



Department  
for Education

## Guidance

# Contingency framework: education and childcare settings

Updated 7 January 2022

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## Summary

The contingency framework describes the principles of managing local outbreaks of coronavirus (COVID-19) (including responding to variants of concern) in education and childcare settings, covering:

- the types of measures that settings should be prepared for
- who can recommend these measures and where
- when measures should be lifted
- how decisions are made

Local authorities, directors of public health (DsPH) and the UK Health Security Agency (UKHSA) health protection teams can recommend measures described in this guidance, in individual education and childcare settings as part of their outbreak management responsibilities. Where there is a need to address more widespread issues across an area, ministers will take decisions on an area-by-area basis.

## Who is this guidance for?

This guidance is for the following settings.

Early years settings, including:

- all providers on the Ofsted early years register
- providers registered with an early years childminder agency
- all pre-reception early years provision in maintained, non-maintained and independent schools

Schools, including:

- primary schools (including reception classes)
- middle or upper schools
- secondary schools (including school sixth forms)
- special schools, including non-maintained special schools
- special post-16 providers
- 16 to 19 academies
- Independent schools

Alternative provision (AP), including:

- pupil referral units
- AP academies
- AP free schools

Further education (FE) providers, including:

- sixth-form colleges
- general FE colleges
- independent training providers
- designated institutions
- adult community learning providers
- special post-16 institutions

Higher education providers (HE), including:

- universities
- specialist and independent HE providers

Out-of-school settings and wraparound childcare, including:

- breakfast clubs
- after-school clubs
- holiday clubs
- other out-of-school settings (including providers of wraparound childcare for children over the age of 5)

Summer school provision, which may be arranged or hosted by a range of organisations including:

- secondary schools
- special schools
- pupil referral units
- alternative provision

Holiday activities and food programmes, during the Easter, summer and Christmas school holidays. There are a wide variety of organisations and individuals involved in the delivery of the holiday activities and food programme and other out-of-school settings, including but not limited to:

- schools
- private providers
- charities
- youth clubs
- community groups

This guidance is also for local authorities, DsPH and health protection teams (HPTs).

This guidance should be read alongside the detailed guidance for education and childcare settings and providers operating during COVID-19:

- [actions for early years and childcare providers during the COVID-19 pandemic](#)
- [schools COVID-19 operational guidance](#)
- [further education COVID-19 operational guidance](#)
- [providing apprenticeships during the COVID-19 pandemic](#)
- [COVID-19: actions for out-of-school settings](#)
- [SEND and specialist settings: additional COVID-19 operational guidance](#)
- [higher education COVID-19 operational guidance](#)

## Changes to the previous version

Changes to the guidance since its 15 December 2021 publication include:

- updated advice on [face coverings](#) to reflect that, from 4 January, the use of face coverings is now recommended in classrooms for pupils and students aged 11 or above on 31 August 2021, staff, and adult visitors
- updated advice on [baseline measures](#)

## Introduction

The government has made it a national priority that education and childcare settings should continue to operate as normally as possible during the COVID-19 pandemic.

Measures affecting education and childcare may be necessary in some circumstances, for example:

- to help manage a COVID-19 outbreak within a setting
- as part of a package of measures responding to a variant of concern (VoC) or to the extremely high prevalence of COVID-19 in the community
- to prevent unsustainable pressure on the NHS

All education and childcare settings should already have contingency plans (sometimes called outbreak management plans) describing what they would do if children, pupils, students or staff test positive for COVID-19, or how they would operate if they were advised to reintroduce any measures described in this document to help break chains of transmission.

## Principles

### Prioritising education

The overarching objective is to maximise the number of children and young people in face-to-face education or childcare and minimise any disruption, in a way that best manages the COVID-19 risk.

The impacts of having missed face-to-face education during the pandemic are severe for children, young people and adults. In all cases, any benefits in managing transmission should be weighed against any educational drawbacks.

Decision-makers should endeavour to keep any measures in education and childcare to the minimum number of settings or groups possible, and for the shortest amount of time possible.

Decision-makers should keep all measures under regular review and lift them as soon as the evidence supports doing so.

Measures affecting education and childcare settings across an area should not be considered in isolation but as part of a broader package of measures. Attendance restrictions should only ever be considered as a last resort - neither contacts or siblings of positive cases should be asked to isolate.

The government will try to give as much notice as possible of any changes to the way settings should operate.

## Collaboration

Multi-agency collaboration and communication is important in ensuring consistency in approach across England wherever issues occur, so that no group of children, pupils or students is unfairly disadvantaged.

Local authorities, DsPH and DfE's regional schools commissioners (RSCs) should maintain close working relationships through their regional partnership teams (RPTs).

These teams are made up of:

- UKHSA regional directors
- contain regional convenors
- UKHSA regional leads

Where decisions about measures in education and childcare settings are made at a national level, DfE will work with the Department of Health and Social Care (DHSC), the UKHSA, the Chief Medical Officer, and other government departments, as well as relevant local authorities and DsPH. The government will review the available evidence and take into account the judgement of public health professionals.

## Roles and responsibilities

Local authorities, DsPH and HPTs are responsible for managing localised outbreaks. They play an important role in providing support and advice to education and childcare settings.

Local authorities, DsPH and HPTs can work with their regional partnership teams (RPTs) to escalate issues from the local level into the central local action committee command structure. RPTs support local areas in managing outbreaks and provide advice and insights from across the country to the Chief Medical Officer and the Secretary of State for Health and Social Care to inform decision making.

Through the local action committee command structure, ministers consider and take decisions on measures on an area-by-area basis in light of all available evidence, public health advice and the local and national context.

In rare circumstances, it may be necessary to escalate issues to ministers through other central government committees (for example incident management teams), but this should be by exception only.

# Contingency planning

All education and childcare settings should already have contingency plans (sometimes called outbreak management plans) describing what they would do if children, pupils, students or staff test positive for COVID-19, or how they would operate if they were advised to reintroduce any measures described in this document to help break chains of transmission.

COVID-19 resilience and planning is now more important than ever. Settings do not need to reformat their existing contingency plans to specific templates, but the plans should be kept robust and up to date in light of the advice set out here.

A good plan should cover:

- roles and responsibilities
- when and how to seek public health advice
- details on the types of control measures you might be asked to put in place (described in [measures that settings should plan for](#) and [your sector's guidance](#))

For each control measure you should include:

- actions you would take to put it in place quickly
- how you would ensure every child, pupil or student receives the quantity and quality of education and support to which they are normally entitled
- how you would communicate changes to children, pupils, students, parents, carers and staff

## When settings should consider extra action

The [operational guidance](#) sets out the measures that all education settings should have in place to manage transmission of COVID-19 day to day. For most settings, it will make sense to think about taking [extra action](#) if the number of positive cases substantially increases. This is because it could indicate transmission is happening in the setting. The thresholds, detailed below, can be used by settings as an indication for when to seek public health advice if they are concerned.

For most education and childcare settings, whichever of these thresholds is reached first:

- 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period
- 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period

For special schools, residential settings, and settings that operate with 20 or fewer

children, pupils, students and staff at any one time:

- 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period

Identifying a group that is likely to have mixed closely will be different for each setting. [Examples are available for each sector](#), but a group will rarely mean a whole setting or year group.

Higher education providers should continue to liaise with their DsPH. If and when outbreaks occur, providers should work with their local HPTs to identify any additional measures to put in place.

All settings should seek public health advice if a pupil, student, child or staff member is admitted to hospital with COVID-19.

They can do this by phoning the DfE helpline (0800 046 8687, option 1), or in line with other local arrangements.

Hospitalisation could indicate increased severity of illness or a new variant of concern. Settings may be offered public health support in managing risk assessments and communicating with staff and parents.

## Actions to consider

When the thresholds are reached, education and childcare settings should review and reinforce the testing, hygiene and ventilation measures they already have in place. There is more detail on these in [Annex A](#) and in the guidance for each sector.

Settings may wish to seek additional public health advice if they are concerned about transmission in the setting, either by phoning the DfE helpline (0800 046 8687, option 1) or in line with other local arrangements.

A director of public health or an HPT may give settings advice reflecting the local situation. In areas where rates are high, this may include advice that local circumstances mean that the thresholds for extra action can be higher than set out above. If they judge that additional action should be taken, they might advise the setting to take some or all of the [other measures](#) described in this document, for example, extra testing.

All settings should make sure their contingency plans cover how they would operate if any of the [measures described](#) were recommended for their setting or area.

Where a staff member has tested positive for COVID-19, education and childcare settings do not need to routinely contact the NHS Self Isolation Service Hub to provide details of close contacts. However, to ensure eligible individuals identified as a close contact can access [Test and Trace Support Payments](#) you may consider providing staff details to the NHS Self Isolation Hub when:

- a staff member who was in close contact with the person testing positive has indicated they are not exempt from self-isolation, but the person testing positive was unable to provide that person's details to NHS Test and Trace
- it is particularly difficult for the person testing positive to identify or provide details of some members of staff they were in contact with, for example, temporary workers such as supply staff, peripatetic teachers, contractors or ancillary staff

Frequently asked questions on contact tracing and self-isolation can be found on the document sharing platforms for primary and early years, secondary schools, further education and higher education and children's social care.

## Measures that settings should plan for

### Testing

All settings should ensure their contingency plans reflect the possibility of increased use of rapid lateral flow device (LFD) testing by staff and, where they are already being offered testing, for pupils and students.

This could include advice on increased LFD testing, which may be advised for an individual setting or in areas of high prevalence by DsPH as part of their responsibilities in outbreak management.

From Tuesday 14 December, a new national approach to daily contact testing for contacts of COVID-19 was introduced. For more detail on daily contact testing, all sectors should see further information in the [Schools COVID-19 operational guidance](#). Details are also available in specific sector guidance.

DPH advice could also include the reintroduction of onsite LFD testing for settings across areas that have been offered an enhanced response package or are in an enduring transmission area, where settings and DsPH decide it is appropriate.

These additional testing measures would need to be agreed with settings and we encourage DsPH to consult settings and work with them to identify what support may be needed to do this.

Secondary schools and colleges should consider how onsite LFD testing could



be implemented in a way that does not negatively impact the education they provide to their pupils and students.

DsPH should keep DfE and UKHSA informed of all cases where they are considering recommending onsite LFD testing for an education setting, via their RPT and RSC.

## Face coverings

Where pupils and students in year 7 (which would be children who were aged 11 on 31 August 2021) and above are educated, we recommend that face coverings should be worn by pupils, students, staff and adult visitors when moving around the premises, such as in corridors and communal areas, and in classrooms and teaching spaces. This does not apply in situations where wearing a face covering would impact on the ability to take part in exercise or strenuous activity, for example in PE lessons. These are temporary measures.

Pupils and students in these settings must also wear a face covering when travelling on public transport and should do so on dedicated transport to and from the setting.

In primary schools and early year settings, we recommend that face coverings should be worn by staff and adults (including visitors) when moving around in corridors and communal areas.

Children of primary school age and early years children should not be advised to wear face coverings. Any guidance should allow for [circumstances where people are not able to wear face coverings](#).

In all cases any educational and wellbeing drawbacks in the recommended use of face coverings should be balanced with the benefits in managing transmission.

Further information on things to consider when face coverings have been recommended can be found in [Annex B](#).

## Shielding

Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be clinically extremely vulnerable (CEV) will not be advised to shield again.

Individuals previously identified as CEV are advised to continue to follow the guidance on [how to stay safe and help prevent the spread of COVID-19](#).

Individuals should consider advice from their health professional on whether additional precautions are right for them.

## Other measures

Settings should make sure their contingency plans cover the possibility they are advised to limit:

- residential educational visits
- open days
- transition or taster days
- parental attendance in settings
- live performances in settings

Local authorities, DsPH and HPTs may recommend these precautions in individual settings or across an entire area.

## Attendance restrictions

High-quality face-to-face education remains a government priority. Attendance restrictions should only ever be considered as a short-term measure and as a last resort:

- for individual settings, on public health advice in extreme cases where other recommended measures have not broken chains of in-setting transmission
- across an area, on government advice in order to suppress or manage a dangerous variant and to prevent unsustainable pressure on the NHS

In all circumstances, priority should continue to be given to vulnerable children and young people and children of critical workers to attend to their normal timetables.

Where measures include attendance restrictions, DfE may advise on any other groups that should be prioritised. Settings should make sure their contingency plans cover the possibility they are advised, temporarily, to limit attendance and should ensure that high-quality remote education is provided to all pupils or students not attending.

## Other considerations where attendance has been restricted

### Remote education

High-quality remote learning in schools, further education, and higher education settings should be provided for all pupils and students if:

- they have tested positive for COVID-19 but are well enough to learn from home
- attendance at their setting has been temporarily restricted

On-site provision should in all cases be retained for vulnerable children and young people and the children of critical workers. If settings have to temporarily stop onsite provision on public health advice, they should discuss alternative arrangements for vulnerable children and young people with the local authority. Full detail on remote education expectations and the support available to schools and FE providers is available at [get help with remote education](#).

### **Education workforce**

If restrictions on child, pupil and student attendance are ever needed, leaders of childcare and education settings will be best placed to determine the workforce required onsite and if it is appropriate for some staff to work remotely.

Employers should be able to explain the measures they have in place to keep staff safe at work.

### **Safeguarding and designated safeguarding leads**

There should be no change to local multi-agency safeguarding arrangements, which remain the responsibility of the 3 safeguarding partners:

- local authorities
- clinical commissioning groups
- chief officers of police

If attendance restrictions are needed in any education or childcare setting, we would expect all local safeguarding partners to be vigilant and responsive to all safeguarding threats with the aim of keeping vulnerable children and young people safe, particularly as more children and young people will be learning remotely.

All settings must continue to have regard to any statutory safeguarding guidance that applies to them, including:

- [keeping children safe in education](#)
- [working together to safeguard children](#)
- the [early years foundation stage \(EYFS\) framework](#)

Out of school settings should also review [keeping children safe in out-of-school settings: code of practice](#).

Early years providers, schools, out-of-school settings and FE providers (ideally led by the designated safeguarding lead (DSL) or a deputy) should review their child protection policy so that it reflects the local restrictions and remains effective.

It is expected that schools, out-of-school settings and FE providers will have a trained DSL (or deputy) available on site. However, it is recognised that for some schools and FE providers there may be operational challenges to this. In such cases, there are 2 options to consider:

- a trained DSL (or deputy) from the early years setting, school, out-of-school settings or FE provider can be available to be contacted via phone or online video, for example working from home
- sharing trained DSLs (or deputies) with other settings, schools or FE providers (who should be available to be contacted via phone or online video)

Where a trained DSL (or deputy) is not on-site, in addition to one of the 2 options, a senior leader should take responsibility for co-ordinating safeguarding on site.

### **Vulnerable children and young people**

Where vulnerable children and young people are absent, education settings should:

- follow up with the parent or carer, working with the local authority and social worker (where applicable), to explore the reason for absence and discuss their concerns
- encourage the child or young person to attend educational provision, working with the local authority and social worker (where applicable), particularly where the social worker and the virtual school head (where applicable) agrees that the child or young person's attendance would be appropriate
- focus the discussions on the welfare of the child or young person and ensuring that the child or young person is able to access appropriate education and support while they are at home
- have in place procedures to maintain contact, ensure they are able to access remote education support, as required, and regularly check if they are doing so

If settings have to temporarily stop onsite provision on public health advice, they should discuss alternative arrangements for vulnerable children and young people with the local authority.

### **Transport**

Transport services to education settings should continue to be provided as normal where children are attending education settings. The [guidance on transport to schools and colleges during the COVID-19 pandemic](#) remains in place.

### **School and FE meals**

Schools should provide meal options for all pupils who are in school. Meals should be available free of charge to all infant pupils and pupils who meet the benefits-related free school meals eligibility criteria.

Schools should also continue to provide free school meals support in the form of meals or lunch parcels for pupils who are eligible for benefits related free school meals and who are not attending school because they have had symptoms or a positive test result themselves.

Further information is available in the [guidance on providing school meals during the COVID-19 pandemic](#).

FE providers should continue to support students who are eligible for, and usually receive, free meals, even if students are studying remotely due to COVID-19. This includes students in further education, who are newly eligible.

There is further [guidance on free meals in further education-funded institutions](#).

### **Educational visits**

Any attendance restrictions should be reflected in the visits risk assessment and setting leaders should consider carefully if the educational visit is still appropriate and safe. Only students who are attending the setting should go on an educational visit. Education settings should consult the health and safety guidance on educational visits when considering visits.

## **Annex A: guidance for education and childcare settings on managing COVID-19 cases from autumn term 2021**

Wherever additional measures are considered, the objective is to maximise the number of children and young people in face-to-face teaching and minimise control measures that disrupt education, balanced against the risks of COVID-19 transmission.

There is strong [evidence](#) that children and young people are much less susceptible to severe clinical disease than older people and that there are significant disadvantages to children and young people associated with missed education.

It is of course acknowledged that this evidence may change with the emergence of new variants of concern (VoCs). The government will continue to advise baseline measures and provide thresholds at which help can be sought and extra measures may be introduced. Local spikes in COVID-19 will usually be best managed through a dynamic risk assessment approach. Attendance restrictions are unlikely to be a proportionate response to the level of risk that COVID-19 currently poses to children and young people, and public health authorities would only consider them as a last resort if all other risk mitigations proved insufficient to break chains of transmission.

In light of this, all education and childcare settings should revisit their contingency plans based on the advice below. There is no expectation that education and childcare settings should create new documents or reformat any existing plans to specific templates, but plans should be robust and up to date.

## Baseline measures

The [operational guidance](#) sets out the measures that all education settings should have in place to manage transmission of COVID-19. This includes:

1. Staff and students should continue to test twice weekly at home, with rapid lateral flow device (LFD) test kits, 3 to 4 days apart. Testing remains voluntary but is strongly encouraged.
2. All students in higher education (HE) settings should test before they travel back to university. They can order a free test online or collect one from their local pharmacy. On arrival at university, all students should take 2 rapid lateral flow device (LFD) tests (3 to 4 days apart). All HE students and staff should continue to test in line with [government guidelines](#).
3. Those who test positive should isolate. Pupils and staff should return to school as soon as isolation rules allow. Schools and colleges will need to be prepared to implement high-quality blended learning arrangements so that any child who is well enough to learn from home can do so. Under-18s, irrespective of their vaccination status, and double vaccinated adults will not need to self-isolate if they are a close contact of a positive case. 18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get fully vaccinated. Further information is available in [NHS Test and Trace: what to do if you are contacted](#) and in the [stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).
4. All education and childcare settings should continue to ensure good hygiene for everyone, maintain appropriate cleaning regimes, keep occupied spaces well ventilated, and follow public health advice on testing and managing confirmed cases of COVID-19.
5. All settings should continue their strong messaging about signs and symptoms, isolation advice and testing, to support prompt isolation of suspected cases. Settings should also continue to encourage coronavirus (COVID-19) vaccination uptake for eligible students and staff.

## Close mixing

Identifying a group that is likely to have mixed closely will be different for each setting. Below are some examples.

For early years, this could include:

- a childminder minding children, including their own
- childminders working together on the same site
- a nursery class
- a friendship group who often play together
- staff and children taking part in the same activity session together

For schools, this could include:

- a form group or subject class
- a friendship group mixing at breaktimes
- a sports team
- a group in an after-school activity

For boarding schools, this could include:

- staff and children taking part in the same class or activity session together
- children who share the same common space in a boarding house
- children who have slept in the same room or dormitory together

For FE, this could include:

- students and teachers on practical courses that require close hands-on teaching, such as hairdressing and barbering
- students who have played on sports teams together
- students and teachers who have mixed in the same classroom

For wraparound childcare or out-of-school settings, this could include:

- a private tutor or coach offering one-to-one tuition to a child, or to multiple children at the same time
- staff and children taking part in the same class or activity session together
- children who have slept in the same room or dormitory together

For higher education institutions, this could include:

- students in the same household, sharing living, washing and cooking facilities
- students who take part in sporting or social activities together
- students taking part in the same seminar or group learning activity such as a presentation

## **Actions to consider once a threshold is reached**

At the point of reaching a threshold, education and childcare settings should review and reinforce the testing, hygiene and ventilation measures they already have in place.

Settings should also consider:

- whether any activities could take place outdoors, including exercise, assemblies, or classes
- ways to improve ventilation indoors, where this would not significantly impact thermal comfort

- one-off enhanced cleaning focussing on touch points and any shared equipment

Settings may wish to seek additional public health advice if they are concerned about transmission in the setting, either by phoning the DfE helpline (0800 046 8687, option 1) or in line with other local arrangements.

A director of public health or an HPT may give settings advice reflecting the local situation. In areas where rates are high, this may include advice that local circumstances mean that the thresholds for extra action can be higher than set out in this document. They might advise the setting to take some of the [other measures](#) described in this document.

## **Additional action that could be advised by public health experts**

If you have called the DfE helpline and a director of public health (DsPH) or a health protection team (HPT) subsequently judges that additional action should be taken because they have assessed that transmission is likely to be occurring in the setting, they may advise settings take extra measures such as:

- strengthened communications to encourage pupils and students to undertake twice weekly rapid asymptomatic home testing and reporting
- reinstating on-site rapid LFD testing in secondary schools, colleges and universities for a 2-week period to encourage uptake of twice weekly testing
- increased frequency of testing

They may also recommend the actions listed under [other measures](#) in the contingency framework, or other proportionate measures to support continuing face-to-face education.

In extreme cases, and as a last resort where all other risk mitigations have not broken chains of in-school transmission, a DPH may advise introducing short-term attendance restrictions in a setting, such as sending home a class or year group (as they could for any workplace experiencing a serious infectious disease outbreak).

High-quality remote learning should be provided for all students well enough to learn from home. On-site provision should in all cases be retained for vulnerable children and young people and the children of critical workers.

Where they have advised settings to take extra measures, DsPH and HPTs will work closely with their regional partnership teams and keep the situation under regular review. They will inform settings when it is appropriate to stop additional measures, or if they should be extended.



# Annex B: In circumstances where face coverings are recommended

Where face coverings are recommended, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited. Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.

The main benefit from a transparent face covering is that they can aid communication, for example enabling lip-reading or allowing for the full visibility of facial expressions, but this should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth.

Face visors or shields can be worn by those who are exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission. They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller respiratory particles when used without an additional face covering. They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.

The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings.

All employers have a duty to comply with the Equality Act 2010 which includes making reasonable adjustments for disabled staff.

You also have a duty to make reasonable adjustments for disabled children, pupils and students to support them to access education successfully. Where appropriate, you should discuss with pupils and parents the types of reasonable adjustments that are being considered to support an individual.

No pupil or student should be denied education on the grounds of whether they are, or are not, wearing a face covering.

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