National Portage Association
Partners with Parents and Children

PORTAGE:
AN INVESTMENT IN EARLY YEARS & CHILDREN WITH SEND



A practical and financial framework for establishing and sustaining a local authority Portage service

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Establishing a Portage service is an important investment in early intervention for young children with special educational needs and disabilities (SEND) and their families. Portage provides personalised, home-based support during the earliest and most crucial years of a child's development, empowering parents and carers with the confidence, knowledge and skills to support their child's learning and development through everyday activities. By identifying needs early, building strong relationships with families and working collaboratively with health, education and early years services, Portage helps children achieve their potential and supports positive transitions into nursery and education. Investing in a well-resourced, sustainable Portage service is not simply about providing support today; it is about improving long-term outcomes for children and families, promoting inclusion and reducing the need for more intensive support in the future.

Purpose and proposition

Building on Time to Act, Time to Build and Time to Deliver, this companion briefing sets out the resources and protected practitioner time required to establish a credible, sustainable Portage offer. It is intended to support local authority planning conversations, not prescribe a single staffing grade or local operating model.

Portage is a structured home-visiting educational approach supporting young children with additional needs and their families. Effective provision depends on more than the hour spent in the family home: preparation, travel, recording, family liaison, supervision, group delivery and professional development must be funded.

1 | Proposed minimum operating assumptions

Planning parameter	Proposed provision
Practitioner contract	Full-time hours during term time, typically 40 working weeks/year; salary pro-rated from full-year FTE using local payroll rules
Active caseload	Average 15 families allocated per full-time practitioner at any one time
Home visiting frequency	Fortnightly: approximately 7–8 visits per week on average
Direct home session	One hour per family visit, plus preparation, travel and follow-up
Travel mileage	60–80 business miles per working week, at £0.55 per mile (55 pence)
Groups	Aim for 1–2 groups weekly, up to 2 hours each, staffed by two people
Supervision	Fortnightly protected supervision with a senior manager
Training	Initial Portage workshop: £250 per practitioner (planning figure)
Practical resources	£1,000 initial hands-on teaching resource allocation
NPA registration	Service registration: £120 + VAT (£144 total); 3 individual memberships (minimum requirement) at £40 each (£120 annually).

2 | Illustrative annual cost model

The figures below are a worked example, not an NPA pay recommendation or a confirmed local authority budget. Replace assumptions with the authority's grade, term-time pay calculation, employer pension rate and procurement costs.

Example inputs: indicative full-year equivalent (FTE) salary range £26,000–£37,000 (midpoint £31,500). Portage Practitioners typically work term time only, approximately 40 weeks per year, so their actual salary is pro-rated. For a simple comparison only, this model uses 40/52 of FTE salary; councils must substitute their contractual paid-weeks and holiday-pay formula. Illustrative LGPS 20%; employer NI 15% on pay above £5,000; mileage 70 miles per working week at £0.55.

Budget line	Illustrative cost
Gross term-time salary (40/52 illustration)	£24,231
Employer LGPS pension (illustrative 20%)	£4,846
Employer National Insurance (illustrative)	£2,885
Travel: 70 miles × £0.55 × 40 weeks	£1,540
Initial Portage workshop (year one)	£250
Initial practical teaching resources (year one)	£1,000
NPA registration/membership	Service registration: £120 + VAT; 3 individual memberships at £40 each
Laptop, IT, email, internet, software and support	Local quotation required
Group staffing, venue and materials	Cost second staff member and venue separately
Management supervision, cover and overheads	Allocate local management/overhead costs

Indicative quantified first-year subtotal at the midpoint: see updated term-time salary sensitivity table below, excluding IT, NPA fees, second-staff group costs, management, accommodation, insurance, recruitment, ongoing materials and other overheads. This is not a full-service cost.

Mileage sensitivity: 60–80 miles/week × £0.55 × 40 weeks = £1,320–£1,760 per practitioner annually. Confirm whether 55p/mile complies with local travel policy and any tax/payroll implications.

3 | Protecting practitioner capacity

A caseload of 15 on a fortnightly visiting cycle generates 30 home visits per four weeks, or 7.5 visits per week on average. It does not mean 15 home visits every week. The following is a planning illustration for a 37-hour working week; actual term-time hours and geography must be tested locally.

Weekly activity	Illustrative hours
Home sessions	7.5 hours
Travel and parking / access	5.0 hours
Prepare, pack and reset session bags	3.0 hours
Case notes, assessment, plans, calls and family liaison	7.0 hours

Groups: one 2-hour group plus set-up and follow-up	3.0 hours
Joint work, team meetings, liaison, referrals and training	8.0 hours
Supervision averaged weekly (1 hour fortnightly)	0.5 hours
Contingency, safeguarding and schedule variability	3.0 hours

Total: 37 hours. A second weekly group or longer rural journeys would require reprioritisation, additional staffing capacity or a lower caseload. The second staff member attending each group must have funded time, including set-up and follow-up.

4 | One-off set-up and continuing costs

Set-up: recruit and induct staff; agree senior leadership and safeguarding arrangements; purchase £1,000 (minimum) of hands-on teaching resources; provide laptop, secure email, internet connectivity, case-management access and data protection support; fund initial £250 Portage workshop attendance for each practitioner; arrange NPA membership/registration; establish referral criteria, consent, recording and evaluation procedures; identify accessible group venues and the second staff member.

Recurring: salary and on-costs; mileage; NPA service registration and additional individual memberships as required; replacement teaching resources; digital licences, IT support and connectivity; group venue, staffing and consumables; ongoing CPD; supervision and management; insurance, administration and leave/sickness cover as required.

5 | Decisions requested of the local authority

- Confirm a host service, accountable senior manager, safeguarding route and funded term-time practitioner post.
- Confirm local salary grade, employer NI, LGPS rate, contracted weeks and a fully loaded costed establishment.
- Agree whether 15 active cases and fortnightly visits are feasible given local travel and family complexity.
- Fund two-person group delivery, including the additional staff member and any venue costs.
- Protect time for planning, recording, calls, supervision, training and quality assurance.
- Agree start-up budget, NPA engagement, referral pathway and review points at 6 and 12 months.

6 | Suggested success measures

Track referral-to-first-contact time; active caseload and visit frequency; family-defined goals and progress; family feedback; reach and equity of access; group participation; safeguarding and supervision compliance; practitioner retention; and actual expenditure against budget. Review service demand before increasing caseload expectations.

Important: figures and operating assumptions in this discussion draft require local validation. In particular, workshop prices, pension contributions, NI thresholds, group costs and term-time pay should be conformed locally.

Salary sensitivity: indicative first-year costs

The £26,000–£37,000 range is treated as full-year equivalent salary, NOT the salary actually paid to a term-time-only practitioner. Illustrative gross term-time pay is calculated at 40/52 of FTE salary (40 working weeks); the authority must apply its own paid-weeks, annual-leave and annualised-pay rules.

NI is modelled at 15% above £5,000 and LGPS at 20%; mileage assumes 70 miles per week for 40 weeks at £0.55.

Cost component	Lower	Midpoint	Upper
Full-year equivalent salary	£26,000	£31,500	£37,000
Illustrative term-time gross pay (40/52)	£20,000	£24,231	£28,462
LGPS (20% of term-time pay)	£4,000	£4,846	£5,692
Employer NI (illustrative)	£2,250	£2,885	£3,519
Mileage (40 weeks)	£1,540	£1,540	£1,540
Workshop and initial resources	£1,250	£1,250	£1,250
Quantified year-one subtotal	£29,040	£34,752	£40,463

Important: these are planning estimates, not confirmed payroll calculations. The simple 40/52 pro-rating may differ from local authority term-time-only salary calculations, which can incorporate paid holiday. Subtotals omit second group practitioner, IT, NPA registration, supervision/management and other overheads. Confirm payroll and LGPS rules locally.

7 | Illustrative service reach: 4.5 FTE establishment

A local authority Portage team with 4.5 full-time-equivalent (FTE) practitioner posts could plan to support approximately 150 children with special educational needs and disabilities (SEND), aged 0–3 years, over a year. This is an illustrative annual reach, not 150 simultaneous active cases or a guaranteed throughput.

At an average active caseload of 15 children per 1.0 FTE, 4.5 FTE equates to approximately 67–68 active cases at any one time. Supporting 150 different children across a year would require around 2.2 cohorts/turnover cycles, subject to referral demand, length of involvement, family need, vacancies, travel and group commitments. The local authority should validate this against its own service data.

8 | Service location, governance and professional supervision

Before launch, identify the most appropriate host team and accountable service manager. Educational Psychology is one potential home because of its child development, family and education expertise; an integrated early years SEND or inclusion service may also be suitable. The determining factor should be access to a senior supervisor experienced in young children, family-centred practice, education, SEND and safeguarding.

Provide fortnightly practitioner supervision, safeguarding escalation, case consultation, quality assurance and clear managerial responsibility for allocation, workload, performance, training and staff wellbeing. Budget the supervisor and management time explicitly rather than assuming it is absorbed without cost.

9 | Referral and allocation infrastructure

- Agree eligibility, age range (0–3/ 0-5), geographical coverage, referral sources and consent requirements.

- Develop a standard referral form, privacy information, secure recording system, triage criteria and a clear pathway for accepting, redirecting or declining referrals.
- Schedule regular allocation meetings to review new referrals, urgency, waiting lists, family circumstances and practitioner capacity.
- Set expectations for first contact, review points, transitions into nursery or other provision, and planned case closure.
- Monitor demand, equity of access, waiting times, active caseloads and annual reach.

10 | Multi-agency working and protected team time

Strong working relationships are essential with local therapy teams (including speech and language, occupational and physiotherapy services), nurseries and other early years settings, community paediatricians, health visitors and early years SEND advisers. Joint planning and information sharing should follow consent and local information-governance procedures.

The staffing model must allow for regular team meetings, referral and allocation meetings, case discussions, multi-agency meetings, safeguarding and transition meetings, family phone calls, preparation and recording, resource packing, travel, supervision and professional development. These are core delivery activities, not optional additions to a home-visit timetable.

Planning implication: the 15-case active caseload and fortnightly visit expectation should be reviewed alongside group delivery (ideally one or two groups weekly with two staff, up to two hours each), meeting commitments and travel. Where multi-agency complexity is high, adjust the caseload or resource additional capacity rather than compressing essential indirect work.

11 | Local authority commissioning decisions

Confirm the host team and qualified supervisory lead; approve referral and allocation processes; resource protected management and multi-agency time; agree a locally tested 4.5 FTE / 150-child annual reach scenario; and commission reporting on quality, family outcomes, capacity and equitable access.

12 | Duration of intervention and annual service reach

Portage is tailored to the developmental needs and circumstances of each child and family. Duration of involvement cannot be assumed to be uniform. For example, a child referred at 2 years 6 months following a health visitor developmental review may receive approximately six months of support; a child referred at three months may receive fortnightly, term-time intervention until their third birthday, subject to ongoing review and family choice.

Consequently, annual reach must be distinguished from the number of children on the active caseload. At an indicative 15 active cases per full-time practitioner, 4.5 FTE represents approximately 67-68 concurrent cases. Reaching 150 different children in a year is an illustrative planning ambition, not a guaranteed throughput: it depends on the mix of shorter and longer interventions, referrals, vacancies, waiting times and capacity for indirect work.

13 | Waiting list, initial visits and individualised allocation

- A named lead should oversee the referral inbox, completeness checks, eligibility, consent, safeguarding escalation, triage and transparent waiting-list records. Families should receive clear acknowledgement, information on likely waiting times and signposting to other support while waiting. Families should also be able to make a self referral.
- Every referred family should be offered an initial visit before allocation to a practitioner, subject to consent and local eligibility processes. This visit should explore the child's development, family priorities, strengths, communication and access needs, home circumstances and

existing services, and identify any urgent or wider support requirements. Time and travel for these visits must be included in the staffing model.
- Allocation should be a considered matching decision, not simply the next vacant slot: take account of the practitioner's experience and skills, the child's needs, family preferences, language and cultural considerations, geography, safeguarding factors and continuity with other professionals.
- Protected allocation meetings should review initial visit findings, prioritisation, case complexity, practitioner capacity and equitable access. The waiting list should be reviewed regularly, with documented decisions, escalation routes and communication with families.

14 | Wider family support and planned transitions

The practitioner's role extends beyond the one-hour home session. Service planning must reserve flexible time, according to each family's needs, for:

- Supporting families to understand and complete Disability Living Allowance (DLA) applications, while signposting to specialist welfare advice where appropriate.
- Preparing referrals and liaising with therapy, health, early years and community services; supporting applications to charities and relevant grants.
- Supporting nursery applications, attendance at groups, introductions to settings and practical settling-in or transition visits where appropriate.
- Attending relevant multi-agency meetings, liaising with Early Years SEND advisers and helping families coordinate support.
- Writing progress updates and a clear end-of-intervention report, sharing agreed recommendations and planning a supported handover to nursery or other provision with family consent.
- These activities vary substantially between families and should not be treated as incidental administration. Local authorities should explicitly fund initial visits, waiting-list oversight, allocation, indirect family support, report writing and transitions, alongside fortnightly direct sessions, travel, supervision and group delivery.

15 | Fully costed 4.5 FTE service: indicative annual allocation

Recommended planning envelope: £240,000 for year one at the midpoint salary, subject to local payroll, management and premises validation. This is an illustrative recurring annual commissioning envelope, not a confirmed quotation or NPA national tariff.

Basis: 4.5 full-time-equivalent practitioner posts, each working approximately 40 weeks per year; midpoint full-year salary £31,500 pro-rated using 40/52. Employer NI is a planning approximation of 15% of earnings above a £5,000 annual secondary threshold per full post (half post prorated); actual payroll may differ. LGPS is assumed at 20%. Mileage assumes 70 miles per working week per FTE at £0.55/mile. No employer NI relief is assumed. The £240,000 is an annual planning envelope, not a verified local authority quotation. One-off establishment items must be separated from recurring expenditure before commissioning.

First-year budget line	Indicative allocation
Term-time practitioner salaries (4.5 FTE)	£109,038
LGPS employer pension (20%)	£21,808
Employer National Insurance (illustrative)	£12,956

Mileage (4.5 x 70 miles x 40 weeks x £0.55)	£6,930
Initial Portage workshops (5 staff places x £250)	£1,250
Initial hands-on teaching resources (team allowance)	£1,000
IT equipment, secure email, software and support (allowance)	£6,000
NPA service registration (£120 + VAT = £144) plus 3 individual memberships (£40 each)	£264
Group venue, consumables and access costs (allowance)	£2,500
Senior professional management, supervision and case allocation (annual)	£34,000
Referral coordination, initial-visit and waiting-list administration (annual)	£8,000
Ongoing materials, replacement resources and CPD	£3,500
Subtotal before contingency	£207,246
Workforce resilience, sickness cover, inflation and contingency	£32,754
TOTAL INDICATIVE ANNUAL BUDGET	£240,000

Budget interpretation: The group staffing allowance assumes the two group facilitators are drawn from the 4.5 FTE establishment, so their salary is already included; no additional second facilitator salary is double-counted. If a separate additional worker is needed, cost this separately. Management, IT, membership and group allowances are illustrative placeholders to replace with local quotes. Accommodation, corporate recharges, redundancy liabilities and any additional specialist staffing are not separately priced.

The annual reach of 150 children aged 0–3 is an illustrative ambition, not an output guaranteed by this budget. An average 15 active cases per FTE implies around 67–68 active children at a time; annual reach depends on referral ages, varying lengths of intervention, waiting-list and initial-visit workload, and transitions.

For decision-makers: provisionally allocate £240,000 for year one at the midpoint assumption, with an explicit local costing review before approval. Salary-grade sensitivity should be tested before agreeing the final recurring budget.