



Department
for Education

Evaluation of the national roll-out of the early career framework induction programmes

Interim research brief (year one)

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Introduction

This interim research briefing presents emerging findings, based on the experiences of Early Career Teachers (ECTs), mentors and induction tutors, of the first term of the 2-year provider-led Early Career Framework (ECF) training programme. It is the first element of a 3-year process evaluation of the national roll-out (NRO) of the new ECT induction underpinned by the ECF. The evaluation will support continuous development of the implementation of ECF based induction programme. This briefing includes initial findings gathered at the end of the first term of delivery of the DfE-funded provider-led ECF based training from: a baseline survey of ECTs, mentors and induction tutors actively participating in the training (18,677 respondents, giving a response rate of 34%); discussions with all six lead providers¹ tasked with coordinating delivery of the training programmes; feedback from internal DfE stakeholders involved in developing and implementing relevant policy; and analysis of management information data extracted from DfE's digital service platform.

Within the changes to statutory induction², schools can choose to adopt one of three approaches to ECF based induction programme. Analysis of DfE platform data finds that the vast majority (95%) of schools are participating in a DfE-funded provider-led ECF based training programme (referred to as 'provider-led training'). Around 500 schools are using DfE accredited materials to deliver their own ECF based training; and fewer than 100 schools are designing and delivering their own training programme based on the ECF. **This briefing presents initial findings based on schools and individuals engaging with the provider-led ECF based training only.** Further analysis and findings will be provided in the year one annual report (due to be published in the autumn).

Key findings: Participation and organisation

Schools

DfE data shows that 11,445 schools (representing 95% of all registered schools) were actively participating in the provider-led ECF based training by the end of the first term of the 2021/22 academic year. Most of these have nominated an induction tutor to

¹ The six lead providers are: Ambition Institute, Best Practice Network, Capita, Education Development Trust, Teach First, and UCL Institute of Education.

² <https://www.gov.uk/guidance/changes-to-statutory-induction-for-early-career-teachers-ects>

coordinate their ECT induction, and approximately one-quarter (28%) of nominated induction tutors registered on the DfE platform also act as a mentor.

The survey of induction tutors finds that many schools (58%) have more than one ECT, and this is more common among secondary schools, and schools in multi-academy trusts (MATs). Indeed, the average number of ECTs per school (reported in the survey) is 2.6. A few schools report having early roll-out (ERO³) ECTs now in their second year of the provider-led ECF based training, (8%) or late starters finishing their NQT⁴ induction (14%). Therefore, in the main, schools are currently dealing with just one cohort of inductees.

The survey of induction tutors also indicated that most (75%) schools had a formal mentoring process in place prior to the changes in induction for ECTs, and this was more common in secondary schools (82%).

Choosing the provider-led training

Those making the choices in schools about which induction training approach to adopt tended to feel 'fairly well' (53%) or 'very well' (31%) informed about the options and to have had sufficient time to make an informed decision (67% having enough time). Those in secondary schools or who had participated in the ERO are more likely to consider themselves well informed about the training options for ECTs. This suggests that confidence increases with familiarity. Quality⁵ and convenience (i.e. simpler

³ An early roll-out (ERO) of the ECF based induction programme began in four areas (Opportunity North East, Greater Manchester, Bradford and Doncaster) from September 2020. Four training providers developed and delivered a full training package. See 'Changes to statutory induction for early career teachers (ECTs)' at <https://www.gov.uk/guidance/changes-to-statutory-induction-for-early-career-teachers-ects> or 'Number of early career teachers and mentors participating in the early career framework' at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1058208/ECF_NRO_and_ERO_take_up.pdf

⁴ Teachers starting induction on or after 1 September 2021 are known as 'early career teachers' (ECTs). ECTs were previously called Newly Qualified Teachers, NQTs and undertook [Induction for newly qualified teachers \(NQTs\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/induction-for-newly-qualified-teachers)

⁵ Quality was indicated using two statements: 'we thought that the training offered would be of a very high quality' (64%); and 'we thought the training would be better than the school/MAT could provide for our early career teachers' (37%).

process and saving time⁶) are key motives for choosing the provider-led training, followed by opportunities to develop mentoring capabilities⁷.

Choosing a provider

Schools that chose a provider-led training programme are working with one of the six lead providers⁸ commissioned by DfE and one of 146 delivery partners⁹. Half of the registered delivery partners (74 out of 146) are teaching school hubs or alliances of teaching school hubs, but teaching school hubs deliver the training to 73% of schools. The survey indicates that quality factors¹⁰ again feature highly in the choice of lead provider (cited by approximately one third of induction tutors), and other important factors are suitability of the programme for the school (30%), reputation of the lead provider (27%) and the delivery approach offered (22%). However, one-quarter (25%) of induction tutors report that their school had no choice in the lead provider selected as it had been chosen for them (chosen by their trust, partnership, or teaching school hub), and a similar proportion (22%) chose their delivery partner first and so the lead provider was the choice of the delivery partner rather than the school.

Programme participants

DfE data show that 96% of those registered on the DfE digital service and verified as active participants, were on provider-led training, representing 47,605 individuals. There was an almost exactly even split between ECTs and mentors, indicating a 1-to-1 relationship for the vast majority of ECTs and mentors. ECTs and mentors are distributed across school categories: secondary, primary, and all-through schools;

⁶ Convenience was indicated using two statements: 'we thought it would make the process simpler for the school/MAT' (70%); and 'we thought it would save the school/MAT time overall, i.e. reduce the time needed to deliver training, develop training materials and so on' (56%).

⁷ The full statement was 'we thought it would offer opportunities to develop mentors at the school/MAT' (44%).

⁸ The six lead providers are: Ambition Institute, Best Practice Network, Capita, Education Development Trust, Teach First, and UCL Institute of Education. They developed the training programmes for ECTs and mentors which are largely delivered through delivery partners. In some circumstances, lead providers can also deliver the training.

⁹ Delivery partners deliver the training on behalf of the lead providers. Delivery partners can be teaching school hubs, MATs, local authorities, universities or other specialist training providers.

¹⁰ The quality of lead provider is indicated using two statements: 'the quality of training available for our early career teachers and ECF mentors' (38%); and 'the quality of the resource materials available' (32%).

academies (including multi-academy trusts, also known as MATs), local authority-maintained schools, free schools and special schools.

ECTs

The survey finds ECTs entered through different routes (most commonly via postgraduate university-led teaching and School Centred Initial Teacher Training SCITT, 32% and 24% respectively), and many (61%) bring with them previous work experience including working in a school setting (particularly those in primary schools). Most (95%) are teaching full-time, and most (again 95%) report working with pupils with special needs; and those in secondary schools are spread across subjects. The majority of ECTs are female, less than 30 years old, white, and do not report a disability or health condition.

ECTs have broad expectations for their induction, hoping to improve their skills in adaptive teaching (72%) and behaviour management (66%) and improve their subject and pedagogical knowledge (66%). When asked 'what was the single most important aspect they hoped to gain from their induction', receiving constructive and non-judgemental guidance and support, was the most reported response.

Mentors

The survey finds mentors tend to be aged between 30 and 50 (66%), to be experienced teachers (average of 13 years teaching experience) and to have been in their current school for several years (62% have been at their current school for at least 5 years) and so bring an understanding of the teaching role and the school context. Many (72%) mentors have a leadership role (senior or middle leaders) which can place additional burdens on their workloads. A sizeable group (19%) work part-time which could create challenges coordinating mentoring sessions with their ECTs. Many have previous experience of mentoring: 60% having acted as a mentor for a NQT and 69% report some experience (including 25% with a lot of experience), those with greater mentoring experience are more likely to be mentoring more than one ECT.

Most (92%) work with pupils with special needs and the subject profile of mentors in secondary schools is almost identical to that of ECTs. ECTs and mentors therefore appear to be matched on their specialisms, which was a key aim of the programme to provide the best support for contextualising ECTs learning. Between three-quarters and four-fifths of ECTs have been matched to their mentor by subject or phase. Most induction tutors (79%) found it easy to allocate mentors to ECTs. Allocating mentors is perceived by induction tutors to be easier in primary schools, where ECTs are not so closely matched by year/key stage with mentors than in secondary schools. Indeed,

26% of mentors in primary settings reported that their ECT¹¹ teaches a different year, phase or key stage to them compared to 3% of mentors in secondary schools, and 11% of mentors in secondary schools reported that their ECT teaches a different subject or broad subject area or is in a different department to them¹². Matching ECTs and mentors appears to become more difficult when there is more than one ECT in the school. Most mentors (88%) are mentoring only one ECT. A small group are mentoring more than one NRO ECT (12%) or are currently also mentoring ERO ECTs (6%) who are now in their second year of their induction.

All mentors were asked why they agreed to be a mentor, and most commonly (cited by 85%) this was because they feel it is important to support ECTs and share their teaching experience, followed by wanting to develop their skills as a mentor (54%) and to use their existing skills and experience as a mentor (50%). They were also asked what they hope to gain personally and professionally from their involvement as an ECF mentor, and most wanted to be able to support the ECTs they are mentoring more effectively (82%) and to develop their skills in mentoring and supporting other teachers (79%). This is in line with their key motivations for taking on the role as a mentor. Mentors in general are most confident in their abilities to listen and offer support when needed. However, older and more experienced mentors are the most confident in their mentoring abilities.

Induction tutors

The survey finds that 74% of induction tutors hold senior leadership roles. Most have significant teaching experience (on average 19 years) and tend to be well established at their current school (74% having been there for at least 5 years). Many are experienced induction tutors, as 81% of them have been responsible for NQTs in previous years and 18% of them have experience of either the ERO¹³ or the expansion¹⁴ of the provider-led

¹¹ Or all their ECTs (if the mentor has more than one mentee).

¹² Or all their ECTs (if the mentor has more than one mentee). Note the question about subject matching was only asked of those in secondary settings.

¹³ An early roll-out (ERO) of the ECF based induction programme began in four areas (Opportunity North East, Greater Manchester, Bradford and Doncaster) from September 2020. Four training providers developed and delivered a full training package

¹⁴ In response to the fact that new teachers had their ITT curtailed due to COVID-19, a one-year version of the programme was made available to support teachers across the country from September 2020, this is known as the ECF Expansion programme. See 'Changes to statutory induction for early career teachers (ECTs)' at <https://www.gov.uk/guidance/changes-to-statutory-induction-for-early-career-teachers>

training programmes during 2020/21. Two in five (44%) induction tutors took on the role for the NRO because they had previously been involved with NQTs/ECTs as a mentor. Most commonly, induction tutors took on responsibility for the ECF based induction programme this year in their school because they feel it is part of their role (73%), they are interested in the development of ECTs (59%), and think it is an important role (52%). Thus, they recognise the need to support new teachers and feel they have a part to play in doing so as more experienced teachers.

Key findings: Strengths

Participants are positive about the provider-led ECF based training. This comes through strongly from the survey and is supported by lead providers' ad-hoc feedback that ECTs are satisfied with the programme and feel the mentoring they are receiving is high quality. Among those participating, those in primary settings (reflecting findings from previous surveys of NQTs¹⁵) and those in schools that were involved in the ERO report feeling most positive about the ECF based induction at this early stage in the NRO.

Awareness and understanding

Induction tutors have a high degree of awareness of their school's lead provider, and all groups – induction tutors, mentors and ECTs – have a high degree of awareness of their delivery partners. Most ECTs (85%) and mentors (74%) have had direct contact with their delivery partners during the first term of the ECF based induction programme. Delivery partners are rated highly by ECTs and mentors for their information provision, clear communication, and responsiveness to queries. Delivery partners are a key source of advice for induction tutors and mentors, and mentors are particularly positive about the responsiveness of delivery partners. Induction tutors feel positively about the lead providers they were working with and are particularly pleased with their lead provider's responsiveness to questions or concerns.

[teachers-ects](#) or 'Number of early career teachers and mentors participating in the early career framework' at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1058208/ECF_NRO_and_ERO_take_up.pdf

¹⁵ See 'Newly qualified teachers: annual survey' at <https://www.gov.uk/government/collections/newly-qualified-teachers-annual-survey>

Most of those involved in the provider-led training know who their appropriate body¹⁶ is: 97% of induction tutors, 86% of mentors and 67% of ECTs; and many of these have had direct contact with their appropriate body during this first term (86% induction tutors, 89% mentors, and 52% ECTs). Many schools (54%), as reported by the induction tutor, have a teaching school hub as their appropriate body, and 40% have a local authority as their appropriate body. Most schools not in a MAT have a local authority as their appropriate body, while most schools in a MAT have a teaching school hub as their appropriate body. Choosing an appropriate body to work with did not appear to entail an extended decision-making process within the school and tended to revolve around existing relationships¹⁷.

ECTs reported having good knowledge of the content and delivery of their training programme (69% feel they know at least quite a lot about the content, and 67% know at least quite a lot about how it will be delivered), being clear about the role of mentors (73% feel the role was definitely made clear to them), and being clear about the amount of time they need to spend on their induction (81% are clear about this). ECTs in primary schools appear clearer about their commitment than those in secondary schools.

Induction tutors tended to feel knowledgeable about the training programme content (77% knowing at least quite a lot), reflecting their involvement in decisions about and coordination of the programme in their schools. Induction tutors in secondary schools and those involved in the ERO are more likely to report knowing a lot about the training programme content. The time and workload commitments for all those involved in the ECF based induction programme also appear to be well understood by induction tutors, and understanding is again strongest in schools involved in ERO and secondary schools.

¹⁶ Appropriate bodies provide independent quality assurance of statutory induction: ensuring schools provide adequate support for their ECTs with a designated induction tutor and mentor, and that ECTs receive an ECF-based induction. See Appropriate bodies guidance: induction and the early career framework: <https://www.gov.uk/government/publications/appropriate-bodies-guidance-induction-and-the-early-career-framework> ¹⁷ Induction tutors were asked 'thinking about the process of choosing your school/MAT's appropriate body, which of these factors contributed to your choice', and the most commonly reported factors were: 'worked with them previously as our appropriate body' (41%), followed by 'they are our Local Authority' (25%), 'They are our Teaching School Hub' (19%), and 'worked with them previously to deliver training' (18%).

¹⁷ Induction tutors were asked 'thinking about the process of choosing your school/MAT's appropriate body, which of these factors contributed to your choice', and the most commonly reported factors were: 'worked with them previously as our appropriate body' (41%), followed by 'they are our Local Authority' (25%), 'They are our Teaching School Hub' (19%), and 'worked with them previously to deliver training' (18%).

Overall satisfaction

Satisfaction was measured in several ways including making comparisons to previous induction training programmes, perceived engagement of participants, enthusiasm for the programme, perceived helpfulness (to ECTs), and asking directly about satisfaction. At this stage, at the end of the first term, it was considered too early to ask about overall satisfaction of ECTs (historically this was asked of NQTs at the end of their induction year). It will be asked in the next (mid-point) survey of ECTs which takes place at the end of their first induction year and again at the end of their second (and final) provider-led ECF based training year.

- Most induction tutors (62%) consider the provider-led induction programme to be on a par or better than previous induction programmes (programmes that have been highly rated for their quality by the vast majority of participating NQTs as evidenced by the annual survey of NQTs). Those involved in the ERO are more likely to consider the ECF based induction programme as better than previous programmes which suggests greater familiarity with the ECF based induction programme leads to a more positive assessment.
- Induction tutors consider their ECTs and mentors to be engaged with the provider-led programme (97% and 93% respectively), and engagement is perceived to be highest in primary schools.
- There are high levels of enthusiasm for the provider-led programme. Using a 10-point scale with 0 (lowest) to 10 (highest), 65% of mentors and 54% of ECTs rated their enthusiasm highly (at least 7 out of 10).
- ECTs, and especially induction tutors and mentors, rate the provider-led programme well in terms of its helpfulness for ECTs during its first term. Helpfulness was also measured using a scale from 0 (the lowest) to 10 (the highest), and scores were mainly clustered around 7 or 8 out of 10. Highest ratings for helpfulness (at least 7 out of 10) were given by 56% of induction tutors, 51% of mentors and 42% of ECTs.
- Most induction tutors (63%) and mentors (48%) feel satisfied rather than dissatisfied (15% of induction tutors and 22% of mentors identified as being dissatisfied) with the provider-led programme to date. Induction tutors and mentors in primary schools are more likely to be satisfied overall.

Value of the mentor relationship

Mentors are pivotal to the ECF based induction programme and play a key role in the experiences of ECTs. Mentors are an important source of induction advice and support

for ECTs, with 84% of ECTs reporting they would approach their mentor if they had concerns about the quality of their ECF based induction programme. Most ECTs have one mentor, but 22% report having more than one.

The views of both ECTs and mentors about the mentoring relationship are overwhelmingly positive: 96-97% rate it as good, including 82% who consider it to be very good, and the one-to-one relationship is particularly highly rated. ECTs feel very supported by their mentors (86% report this) and by their induction tutors (75%). ECTs rated their mentors' performance in helping them with their induction training and early career development in a set of key areas, and overall rated their mentors highly. The highest ratings were for mentors' abilities to listen and offer support when needed (95% rated each of these as good, including 84% and 82% as very good). ECTs tended to rate their mentors' abilities more highly than mentors rate their own abilities. This suggests that mentors may be doing better than they themselves think, particularly in relation to giving useful feedback, helping ECTs to develop their adaptive teaching practice, set actions for development and to critically reflect on practice.

Experience of delivery and support

ECTs, induction tutors and mentors are largely positive about the delivery of the provider-led ECF based training for ECTs, rating most highly the quality and content of the training and resources, the opportunities to practise skills, and the structure and sequencing of the training (with at least two thirds rating these aspects as good¹⁸). Those in primary schools were most positive about the delivery of the training for their ECTs.

Over half of mentors rated many aspects of their mentor training as good¹⁹, rating the knowledge and expertise of trainers, the quality and content of the training and resources, and ease of access to digital materials particularly highly (67%, 60% and 59% respectively rated these as good). Induction tutors were more positive about the mentor training than the mentors themselves. Again, mentors in primary schools were most positive about their mentor training.

¹⁸ Quality and content of the training and resources: 74% induction tutors, 66% of mentors and 66% of ECTs rated this as good. Opportunities to practise skills: 72% of induction tutors, 74% of mentors and 71% of ECTs rated this as good. Structure and sequencing of the programme: 71% of induction tutors, 64% of mentors and 65% of ECTs rated this as good.

¹⁹ Rating options were, very poor, fairly poor, neither poor nor good, fairly good and very good'. Where good is used it is an amalgamation of fairly and very good.

Wider support

ECTs felt their school was supportive of their ECF based induction programme and mentoring: 64% felt their senior leadership team (SLT) were very supportive of their participation in the provider-led training programme. Generally, the SLT in schools are felt to be engaged with the ECF based induction programme, 83% of induction tutors and 79% of mentors rated them as very or fairly engaged. Engagement was perceived to be greater in primary schools. Mentors also felt their SLT was supportive of the mentor role, with 54% of mentors reporting their SLT as very supportive and a further 35% as quite supportive. Support was perceived to be greater in primary schools.

ECTs also report that their school overall has been supportive of their participation in the training and mentoring outside of pupil contact time within school hours (62% feeling their school had been very supportive and 29% quite supportive).

The survey indicates some stability in the system, at least in the short-term, with very few schools expecting to change their ECF based induction programme approach or lead provider²⁰, virtually all ECTs (95%²¹) likely to remain in teaching, and most induction tutors (83%) and mentors (70%) expecting to remain in those roles next academic year²². This should allow implementation to embed, any teething problems to be overcome and expectations to be managed through experience.

Key findings: Challenges

The survey responses identify two key areas of concern and potential for improvement. They arise in the criticisms from the small numbers of respondents who feel previous programmes are better than the provider-led ECF training, who rate the training poorly in terms of helpfulness for ECTs, have low satisfaction with the training or anticipate changing approach or provider. They are also areas where those who are positive about

²⁰ 7% of all induction tutors reported it was very unlikely or fairly unlikely that they would use the same approach to ECF induction the next time they appoint ECTs, compared to 70% who would keep the same approach; and 4% of induction tutors reported it was very unlikely or fairly unlikely they would choose the same lead provider next time they appointed ECTs, compared to 77% who would keep the same lead provider.

²¹ 3% of ECTS who responded said they didn't know whether they would still be in teaching next academic year, only 2% said they would be unlikely to be.

²² The remainder either felt it unlikely or didn't know. In addition, most (80%) of ECTs expected to stay at their current school next academic year, with just 9% thinking it unlikely they would stay at their school and 11% answered 'don't know'.

the training programmes feel it could be improved and are also echoed in the insights from lead providers (and their delivery partners).

Perceived heavy workload and time commitment

Insights from lead providers (and their delivery partners) are that ECTs are time pressured, and some may be struggling to find time to invest in their development. Some mentors too may be struggling, finding it difficult to fit their ECF based induction programme responsibilities (which are greater than anticipated based on previous mentoring experiences) around their other commitments. Lead providers felt some schools did not fully understand the statutory entitlements of ECF based induction programme (for example the time off timetable) and so were not giving participants, particularly mentors, sufficient support or allocating the appropriate time for them to engage with the training programme. Lead providers felt DfE could help raise awareness and clarify messages around the statutory requirements. DfE is working to raise the awareness of schools, including through their appropriate bodies, to ensure they are providing time off timetable for ECTs and mentors.

One of the reasons some induction tutors²³ gave for preferring previous induction training programmes was that these former training programmes involved a more manageable workload. Similarly, one of the factors noted by mentors and induction tutors rating the helpfulness of the provider-led ECF programmes for ECTs as low²⁴, related to the additional workload involved, feeling that it was too much/too time consuming; and a factor for those reporting overall dissatisfaction²⁵ with the ECF based induction programme so far was that it creates a heavy, unrealistic workload.

Time commitment

The survey indicates that most participants felt they understood the requirements of the ECF based induction programme and generally ECTs are being given their full entitlement to time off timetable²⁶. However, some consider this is not enough and that

²³ The group who felt previous induction programmes were better than the current DfE-funded provider-led ECF based training, overall, this group represented 26% of responding induction tutors.

²⁴ 14% of induction tutors and 17% of mentors rated the helpfulness as 3 or less out of 10.

²⁵ 15% of induction tutors and 22% of mentors were dissatisfied overall with the induction programme in their school or MAT.

²⁶ The ECF based induction programme requires that ECTs have time for their professional development, including a 10% reduction to their teaching timetable in year one (which was already in place under the NQT system) and a 5% reduction in year two. These are additional to the time reserved for Planning, Preparation and Assessment (PPA) time.

the expectations around how much time ECTs should spend on the provider-led training is too much²⁷. There are even greater concerns about the time commitment required for mentors²⁸, with mentors largely critical of the time they are required to spend on provider-led mentor training (55% considering this to be too much). Although far fewer are critical of the amount of time they are required to spend with each of their ECTs (26% feel this is too much). The time commitment required for ECF provider-led training (for ECTs and mentors) is a particular challenge for those in secondary schools.

Overall, ECTs reported (over a period of 4 weeks²⁹) an average of 3.19 hours spent on in-person training, 5 hours in self-directed study, 4.63 hours on formal mentoring support, and 4.23 hours on informal mentor support. Mentors reported (again over a period of 4 weeks) an average of 4.35 hours spent on their own training (in person training and self-directed study), plus 4.71 hours providing formal mentoring support, and 4.11 hours providing informal support.

Workload

The majority of those involved in the ECF provider-led training also feel the workload expected of ECTs and particularly mentors is too much. Among induction tutors, 52% think the workload is too much for ECTs and 62% think it is too much for mentors. Heavy workload was also a theme emerging from the annual surveys of NQTs when reviewing the previous one-year statutory induction training programme, with one quarter of NQTs finding the workload during their induction period larger than they had expected.

ECTs in the NRO mainly undertake their provider-led ECF training related activities (training, self-directed study, and formal structured mentoring sessions) during their time off timetable or in their own time but 45% of ECTs are still finding it difficult to manage to spend time on the provider-led ECF training programme alongside their teaching workload. This may be exacerbated by expectations on ECTs in most schools (reported by 88% of induction tutors and 75% of ECTs) to undertake an average of 29 hours of CPD this year additional to that required within the ECF based induction programme.

²⁷ 39% of ECTs consider the amount of time they are expected to spend on self-directed study to be too much, and 29% consider expectations around time spent on in-person training is too much; and 27% of induction tutors consider the amount of time off timetable that ECTs have to engage with their induction is too little.

²⁸ Mentor training totals 36 hours over two years. This is in addition to the time those mentors spend supporting ECTs on the provider-led ECF based training.

²⁹ ECTs and mentors were asked about the hours in total spent over the previous four weeks of term time spent on various induction related activities. Four weeks was chosen to smooth out any peaks and troughs at a weekly level and provide a more consistent estimate of time spent.

Workload is clearly a concern, and mentors and ECTs have lower confidence in mentors' abilities to help ECTs to manage their own workload than in the mentors' abilities to help with other aspects of ECTs development. This is also an area perceived to be weaker for ECTs (in terms of their baseline confidence).

Around half (54%) of mentors find it difficult managing to spend time supporting their ECTs alongside their teaching workload, and even more (73% of mentors) report difficulties managing to spend time on the provider-led ECF mentor training. Most commonly mentors reported undertaking their mentor training in their own time but engaging with the ECTs in their ECTs PPA or ECF time (off-timetable). Again, these aspects are considered more challenging in secondary schools.

Lead providers reported being mindful of teachers' heavy workloads and fluctuating time constraints so try to build flexibilities into the design and delivery of their programmes. This is achieved by: breaking up the learning into manageable amounts; blending online and face to face delivery, offering synchronous and asynchronous delivery, and facilitated and self-directed study; recording sessions, creating offline content, and reducing the length of sessions; and providing opportunities to accelerate or decelerate learning pace.

Perceived lack of flexibility

As noted, respondents tended to be positive about the provider-led training, with most rating each of the measured aspects as good (fairly or very good). However, there were two areas of the training that were less well received.

- Whilst on balance more induction tutors, ECTs and mentors felt the provider-led ECF based training was tailored to their school context and training needs than not (41% of induction tutors and 51% ECTs rated this as good in relation to ECT training needs; 38% of induction tutors and 35% of mentors did so in relation to mentor training needs), the survey also found that 30% of induction tutors and 27% of ECTs rated the tailoring of the provider-led ECF based training to their school context and ECTs needs as poor (very poor or fairly poor); and 31% of induction tutors and 35% of mentors rated tailoring of mentoring training as poor.
- Also, whilst more reported that provider-led training was flexible in dates and times rather than not (48% of induction tutors and 50% of ECTs rated this as good in relation to ECT training; 43% of induction tutors and 40% of mentors did so in relation to mentor training), the survey found that 22% of all responding induction tutors and 24% of ECTs felt flexibility in training dates and times for ECTs was poor (very poor or fairly poor). Similarly, 27% of induction tutors and 28% of mentors felt flexibility was poor for mentors. Among mentors, 13% had not

been able to attend in-person training. This was often due to schedule clashes, being too busy or having in-person training cancelled.

- Lead providers were concerned about delivering flexibilities for participants. They noted how provider-led ECF based training must deliver a consistent offer and programmes must meet a set of essential criteria, but this can lead to the training feeling rigid. Flexibilities are therefore considered critical for the engagement of participants, and this creates some tension between adherence to principles (and required metrics) of provider-led ECF based training whilst dealing with the day-to-day realities of teaching and the needs of the broad spectrum of schools, mentors and ECTs.

Lead providers recognise that flexibilities are required for the provider-led ECF training to be relevant (to adapt to school contexts and learner needs) and reduce burdens on participating schools. Localised delivery partners play a key role (drawing on their experience of working with participating schools) but rely on timely access to relevant information about ECT' locations and characteristics to be able to tailor training, data which delivery partners could not access in a timely way. Tailoring training can have financial implications for delivery partners and quality control issues for lead providers to ensure consistency across delivery partners.

Flexibilities are also required to support the small proportion of ECTs who start later in the academic year or that work part-time ('non-standard' inductees) to ensure they also receive the same offer. Lead providers are evolving their approaches for non-standard ECTs but want to avoid developing many variants of their training to address the breadth of different scenarios. Ideas include delivering training centrally (by the lead provider) or offering fully virtual programmes. Flexibilities will also be needed to deal with an element of 'churn', with ECTs moving schools, mentors dropping out and being replaced, and schools changing lead provider or programme approach. The survey found some evidence of churn among mentors and induction tutors even within the first term, but this was relatively small. Lead providers felt they would benefit from working together to create guidelines around non-standard cases, and the DfE has updated the requirements and provided further guidance since the survey was administered.

Other challenges noted included:

- Finding the systems difficult or complicated to use, particularly the online platforms (both the DfE digital service and lead providers' learning platforms), which created challenges with onboarding, particularly delays in starting training which can impact on engagement. Challenges here included difficulties verifying eligibility which is required before participants can access materials or editing entries if information was wrongly entered or participants changed. There was some criticism of onboarding in the survey responses, with 26% of mentors and

30% of induction tutors rating onboarding of ECTs as poor, and 33% of mentors and 31% of induction tutors feeling the onboarding of mentors also needed some improvement.

- Finding the content of provider-led ECF based training for both ECTs and mentors too heavily balanced towards theory with too little applied content. This was a view held by a substantial (though minority) group of mentors: 39% in relation to ECT provider-led training and 38% in relation to mentor training.
- Some mentors feeling that they lacked an understanding of aspects of the ECF based induction programme. They are less certain than induction tutors and ECTs of the content of the programme for ECTs (49% report knowing only a little) and many (53%) mentors feel they know 'only a little' about the training and support opportunities available to them within the provider-led ECF based training programmes, and so may need additional support and more targeted information. The former is challenging as it could impact on mentors' abilities to support their ECTs through the programme, and the latter could impact upon mentors' engagement with the programme (potentially seeing their ECF based induction programme related activities as a burden rather than an opportunity).

Next steps for the evaluation

The feedback captured to date and presented in this interim report is already being used by the Department and by lead providers to support improvements in planning, guidance, and data collection which in turn supports continuous development of the provider-led ECF based training programmes and the effective implementation and embedding of the reforms across the school-sector in England.

Further data collection is planned for this academic year (2021/22) to follow the first cohort of the NRO. This includes qualitative data collection: interviews with school leads (induction tutors and representation from senior leadership teams); case studies centred around schools involving discussions with mentors, ECTs, induction tutors, wider staff, delivery partners and appropriate bodies; launching a community of practice with mentors to share experiences; and a catch up with all lead providers. It also includes quantitative data collection and analysis: a mid-point survey with all participants (ECTs, mentors and induction tutors) and analysis of a further tranche of programme management information (from the DfE platform). This work will allow the evaluation to chart the progress and update the experiences of participants, and to dig deeper to understand the realities of the ECF based induction programme experience from all stakeholder groups.

An annual summary is planned for Autumn 2022. This will present the experiences of the first year of the NRO (moving beyond the first term and including non-standard inductees). It will draw in findings from the planned next steps; and include additional analysis of the baseline survey exploring influences on individuals' experiences and choices and explore how perceptions of participants change over time (between the baseline at the end of the first term to the mid-point at the end of the first year). The summary will also present findings for the participants in schools that are using DfE accredited materials to deliver their own ECF based training, including the profile of schools taking this approach and what makes these schools different.



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