 The Housing Options Team will be responsible for checking the Meteorological Office website www.metoffice.gov.uk on a daily basis before 10.00am and will inform the Out of Hours Homeless Service when the SWEP has been activated. An email advising SWEP has been triggered will be sent to the directory of members of the Homeless Operational Focus Group.

- 5.4 Once SWEPE has been triggered, the Rough Sleeper Outreach Worker and/or Housing Options Advisors (HOA) will proactively locate any known rough sleepers, working with the Council's Community Safety Team and relevant external partners in the area. (Assertive outreach may be suspended if the weather conditions are so severe that staff would be put at risk).
- 5.5 The Rough Sleeper Outreach Worker or Housing Options Advisor will verify where possible that the client has been rough sleeping and complete an Assessment Form (Appendix B) and Risk Screening (Appendix C). Evidence should be gathered from any other agencies that have previously worked with the individual.
- 5.6 All identified risks should be reviewed with Community Safety and/or Police to discuss how to manage the risk.
- 5.7 Appropriate emergency accommodation will be offered for the duration of the severe weather. Suitable options will be considered for clients with particular needs such as (but not exclusively) couples, single women and clients with pets.
- 5.8 Each client will be fully informed of any rules relating to the accommodation at referral stage e.g. behaviour, drug use, intoxication, and asked to sign to confirm that they have understood and will adhere to them before booking in.
- 5.9 As soon as possible following placement the Rough Sleeper Outreach Worker/HOA will refer clients to any agencies that can assist with food, toiletries, and clothing.
- 5.10 Many entrenched rough sleepers may be wary of services and less likely to engage. Anyone refusing assistance will be provided with information about the health risks associated with severe weather, which are increased if using substances. If someone continues to refuse help in these circumstances it may be grounds to trigger referrals to other services, such as mental health assessments, the police and/or Safeguarding Vulnerable Adult team. (Relevant legislation includes, sec. 136 of the Mental Health Act 2007, Vagrancy Act and Mental Capacity Act 2005 S5&S6).
- 5.11 Rough sleepers who refuse assistance will be continually monitored during the severe weather. This will include frequent visits, offers of support/assistance and a review of any assessments by any other services i.e. mental health.

6 Move On

- 6.1 Rough sleepers will be offered Housing Options and Advice assistance to deal with their longer term issue of homelessness. The relevant support provider will continue to engage with each client. Assistance may include:
- 6.2 HOUSING OPTIONS
 - a) Homeless Application and any duties owed;
 - b) Application to Keyways; and
 - c) Referral to Deposit Bond Scheme.

6.3 SUPPORT PROVIDER

- a) Registration with health services e.g. GP, Community Mental Health Team (CMHT), and NHS Dentist, etc.;
- b) Application for Housing Benefit/Universal Credit;
- c) Review of income (benefits check);
- d) Review of debts (repayment plans); and
- e) Referrals to support agencies e.g. Citizens Advice, Substance to Solution (S2S), Children or Adult Services, etc.

6.4 All clients placed into emergency accommodation when the SWEP is in operation will be referred to one of the support providers (Appendix A) for ongoing support.

6.5 Although rare, if any incidents of antisocial behaviour or unacceptable behaviour are shown during the course of the time that emergency accommodation is being provided, the Housing Options Team will review the assistance being provided to assess/find alternative ways to prevent rough sleeping during the severe weather whilst at the same time managing the risks. For example a) Self-contained property or b) Supported housing.

6.6 Any clients with no local connection to Corby will be supported to reconnect with their original borough or country.

7 Financial Implications

The cost of providing emergency accommodation during the SWEP will be covered from the Prevention of Homelessness grant, together with any claims for Housing Benefit/Universal Credit.

8 Monitoring and Review

8.1 The Housing Options Advisor will complete the Monitoring Tool, create or update a household on Abrisas, and start an Advice and Prevention workflow.

8.2 The information gathered on the Monitoring Tool will be used to assess the extent of rough sleeping in the borough, the reasons for any clients who return to rough sleeping following the end of SWEP, and allow the local authority to plan effectively for future responses.

8.3 Following the end of the severe weather period the Housing Options Manager will review the findings and discuss these at the Homeless Operational Focus Group.

8.4 This Protocol will be reviewed by the Housing Options Manager bi-annually, or when central government guidelines/good practice requires consideration, and/or implementation. This will be carried out in consultation with our key stakeholder partner organisations working with rough sleepers in Corby.

Appendix A: List of Key Partners



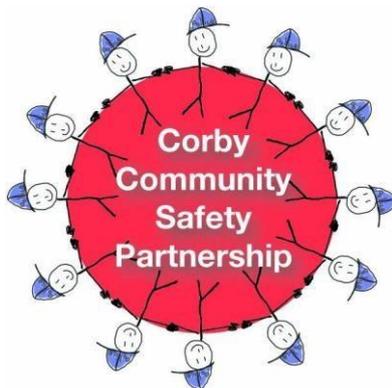
Housing Options Team

Corby Borough Council
The Corby Cube
Parkland Gateway
Corby
Northants
NN17 1QG

Tel: 01536 464629/31

Email: housing.options@corby.gov.uk

Web: www.corby.gov.uk



Safer Corby Team

Corby Borough Council
The Corby Cube
Parkland Gateway
Corby
Northants
NN17 1QG

Tel: 01536 464603

Email: community.safety@corby.gov.uk

Web: www.corby.gov.uk



CGL: Substance to Solution (S2S)

The Old TA Building
Elizabeth Street
Corby
Northants
NN17 1PN

Tel: 0808 169 8512

Email: northants@cgl.org.uk

Web: www.changegrowlive.org.uk



Citizens Advice Services Corby & Kettering

The Corby Cube
Parkland Gateway
Corby
Northants
NN17 1QG

Tel: 01536 265501

Email: administrator@corby.cabnet.org.uk

Web: www.citizensadvice.org.uk



Northamptonshire Police

The Corby Cube
Parkland Gateway
Corby
Northants
NN17 1QG

Tel: 101

Web: www.northants.police.uk

Appendix B: SWEP Assessment Form

SWEP ASSESSMENT FORM

Recorded.....

PRIVATE AND CONFIDENTIAL

Staff member completing form _____

Date in _____ Date out _____

Moved out to

- | | |
|---|--|
| <input type="checkbox"/> Hostel | <input type="checkbox"/> B&B |
| <input type="checkbox"/> Private Rented | <input type="checkbox"/> Reconnected |
| <input type="checkbox"/> Back with family | <input type="checkbox"/> Back on streets |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other: _____ |

Basic details

1. Client name _____

2. Contact phone number _____

3. Gender Female Male

4. D.O.B. _____

5. Nationality _____

6. Ethnic group

- White British
- White Irish
- Gypsy or Irish traveller
- Any other white background
- White and black Caribbean
- White and black African
- White and Asian
- Any other mixed/multiple ethnic background
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background
- Black/Black British – African
- Black/Black British – Caribbean
- Any other black/African/Caribbean background
- Arab
- Other
- Refused

7. Year arrival in UK (if applicable) _____

8. Verified rough sleeper Yes No

9. Previous contact with services None Limited Regular

9a. What is your first language? _____

9b. Do you speak English Yes No

Client Needs

Mental Health

10. Any mental health needs Yes No Declined

(If no, go to Q20)

11. Difficulties experienced

- Difficulty sleeping
- Feel depressed
- Hear voices
- Aggressive/violent towards others
- Find it hard to control anger
- Often feel anxious
- Often feel stressed
- Panic attacks
- Self-harm
- Suicidal thoughts

12. Had difficulties for 12 months + Yes No

13. Has diagnosed condition Yes No Don't know

(If no, go to Q20)

14. Diagnosed condition

- Bipolar disorder
- Depression
- Dual diagnosis with a drug/alcohol problem
- Personality disorder
- Post-traumatic stress disorder
- Schizophrenia
- Other: _____

15. Had diagnosis for 12 months + Yes No

16. Any mental health support
- Yes and it meets needs (go to Q17)
 - Yes but wants more (go to Q18)
 - No but wants (go to Q18)
 - No and doesn't want (go to Q19)

17. Type of support that helps
- Talking therapies (e.g. counselling)
 - Specialist mental health worker
 - Services to address dual diagnosis
 - Activities e.g. arts, volunteering, sport
 - Practical support with day-to-day life
 - Other: _____

18. Type of support that would help
- Talking therapies (e.g. counselling)
 - Specialist mental health worker
 - Services to address dual diagnosis
 - Activities e.g. arts, volunteering, sport
 - Practical support with day-to-day life
 - Other: _____

19. Self-medicates Yes No Don't know

20. Any physical health needs Yes No Declined

(If no, go to Q24)

21. Difficulties experienced
- Chest pain/breathing problems
 - Circulation problems/blood clots
 - Dental/teeth problems
 - Diabetes
 - Difficulty seeing/eye problems
 - Epilepsy
 - Fainting/blackouts
 - Joint aches/problems with bones and muscles
 - Liver problems
 - Problems with feet
 - Skin/wound infection or problems
 - Stomach problems
 - Urinary
 - Other: _____

22. Had difficulties for 12 months + No Yes

23. Any physical health support
- Yes and it meets needs
 - Yes but wants more
 - No but wants
 - No and doesn't want

Substance use

24. Take drugs/in recovery No Yes

(If no, go to Q31)

25. Used in last month
- Amphetamines/speed
 - Benzodiazepines/benzos
 - Cannabis/weed
 - Crack/cocaine
 - Heroin
 - Prescription drugs
 - Other: _____
 - None

26. Take methadone No Yes

(If no, go to Q28)

27. Methadone prescribed No Yes

28. Inject drugs No Yes

29. Share equipment At times Usually No

30. Know about:

- Needle exchange scheme Yes No
 Advice on safer injecting Yes No

31. Frequency drink alcohol
- Never
 - Monthly or less
 - 2-4 times per month
 - 2-3 times per week
 - 4-6 times per week
 - Every day

32. Units per typical day
- 1-2
 - 3-4
 - 5-6
 - 7-9
 - 10+

33. Alcohol problem/in recovery Yes No

Employment

34. Current economic status
- | | |
|--------------------------|--|
| <input type="checkbox"/> | Full time work (24 hours+ per week) |
| <input type="checkbox"/> | Part time work (less than 24 hours per week) |
| <input type="checkbox"/> | Gov't training/Work Programme |
| <input type="checkbox"/> | Job seeker |
| <input type="checkbox"/> | Retired |
| <input type="checkbox"/> | Not seeking work |
| <input type="checkbox"/> | Full time student |
| <input type="checkbox"/> | Unable to work (long term sick/disabled) |
| <input type="checkbox"/> | Child under 16 |
| <input type="checkbox"/> | Other: _____ |

35. Time since last paid job
- | | | | |
|--------------------------|----------------------|--------------------------|-----------------|
| <input type="checkbox"/> | < 3 months | <input type="checkbox"/> | 3 >< 6 months |
| <input type="checkbox"/> | 6 >< 12 months | <input type="checkbox"/> | 12 >< 18 months |
| <input type="checkbox"/> | 18 months >< 2 years | <input type="checkbox"/> | 2 >< 3 years |
| <input type="checkbox"/> | 3 >< 4 years | <input type="checkbox"/> | 4 >< 5 years |
| <input type="checkbox"/> | > 5 years | <input type="checkbox"/> | Never |

Offending

36. Ever any involvement with police Yes No
37. Reprimands, warnings, cautions Yes No Don't know
38. Any convictions Yes No

39. Most serious (S) and recent (R) offence
- | S | R | |
|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Violence against the person |
| <input type="checkbox"/> | <input type="checkbox"/> | Criminal damage |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual offences |
| <input type="checkbox"/> | <input type="checkbox"/> | Robbery |
| <input type="checkbox"/> | <input type="checkbox"/> | Burglary |
| <input type="checkbox"/> | <input type="checkbox"/> | Theft and handling stolen goods |
| <input type="checkbox"/> | <input type="checkbox"/> | Fraud and forgery |
| <input type="checkbox"/> | <input type="checkbox"/> | Drug offences |
| <input type="checkbox"/> | <input type="checkbox"/> | Motoring offences |

40. Number offences convicted of
- | | | | |
|--------------------------|-------|--------------------------|------------|
| <input type="checkbox"/> | 0 | <input type="checkbox"/> | 1-2 |
| <input type="checkbox"/> | 3-6 | <input type="checkbox"/> | 7-10 |
| <input type="checkbox"/> | 11-14 | <input type="checkbox"/> | 15 or more |

41. Currently involved with probation

Yes

No

Housing situation

42. Last settled home

Private rented sector

Social housing (council or HA)

Owner occupier/joint owner

With friends

With partner

Family home – parents

Family home – extended family

Foster care/looked after

Overseas

Other:

43. Accommodation immediately prior to this

44. Location of previous accommodation

CONSENT FOR COLLECTION, RECORDING AND PROCESSING OF PERSONAL INFORMATION

DECLARATION

I confirm that a member of staff of Corby Borough Council has explained to me my rights regarding the collection and use of my personal information by this organisation.

I received the leaflet 'FAQs for Clients – Consent and Personal Information'.

I agree to Corby Borough Council collecting, recording and processing information about me in the ways described to me by staff and as described in 'FAQs for Clients – Consent and Personal Information'.

I understand the implications of giving consent and do so at a time when I am comfortable in making a decision.

Client name:

Client signature:

Date:

Countersigned by worker:

Worker name:

Date:

Appendix C: SWEP Risk Assessment

NAME OF CLIENT			DATE OF BIRTH			
<p>We will treat all risk assessment information with extreme sensitivity.</p> <p>The Risk Assessment should be filled in directly after the assessment (it should not be used as a direct set of questions for clients) with information based on:</p> <ul style="list-style-type: none"> • Information provided by the client in the assessment process • The professional judgement of the assessment team • Observed behaviour • Referral information (if any) • Information from other services who have worked with the individual <input type="checkbox"/> PNC Check information 						
			Yes	No		
DANGEROUS BEHAVIOUR			EMOTIONAL/MENTAL HEALTH ISSUES			
Incidents of violence			Detained under the Mental Health Act			
If Yes, to whom?			Known suicide attempts			
Staff			Known self-harm			
Other users			Dual diagnosis			
Friends/Family			Bizarre behaviours			
Public			SELF CARE/RISK FROM OTHERS			
MOST SERIOUS DAMAGE CAUSED			Incidents of self-neglect			
None			Incidents of being abused/exploited			
Minor injury			Incidents of being harassed			
Serious Injury			Accidental harm (e.g. kitchen fires, careless smoking)			
Death			Persistent provocative behaviour			
Known incidents of abuse or harassment to others			TENANCY RISKS			
Known danger to children			History of losing tenancies due to arrears			
Problems managing anger/impulsive behaviour			History of tenancy related ASB orders/ABC's			
Sexual assault/exposure			History of losing tenancies due to behaviour			
Arson			History of having tenancies hijacked			
Substance/alcohol abuse						

PNC Check Information and any other information:

If you have ticked yes to any question please describe behaviour/incidents in detail.
Please also describe any work your organisation has carried out with this individual that relates to risk.

Who is at risk?

What are the risks?

Where is the risk greatest?

What factors might increase risk?

Risk Management Strategy:

Completed by:	
Signed:	
Date:	
Organisation:	