

2026



# Time To Deliver

**A Case for Universal Portage Intervention.**

**The Cost Of Waiting:**

What happens to children, families and local budgets when early intervention doesn't arrive in time.

A companion to Time To Act

Supporting children. Empowering Families. Transforming Futures

# Executive Summary



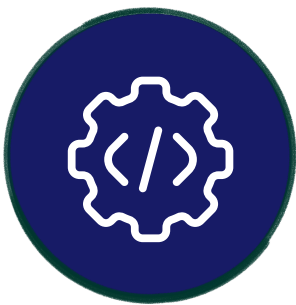
## The Challenge

England's Special Educational Needs Disability (SEND) system is under extraordinary pressure. Families wait too long for support and too many children miss the window of greatest opportunity.



## The Evidence

Decades of research show that early, home-based, family-centred interventions, such as Portage, improves child outcomes, builds parental confidence and reduces later costs.



## The Current Situation

- 100% of Portage services have waiting lists
- Only 32% of Local Authorities invest in Portage
- 1,820 fewer children reached each year
- 63% increase in referrals in the last 12 months



## This documents sets out the case to:

Make Portage a nationally guaranteed entitlement, introduce ring-fenced funding, set minimum coverage standards, invest in the workforce and embed Portage in SEND reform.

# Foreword



**Time to Act** set out the case for Portage: What it is, who it reaches, and why it matters. This document also asks a different question: What happens when it is not there?

**Time To Deliver** is not a critique of the system's intentions. It is an honest account of what families experience when early intervention is rationed, delayed or absent altogether.

It draws on published research, government data, and the direct testimony of nearly a thousand families who have used Portage services across England and Wales.

**99.1% said Portage contributed to their child's progress** <sup>\*1</sup>

The case it makes is simple; **early intervention works**. It works for children, for families, and for public budgets. Portage, at £2,400 per child per year, is among the most cost-effective early interventions available. The question is not whether we can afford to fund it properly.

**The question is whether we can afford not to?**

**Pam Fry, MBE**  
Chair  
National Portage Association



# Section 1:

## The Problem We Cannot Ignore

England's SEND system is under extraordinary pressure. The number of children with Education, Health and Care Plans (EHCPs) has risen by 140% since 2015, reaching 638,700 in January 2025 . Local authority budgets have been stretched beyond capacity. Families describe fighting for basic support — not for specialist provision, but simply to be seen. <sup>\*2</sup>

The government's own Schools White Paper, Every Child Achieving and Thriving (February 2026), acknowledges what families have long known: early help for children with SEND has too often not been present, pushing families into lengthy, adversarial and bureaucratic processes, with an emphasis on what children can't do, rather than what they can.

This is not inevitable. It is not the result of children's needs being too complex. It is the predictable consequence of a system that intervenes too late, at too high a cost, after the window of greatest developmental opportunity has already begun to close.

### **The Window That Matters Most**

The science of brain development is clear. The first five years of a child's life represent the period of greatest neural plasticity — when the architecture of language, cognition, emotional regulation and social development is being constructed. Nobel Prize-winning economist James Heckman has demonstrated that the return on investment in early childhood intervention is highest in the earliest years, generating returns of approximately 13% per year for the most disadvantaged children. Every pound spent in the first years of life returns more than a pound spent at school age, and vastly more than a pound spent in remedial intervention in adulthood. <sup>\*4</sup>

For children with developmental differences and disabilities, this window is not just an opportunity — it is a responsibility. What happens in those early years shapes what is possible for the rest of a life. What doesn't happen in those years cannot simply be made up for later. The current SEND system, for all its intention, routinely misses this window. Children wait, needs escalate. By the time specialist support arrives, a child is often at school age, their foundational developmental period already behind them.



## What Families Experience

Families of children with SEND describe a system that asks them to prove what their child cannot do before it will offer help. They describe isolation, exhaustion, and the particular cruelty of watching their child's early years pass while they navigate bureaucracy. The adversarial nature of the current system does not just harm families — it is itself a public health issue, driving parental anxiety and stress that research consistently links to poorer child outcomes. The government has committed to changing this. The question is not whether early intervention is needed. The question is what form it should take, and who should deliver it.

# Section 2:

## What the Evidence Tells Us - At A Glance



### The science of early intervention

The earlier an investment is made in a child's development, the greater the return. Nobel Prize-winner James Heckman showed returns of ~13% per year for early childhood intervention for the most disadvantaged children. <sup>\*5</sup>



### The power of the home learning environment

The EPPSE (The Effective Pre-School, Primary & Secondary Education) study found that the quality of the home learning environment is more predictive of a child's outcomes than social class, income or the type of pre-school attended.



### Research on Portage

Multiple studies across countries show significant improvements in child development, parental confidence, mental health and wellbeing and overall reduced stress for families.



**The evidence is clear.**

**Early, home-based, family-centred support works.**

Portage is not a novel idea awaiting proof. It is the practical application of principles that developmental science has validated across decades of research. The evidence base for the model underpinning Portage — family-centred, home-based, play-led early intervention, starting in the earliest years of life — is extensive and robust.

### The Science of Early Intervention

The Heckman Curve demonstrates that the earlier an investment is made in a child's development, the greater the return. This holds across economies, cultures and levels of need. The UK's own Institute for Fiscal Studies has found that a lack of early support for families means more children go on to need higher-level SEND support later in childhood — a finding that directly underpins the government's Best Start Family Hubs programme. Early intervention directed towards parents and the home environment can reduce risks associated with developmental difference, disability and disadvantage.

A systematic review of 17 family-based intervention programmes (Goyal et al., 2013)<sup>\*6</sup> found that 10 out of 13 studies assessing development showed a significant positive effect on at least one developmental outcome. Only one study out of 17 showed no positive effect on parent-child interaction.



The Power of the Home Learning Environment  
The Effective Pre-School, Primary and Secondary Education (EPPSE) study — the longest running study of early education in the UK<sup>\*7</sup> — found that the quality of the home learning environment was more predictive of a child's outcomes than social class, income or the type of pre-school attended. What parents do with children at home matters more than almost anything else in determining developmental trajectories.

Portage is built entirely around this insight. It does not treat parents as a problem to be managed or a risk to be mitigated. It treats parents as the solution — the most powerful intervention available to any child — and it builds their capacity to fulfil that role. This is not a soft approach. It is the most evidence-aligned model available for early years SEND support.

## The Importance of Play

Developmental psychology, from Vygotsky's zone of proximal development to contemporary neuroscience on brain architecture, consistently identifies play as the primary vehicle for early learning. Play-based approaches build language, cognitive flexibility, emotional regulation, social skills and physical development simultaneously — the full range of capacities a child needs to thrive. England's Early Years Foundation Stage (EYFS) framework is built on this foundation.<sup>\*8 & 9</sup>

Portage's play-based model is not a preference or a philosophy — it is a reflection of how young children actually learn. It works with the grain of development rather than against it.

## Portage-Specific Research

### Cameron (2021) — Growing: Birth to Three, Norway

\*10

A controlled study following 36 premature infants over three years found that children receiving the Portage-based intervention made significantly greater developmental gains from 4 to 36 months, and showed significantly higher receptive language scores at 36 months. Critically, parents of children in the intervention group reported significantly lower anxiety levels at the end of the study than parents in the control group. Parental anxiety is not a soft outcome. It drives demand across health, education and social care systems. Portage measurably reduces it.

### Borg et al. (2024) — Portage and Autism Spectrum Disorder

\*11

A 2024 study of 41 children with ASD found that following a three-month Portage programme, statistically significant improvements were recorded across every category measured: parental stress, family awareness, and child development in socialisation, language, self-help, cognitive and motor skills. No domain showed no improvement. The breadth of positive change across the whole child — and the whole family — reflects the holistic nature of the Portage model.

*After 3 years receiving Portage based interventions children made significantly greater developmental gains, significantly higher receptive language and parents reported significantly lower anxiety levels.*

# What The Families Tell Us

In 2023, the National Portage Association surveyed 981 families currently receiving Portage across England and Wales. The findings are unambiguous.

98%

said Portage helped support their emotional & mental health needs

93%

said they felt more able to understand and meet their child's needs

99.1%

said Portage contributed to their child's progress

84.3%

said it was extremely important that sessions took place in their home

68.1%

said their Portage worker supported them to a great extent as parents

90%

would recommend Portage to other families



*My child has made significant progress in all areas of development. He is now using words, will take turns, understands how to join in with signing, has better attention and listening skills.*

*Thank-you Portage.*



*My own understanding of my child's needs has increased significantly and our Portage worker has helped us to navigate our way through the world of SEND.*

*They offer support, ideas, and commitment where a lot of services haven't been able to.*



# Finn's Story



*I would have been totally lost without the service. My Portage worker helped my child and helped me so, so much.*



NPA Impact Survey 2023

## Before Portage



**Isolation & uncertainty**



**Long waits & appointments**



**Focus on what the child couldn't do**



**Stress & exhaustion**

## With Portage



**Practical support at home**



**Confidence & connection**



**Small steps, big progress**



**Hope for the future**



*I honestly don't know what I would have done without it. Waiting for an autism diagnosis with no support for the child is tough - we needed this time.*



~ NPA Parent Testimonial

# Section 3:

## What Portage Is & What It Does

Portage is an early years support service for babies and young children — typically from birth to five years — who have developmental differences or disabilities, and for their families. It usually takes place in the family home, nursery or childminder setting.

A trained Portage Practitioner works in genuine partnership with parents and carers. They bring no agenda other than the family's own priorities. They focus on what a child can do — not what they cannot. They embed learning into everyday routines: mealtimes, bath time, play on the living room floor. They break development into small, achievable steps, celebrate progress, and equip parents with the understanding and confidence to continue that work every day, not just on the days when a practitioner visits.

This is not a peripheral service. It is not a nice-to-have. It is the kind of early, intensive, relationship-based support that developmental science says works — delivered by a skilled professional in the place where it matters most, at the time in a child's life when it has the greatest possible impact.



### **It comes to you**

Support is delivered in the family home or setting - where life actually happens.



### **It sees what a child CAN do**

The model builds on strengths & abilities, not deficits & diagnoses.



### **It trusts parents**

Parents and carers are key educators - not passive recipients of professional advice.



### **It starts early enough to matter**

Portage intervenes years before most of the current system responds.

# Section 4:

## A Service Under Pressure

The national picture of Portage provision is not the story of a service in difficulty — it is the story of a vital service being quietly dismantled at the worst possible moment.

### The Numbers That Matter\*

The national picture of Portage provision.



**100%**

of Portage services have a waiting list. There is no Portage service in England that can meet demand.



**32%**

of Local Authorities invest in Portage. 68% of families have no access to the service.



**63%**

of Portage services have seen a significant increase in referrals in the last 12 months.



**14,000**

referrals were accepted nationally in 2024/25. 13,204 children actually received intervention.



**1,820**

children per year are no longer reached by Portage compared to a decade ago.



**10%**

of Portage services have received a budget cut in the last 12 months.

\*based on 2024/25 service registration



**Every week a child spends on a waiting list is a week of development that cannot be reclaimed.**

### The Geographical Injustice

Significant geographical gaps exist across East and West England, South Central England and South East England. For a family in one of these areas, Portage simply does not exist. This is a postcode lottery — and one that operates at a scale few other public services would tolerate. A child born on one side of a local authority boundary may receive specialist home-based early intervention from the earliest months of life. A child with identical needs, born a few miles away, may receive nothing equivalent until school age — by which time the developmental gap has widened, needs have become more complex, and the cost of addressing them has multiplied. Few areas of public provision accept inequalities of this magnitude at a stage this critical. We should not accept it here.

## The Workforce

Portage services are delivered by a small, skilled and deeply committed workforce. The average service operates with 4.5 FTE — a tiny team carrying significant responsibility. These practitioners are trained to NPA standards, work within a rigorous Code of Practice, and bring a combination of developmental expertise, relational skill and practical knowledge that takes years to build.

When a Portage service loses funding, that workforce disperses. The knowledge, the relationships, the capacity to serve families — it does not wait to be reinstated. Workforce instability is not just a human cost. It is a system cost, and one that is entirely avoidable.



# Section 5: The Cost of Doing Nothing - At A Glance



Later, more expensive intervention  
Needs escalate following identification.



Increased pressure on statutory SEND services  
Higher demand for specialist input.



Higher likelihood of EHCPs  
More children enter statutory assessment later.



Increased specialist placement spend  
Escalation increases likelihood of high-cost placements.



Greater pressure on families  
Increased stress and risk of poor parental mental health.



Widening geographical inequality  
Gaps grow wider before school starts.



**The cost of no Portage is not a saving.  
It is a cost-shift - to children, families & the system.**

There is no budget line called “No Portage”. The cost of cutting or not commissioning Portage does not appear as a saving in a Local Authority spreadsheet. It appears, later and at greater expense, across multiple other budget lines: educational psychology, specialist health input, parent mental health, SEND inclusion funding, EHCP assessments, tribunal costs, independent specialist placements, and adult social care.

**The cost of no Portage is not a saving. It is a cost-shift. And a predictable one.**

### **The Counterfactual Pathway**

It is worth being specific about what the alternative to Portage actually looks like. A child who does not receive early intervention does not simply develop more slowly — they enter a different system entirely.

Without early identification and appropriate home-based support, developmental gaps widen before school entry. Communication difficulties become behavioural concerns. Parents become exhausted advocates rather than confident partners.

Early years settings and schools inherit needs that could have been addressed years before, without the resources or the relational history needed to address them effectively. Educational Psychologists, already stretched, face higher caseloads. EHCP requests rise. Tribunals follow. Independent placements become necessary. The system pays, at every stage, for support it chose not to provide at the beginning.

This is not a worst-case scenario. It is the consequence of delayed intervention — and it plays out, in some form, for a significant proportion of the children currently in the 68% of areas without Portage.

**“The children who do not receive Portage do not simply manage without it — they arrive at school with greater needs, requiring more intensive and expensive support to achieve the same outcomes.”**

### **The Comparative Cost of Intervention**

The financial case for Portage is not simply that it is cheap. It is that the alternative is vastly more expensive — and that the costs of not investing early do not disappear. They accumulate, downstream, across multiple budget lines.

# The Comparative Cost of Intervention

Intervention	Typical Cost	Source
Portage Support	£2,400 per child / year	NPA 24/25 service registration
EHCP assessment process	~£6,000 per assessment	Published LA estimates *12
SEND tribunal (LA costs per case)	£3,500 - £11,000 per case	DfE commissioned research *13
Maintained special school placement	~£20,000 / year	LA FOI data 25/26 *14
Independent specialist placement	~£8,000 -£9,000 / year	LA FOI & published data *15
SEND transport to specialist settings	~£50,000 -£70,000+ / year	NAO & LA data 24/25 *16

In 2023-24, local authorities won just 150 out of 11,157 SEND tribunal appeals that went to a full hearing — a success rate of 1.3%.<sup>\*17</sup>

The combined cost to local authorities and courts runs to tens of millions of pounds annually. Every one of those cases represents a family that had to fight for what their child needed. Every one of those cases also represents a significant drain on LA budgets — budgets that might otherwise fund the early intervention that could have prevented the dispute in the first place.

The arithmetic is not complicated. One independent specialist placement costs more than twenty years of Portage support. One EHCP assessment costs more than twice a full year of Portage. A single tribunal costs more than a year of Portage for an entire family.

The question is not whether Portage is affordable. It is whether commissioners can afford what comes instead. Every year that early intervention is withheld, the system pays later - at far greater cost, and at far greater human expense.

## The Institute for Fiscal Studies

The Institute for Fiscal Studies (IFS) has found that a lack of early support for families means more children go on to need higher-level SEND support later in childhood.<sup>\*5</sup> This is not a hypothesis. It is what the data shows, confirmed across multiple years of research. The IFS finding directly underpins the government's own rationale for the Best Start Family Hubs programme — yet the service that has been delivering exactly this support for fifty years remains non-statutory and vulnerable to local cuts.

# Section 6:

## When Portage Is Not There

For the 68% of Local Authorities that do not commission Portage, there is a question that must be answered directly: what do those families get instead?

**The honest answer, in most cases, is this: less, significantly less.**

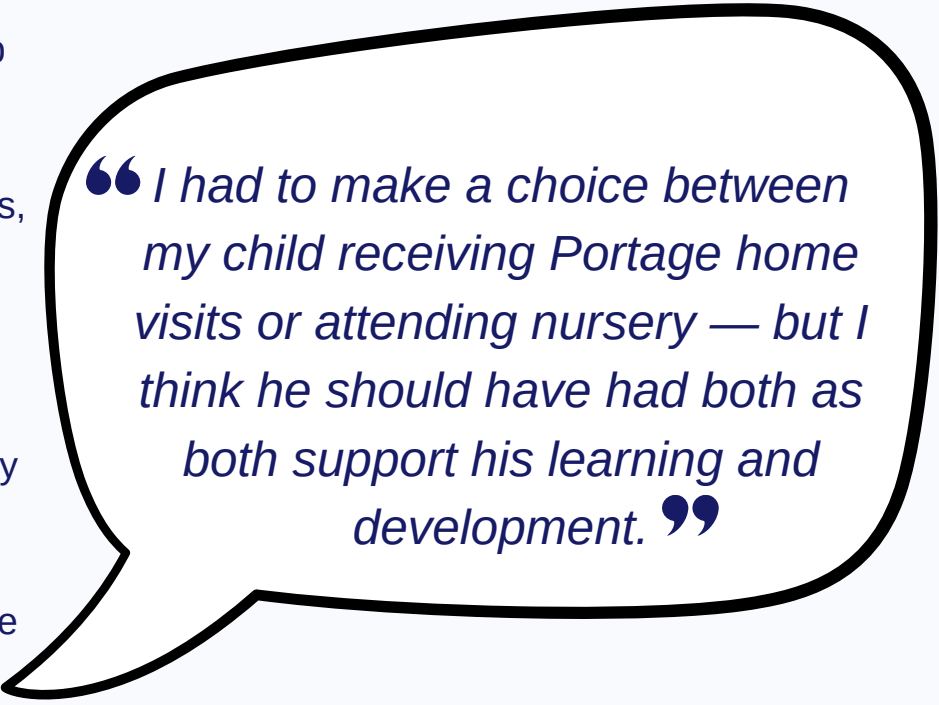
There is no equivalent home-visiting early intervention service that automatically fills the gap when Portage is absent. Families do not get a different version of the same support — they get a system that was not designed to reach them at this stage, in this place, at this age.

They are referred between services. They wait. They are assessed for things they don't yet meet the threshold for. They are told to come back when the gap is bigger. Meanwhile, the gap grows.

### What Families Experience

Without early intervention, developmental differences that could have been addressed in the home — in the child's own environment, embedded in daily routines, supported by a confident parent — become more entrenched. Communication difficulties that were emerging at twelve months become behavioural concerns by three. If the child has been fortunate enough to be accepted by the nursery of choice (which in our experience isn't a frequent occurrence) they might have entered nursery with the foundations for play, connection and learning. Instead, the child arrives needing immediate specialist support that the setting is often not resourced to provide.

Parents in these areas do not stop needing help. They begin a different journey instead — one characterised by repeated referrals, lengthy waits, fragmented advice, and the particular exhaustion of having to make the case for their child's needs over and over again to professionals who each see only part of the picture. They become advocates, navigators and case managers, not because they chose to, but because the system left them no other option.



*“I had to make a choice between my child receiving Portage home visits or attending nursery — but I think he should have had both as both support his learning and development.”*

## What Schools Inherit

By the time these children reach statutory assessment age, their needs are more complex, more costly to address, and harder to meet in mainstream provision. Schools inherit needs that could have been addressed years earlier.

Educational Psychologists are stretched across an ever-larger caseload. EHCP assessments are requested in volume — and processed slowly, at significant cost, often culminating in tribunal.

Schools then become the first point of intervention rather than the next stage of support.



The result is increased demand for SEN provision, EHCP assessments and specialist placements. In effect, the system pays later — at far greater cost — for support it chose not to provide earlier.

## What Commissioners Pay For Later

This is not a hypothetical chain of events. It is what the data shows, repeated across area after area, year after year. The children who do not receive Portage do not simply manage without it. They enter a more expensive, more adversarial, more distressing system at a later stage — and the costs of that system fall on the same local authority budgets that chose not to fund early intervention.

### The commissioner's reality



Every year that Portage is unavailable in an area, more children enter school without the communication, social and learning foundations they need. Schools become the first point of intervention rather than the next stage of support. The result is increased demand for SEN provision, Educational Psychology, EHCP assessments and specialist placements. In effect, the system pays later — at far greater cost — for support it chose not to provide earlier. This is not an abstraction. It is a cost that is already appearing in high needs budgets across England, in area after area, year after year.

A child born in a Local Authority without Portage is not simply receiving a different version of early intervention; they are missing access to a proven model of support that helps identify needs early, build family confidence and improve outcomes. The system often pays the price later — through greater complexity, increased costs and avoidable challenges for children and families.

# Section 7:

## The Moment Has Come

The government has built the architecture. Portage is the occupant.

The Schools White Paper published in February 2026 sets out the most significant reform of the SEND system in a generation. It is, in almost every respect, a description of what Portage already does — and an argument for why Portage needs to be at the centre of the new system, not left outside it.<sup>\*3</sup>

### The Expert at Hand Service

The centrepiece of SEND reform is the new £1.8 billion Expert at Hand service — a commitment to put specialists including speech and language therapists, occupational therapists and education psychologists into every local area, accessible to children without the need for an EHCP.<sup>\*18</sup>

Portage practitioners are already doing this work. They already provide specialist, home-based early intervention for children without a formal diagnosis or plan. They already coordinate with speech therapists, physiotherapists and SEND services. They already bring the expertise directly to the family rather than requiring the family to navigate their way to it. The government is spending £1.8 billion to create a system that Portage has been delivering for 50 years. The question for policymakers is not whether this model works — it is why it is not yet universal.

### Best Start Family Hubs

Every Best Start Family Hub is required to have a dedicated SEND Inclusion practitioner providing direct, family-facing support from April 2026. These community-based early interventions are designed to ensure families receive faster, earlier support. This is the job description for a Portage practitioner.

Critically, Portage is not waiting to be invited into this new system — it is already helping to build it. Our services are working closely with Best Start Family Hubs, as demonstrated by the Portage Service Manager in Wokingham;

***“I am responsible for managing and training the new Best Start Inclusion Practitioners (BSIPs) — dedicated SEND professionals who will sit at the centre of every Hub from April 2026. Our work is already helping to build the foundations of the new system, ensuring that families of children with SEND receive the right support, at the right time, from the start.”***

As quoted above, the Portage Service Manager in Wokingham has been centrally involved in the design and implementation of the Best Start Family Hubs reform in her area. This is not a future ambition. It is Portage expertise, already making it work.

This is what it looks like when Portage is properly recognised and resourced. One Portage Service Manager, with the expertise her role has built over years, is now training an entire cohort of the new workforce the government says it needs. That expertise exists across the Portage network. The question is whether the system will invest in it - or continue to let it erode.

## The Tiered Support Framework

The new Targeted Plus layer of support - for children needing input from both education and health professionals, without requiring an EHCP - is precisely where Portage belongs. The government has committed to writing this entitlement into law. If Portage is not named within that framework, children with the most complex early developmental needs will fall through the gap between the new system's ambitions and its delivery.



# Section 8: Call To Action

The case for action is clear. The evidence is compelling. The policy moment is now. We have five specific asks of the government, each of which follows directly from the evidence presented in this document.

1

## **Make Portage a nationally guaranteed entitlement**

Ensure every single child, in every single area, can access Portage early intervention regardless of their postcode.

2

## **Introduce ring-fenced national funding**

Protect Portage from local budget pressures and enable services to grow at the scale of need

3

## **Establish national minimum coverage standards**

Close geographical gaps and end the postcode lottery

4

## **Protect workforce capacity**

Invest in funded training pathways to grow and sustain a skilled Portage workforce.

5

## **Embed Portage in SEND reform**

Name Portage in the Code of Practice, Targeted Plus framework, Best Start Family Hubs and Expert at Hand implementation guidance.



## What this makes possible?

A SEND system in which every child with developmental differences — wherever they are born, whatever their family's circumstances — can access skilled, home-based, play-led support from the earliest days of their life. Where their parents are not handed a leaflet and told to wait, but met in their own home by someone who sees their child's potential and helps them unlock it. Where the first five years of life are treated not as a waiting room for school, but as the foundation on which everything else is built.

That is not a distant aspiration. It is what Portage already delivers — for the families who live in the 32% of areas where a service exists. The only question is whether we are willing to make it available to the other 68% of Local Authorities.

The cost of doing so is modest. The cost of not doing so — in children's outcomes, in family wellbeing, in later statutory expenditure — is significant and growing.

**The government has said it wants to invest upfront, intervene early, and build a system that meets families rather than requiring families to fight.**

**Portage is the proof that this is possible.**

**The time to make it universal is now.**

# References

- \*1 Fry, P. (2023). National Portage Association Impact Report 2023: Right Support, Right Place, Right Time. National Portage Association.
- \*2 Department for Education (2025). Education, Health and Care Plans: Statistical Releases. Explore Education Statistics. Available at: [explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans/2025](https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans/2025)
- \*3 Department for Education (2026). Every Child Achieving and Thriving: Schools White Paper. London: HM Government, February 2026.
- \*4 Garcia, J.L., Heckman, J.J., Leaf, D.E. and Prados, M.J. (2016). The Life-Cycle Benefits of an Influential Early Childhood Program. NBER Working Paper No. 22993. National Bureau of Economic Research.
- \*5 Sibieta, L., Cottingham, M. and Drayton, E. (2024). Support for Children with Disabilities and Special Educational Needs. Institute for Fiscal Studies.
- \*6 Goyal, N.K. et al. (2013). Home visiting and outcomes of preterm infants: a systematic review. *Pediatrics*, 132(3), pp.502–516.
- \*7 Taggart, B., Sylva, K., Melhuish, E., Sammons, P. and Siraj, I. (2015). Effective Pre-school, Primary and Secondary Education Project (EPPSE 3–16+): How Pre-school Influences Children and Young People's Attainment and Developmental Outcomes Over Time. Research Brief RB455. Department for Education.
- \*8 Vygotsky, L.S. (1978). *Mind in Society: The Development of Higher Psychological Processes*. Cambridge, MA: Harvard University Press.
- \*9 Department for Education (2024). Statutory Framework for the Early Years Foundation Stage. London: HM Government.
- \*10 Cameron, D.L. (2021). Efficacy of the Portage early intervention programme 'Growing: Birth to Three' for children born prematurely. *Early Child Development and Care*, 191(1), pp.1–13. doi: 10.1080/03004430.2020.1723571
- \*11 Borg, R.M., Hasan, A.O., Soliman, S.A. and Abduljalil, S. (2024). Evaluating the effectiveness of a Portage program on reducing parenting stress and enhancing child development in autism spectrum disorders. *Middle East Current Psychiatry*, 31, article 72. doi: 10.1186/s43045-024-00452-3
- \*12 ALDC / Liberal Democrat Group (2024). Council Motion: Preparation of EHCPs (England only). Association of Liberal Democrat Councillors, July 2024.
- \*13 Centre for Educational Development, Appraisal and Research (CEDAR) (2017). Evaluation of the SEND Disagreement Resolution Arrangements. Department for Education.
- \*14 Department for Education (2024). High Needs Funding: 2024 to 2025 Operational Guide. London: DfE
- \*15 National Audit Office (2024). Support for Children and Young People with Special Educational Needs. HC 220. London: NAO, October 2024.
- \*16 National Audit Office (2025). Home to School Transport. London: NAO, October 2025.
- \*17 Ministry of Justice (2024). Tribunal Statistics Quarterly. Available at: [gov.uk/government/collections/tribunals-statistics](https://gov.uk/government/collections/tribunals-statistics)
- \*18 Department for Education (2025). Access to early SEND support through Best Start Family Hubs. Press release, 4 December 2025. London: HM Government.



**Children do not wait for systems.  
Development happens now.**