Department for Education

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

Evaluation summary report

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Glossary

Acronym	Full wording
CIP	Core Induction Programme
CPD	Continuing Professional Development
DfE	Department for Education
ECF	Early Career Framework
ECT	Early Career Teacher
ECTE	Early Career Training Entitlement
ERO	Early Roll-Out
FIP	Full Induction Programme
ITT	Initial Teacher Training
ITTECF	Initial Teacher Training and Early Career Framework
MAT	Multi-Academy Trust
NPQs	National Professional Qualifications
NQT	Newly Qualified Teacher
NRO	National Roll-Out
PPA	Planning, Preparation and Assessment
QTS	Qualified Teacher Status
SCITT	School Centred Initial Teacher Training
SEND	Special Educational Needs and Disabilities
SLT	Senior Leadership Team
SWC	School Workforce Census
TSHs	Teaching School Hubs

Summary

The Department for Education (DfE) commissioned a 3-year process evaluation of the implementation[1] of the Early Career Framework (ECF)-based induction for Early Career Teachers (ECTs). The evaluation followed participants (induction tutors, mentors and ECTs) in the 1st cohort over the 2 years of their induction programme, using both quantitative and qualitative research methods. It explored decision-making, experiences of different models for ECF-based induction, what worked well (and less well), outcomes and early signs of impact, and lessons for delivery and national policy development. This report summarises the key findings from across the full evaluation.

Experiences of ECTs

- There were almost 30,000 ECTs in the 1st cohort in the national roll-out of ECF-based induction. Most of these started their induction in the 1st term of the 2021 to 2022 year, and almost all (95%) were on a provider-led programme.
- Cohort 1 ECTs had a range of expectations at the start, for gaining support and improving their skills and knowledge, and expected more as they progressed through their programme. Wanting to improve their skills and knowledge in adaptive teaching, behaviour management, and their subject and pedagogical knowledge remained important throughout their induction, but as ECTs approached the end of their induction they focused more on careers and progression and interaction with peers.
- Expectations tended to be met, at least to some extent, particularly in gaining non-judgemental, constructive guidance and support, time to reflect and deepening understanding of good practice. Induction tutors felt the induction was particularly successful in providing better support for ECTs but also for raising the importance and profile of mentoring, and improving the effectiveness of mentors.
- A range of delivery methods were used in the provider-led ECF-based induction training, blending face to face delivery with online learning to allow for interaction, networking and reflection. The training combined self-directed learning, live online training, live in-person training and some large group events. On average cohort 1 ECTs spent more time on self-directed study than on in-person training (in part reflecting the impact of COVID restrictions). Time spent in training activities reduced from year 1 to year 2 of the

[1] This was known previously as the national roll-out (NRO), and was the terminology used in previous reports from the evaluation.

programme (by design). Most ECTs also participated in additional Continuing Professional Development (CPD) provided by their schools.

- ECTs received formal structured support from their mentors (observations and weekly or fortnightly meetings) and informal support via catchups, check-ins, providing advice or answering questions. Time with mentors reduced from year 1 to year 2 (by design) and the balance shifted towards informal support over time.
- Cohort 1 ECTs were generally positive about their provider-led training and induction experience. They felt well prepared for induction by their Initial Teacher Training (ITT), and that it built on and extended topics from their ITT. As ECTs gained experience and confidence over their 2-year programme, their enthusiasm fell and they became more critical, reflecting their increased independence, reduced need for support and readiness to move on.
- Specific aspects of the provider-led training that worked well for ECTs were information provision, the opportunities to practice skills, the quality and content of their training and resources, accessing learning platforms and digital materials, ability to monitor their own progress, and opportunities to network with peers (the last improved over time). Other aspects of induction that worked well were the support provided by the induction tutor and wider support from their senior leadership team (SLT) and across the school. The supportive school environment appeared to make a substantial difference to growth in ECTs' teaching confidence.
- The most valued aspect was the mentoring. ECTs were most positive about the time spent with their mentor. The mentoring relationship was also rated highly as were mentors' skills in providing support, mentors were a key source of advice, and ECTs felt very supported by their mentors. ECTs rated their mentors highly in helping them to develop their adaptive teaching practice and to develop behaviour management strategies (areas ECTs were keen to work on). Most ECTs had just one mentor, and they remained their mentor throughout their induction. The strong relationships were sustained across the induction, and often beyond. For cohort 1 ECTs, mentors tended to be senior staff with mentoring experience and were well matched to ECTs' subject and phase to provide contextualisation for their learning.
- There were some areas of the induction that worked well for some but not for others - the structure and sequencing of the training, gaining experience specifically related to their school, and provision of new knowledge and training content. These received positive ratings but were also regarded as frustrations by some ECTs. Where ECTs expressed dissatisfaction or concern about their induction this was associated with; a perceived lack of relevance

or tailoring to their needs and school context or prior experience; inflexibility of the training (rigid sequencing); and a perceived repetition of content from other courses, thus feeling they were learning nothing new. ECTs wanted more contextualisation, choice and control. There were also general frustrations noted around the heavy workload as well as the induction training being too time-consuming (or the time required, particularly for self-directed learning, being too high) and adding to their workload. Around half of ECTs found it difficult to find time for induction training alongside their teaching workload.

- There were positive signs of impact on cohort 1 ECTs. They increased in confidence (from a high baseline) in all areas but especially in adaptive teaching practice and managing behaviour (key areas for expected development). Induction tutors also reported improved ECT confidence and improvements to teaching performance and job satisfaction, and improvements in capabilities, motivation and sense of purpose. ECTs felt positive about taking their next steps, taking on a full teaching load and moving on with their teaching careers, and described ambitions to progress. The majority also planned to stay on in teaching, mostly intending to stay on in their school. Those most likely to consider leaving teaching tended to have lower confidence in their abilities, lower satisfaction with their induction training, and perceived lower support from their schools and mentors.
- The small group of cohort 1 ECTs (5%) who undertook a school-led ECF-based induction programme reported greater perceived knowledge and understanding of their induction programme than ECTs who followed a provider-led approach. They also reported more time on mentoring and live training, and gave higher ratings for delivery and content of their training. However, they gave lower ratings for opportunities to network than ECTs on a provider-led programme, and heavy workload was as much of a concern to those on school-led programmes as found for those on provider-led programmes.

Experiences of mentors

- There were approximately 25,053 mentors in the 1st cohort. This initial group of mentors tended to be highly experienced teachers with leadership roles and previous mentoring experience, and were chosen for their experience and interest in the role. Most mentors felt it was important to support ECTs and share their teaching experience. However, a larger proportion worked part-time compared to ECTs which could make it difficult to schedule mentoring sessions.

- Qualities considered important to be an effective mentor were mentoring or coaching experience, strong listening skills, strong teaching skills, and to be able to devote sufficient time to the role.
- Mentors spent time on mentor training, preparing for mentor sessions, and providing formal and informal mentoring. Time spent in training reduced from year 1 to year 2, but cohort 1 mentors tended to feel they did not get enough time off-timetable for training and commonly undertook training in their own time. They were happier with the amount of time they spent with their ECTs and had at least some time off-timetable for mentoring activities, but the time spent preparing for mentoring sessions was unanticipated and – they felt – went largely unrecognised.
- Mentors' expectations for participation were to be better able to support ECTs, to improve their mentoring skills and effectiveness, and to improve their own teaching practise.
- Cohort 1 mentors were generally positive about the ECF-based induction programme and ratings increased across the 2 years. They were enthusiastic about participation; they experienced an increase in confidence in their mentoring abilities and intended to continue in the mentoring role. Mentors particularly valued the mentor relationship with their ECTs, the quality of trainers and training materials (and felt they increased their knowledge of mentoring theory), senior leadership team support, and their relationship with delivery partners.
- The aspect mentors found most challenging (or worked less well) was coping with the additional workload and balancing induction programme commitments alongside their existing work. They found it challenging keeping up with the volume of work required, gaining sufficient familiarity with the programme their ECTs would be following, finding enough time for mentoring, and particularly, to find enough time for mentor training within their allotted time off-timetable. Mentors often had multiple and competing responsibilities alongside their mentoring responsibilities; some had a dual role of mentor and induction tutor, and some had more than one ECT to support or were mentoring other teachers or trainees. There were worries that mentor workload could increase over time due to greater complexities brought about by ECT movement (between schools) during induction, and mentors needing to continue to support ECTs beyond their formal induction period. This could negatively impact on mentor recruitment. Other challenges included perceived lack of tailoring of mentor training to contexts and prior experience (some had considerable mentoring experience), lack of networking opportunities, and lack of external recognition for the commitment, expertise and enthusiasm mentors bring.

Experiences of induction tutors

- There were approximately 11,700 induction tutors registered in the 1st year of the national roll-out. Induction tutors tended to hold senior leadership positions, had extensive teaching experience and experience of the induction tutor role.
- Induction tutors tended to be the most positive about the ECF-based induction, and their positivity increased over time. They were particularly satisfied with the organisation, planning and structure of the induction programme, and on balance felt the programme provides a better-quality experience than previous induction programmes.
- Aspects that worked well for induction tutors included managing their role (understanding their responsibilities, managing the administration required, and using the DfE's digital service); well-defined programme knowledge (its training content, and time and workload commitments for participants); and support from lead providers and from their school or MAT's senior leadership team.
- Over time the complexity of their role increased, with responsibility for multiple ECTs, later registrants, and multiple cohorts, and some also taking on the mentor role. The complexity created some challenges for induction tutors which meant many adjusted their activities and responsibilities to accommodate their increased induction workload. While most felt able to deal with the complexity and volume of this workload, approximately one-quarter struggled. Other challenges included managing paperwork, finding sufficient cover for ECTs and mentors, and using the digital systems (of DfE and lead providers) to register and manage their ECTs.

Making decisions

- Decisions around ECF-based induction – which approach to take and which lead provider or lead provider's materials to work with – tended to be made by those in senior roles in the school or MAT. Decisions were made based on the perceived quality of materials, previous experiences and familiarity, and reputation.
- Key motives for choosing the provider-led approach to ECF-based induction were quality, convenience and opportunities to develop mentoring capabilities. Key drivers for selection of preferred lead provider (from the 6 lead providers at the start of the national roll-out) were quality, perceived suitability of the programme for the school, reputation of the lead provider, and delivery approach offered.

- The main driver for choosing the school-led approach was flexibility; that it would allow the school to tailor their programme to be more relevant to their context and offer flexibility in coverage and sequencing of training. Schools taking the school-led approach (just 5% of schools in the 1st year) tended to have a different profile to those taking the provider-led approach to ECF-based induction. The school-led approach was more common among schools located in London and the south-east, and secondary schools. They were also more likely to be all-through schools, larger, have more advantaged pupils and be independent or special schools.

Programme changes

The design, implementation and guidance of the ECF-based induction evolved substantially over the evaluation period (the first 3 years of the national roll-out). Modifications were driven by changes in the wider context (including the lifting of COVID-19 restrictions) but largely due to purposeful change and improvement in response to feedback about challenges and frustrations. The experiences of the 1st cohort of ECTs, mentors and induction tutors described above were therefore likely to have been different to later (more recent) cohorts.

- Managing ECF-based induction has become more complex as schools host multiple cohorts; and as participants join at different times, have different working patterns, and negotiate extended or reduced induction periods, all leading to different pathways through induction. Further complexity is added with ECTs and mentors moving schools or, less commonly, schools changing lead providers or delivery partners.
- However, over the evaluation period provider-led ECF-based induction programmes have seen improvements to delivery. Changes include greater contextualisation to the training and materials, greater flexibility in delivery and depth, providing access to materials and platforms throughout the year and developing accessible content, and improved information and communication and tracking.
- Over time, there has also been a decrease in the number of mentors being trained and a change in the profile of mentors as different (more junior and less experienced) staff take on the role and training. This diversifies the mentor pool and reduces the burden on current mentoring staff. There have been changes to mentor training to support mentor engagement and to respond to changing mentors' needs. Changes include offering more options and greater flexibility in start point, streamlined materials, open access to materials, catch-up events and asynchronous delivery formats.

- Further changes will be introduced from September 2025 to support continuous improvement, participant engagement, and address persistent frustrations. Changes include: streamlining mentor training and reducing the training requirement from 2 years to 1 year; providing additional resources for all mentors (new and existing) to use with their ECTs; and, providing new diagnostic tools for mentors to appraise ECTs' expertise and identify areas for development and support greater tailoring to need. There are also plans to increase contextualisation by lead providers to subject and phase; streamline the registration process; update and clarify the statutory guidance around reducing induction periods and ECT and mentor entitlement to time off-timetable; and to simplify the process for schools to deliver their own training. A combined framework covering initial teacher training and induction (ITTECF) will be effective from September 2025 and is intended to reduce unintentional repetition of content.

Key lessons from the evaluation

Implementation of this large-scale programme has been mostly successful. The sector has tended to be supportive and understanding of the need for change, criticisms have reduced over time, and there has been increasing positivity (and satisfaction) as the programme embeds. The DfE and its delivery agents have listened to concerns and feedback and have taken action, whilst working to protect the quality of the programme, fidelity to the framework and the integrity of the mentor offer. The research findings suggest that successful implementation can largely be attributed to:

- giving schools choice over the approach to take and who to work with, and providing an option where schools can entrust training delivery to expert providers
- good (multi-way) communication across the system and strong, respectful working relationships between the key stakeholders (DfE, lead providers, delivery partners and schools)
- strong digital systems and processes to register, verify and track individuals, and provide access to learning materials and manage and log training activities; and systems that can adapt swiftly to increase usability
- committed mentors who develop strong mentoring relationships with their ECTs to provide non-judgemental support; and moves towards increasing and diversifying the mentor pool and thinking about how to sustain mentor engagement and quality

- recognising the need for flexibility in delivery to provide a more tailored experience and to support participants' different learning journeys; and working to deliver flexibility whilst ensuring ECTs receive a consistent offer and experience through adherence to strong content (good quality resources underpinned by current research evidence).

The ECF-based induction programme has adapted and evolved to address challenges during its early implementation and further changes are planned to ensure it remains relevant and useful. Further considerations to ensure continued success could be:

- maintaining choice for stakeholders and accepting there may be more movement between programmes and lead providers over time
- fostering continuous improvement and innovation in delivery
- listening to and communicating with stakeholders and being willing to adapt
- keeping the training relevant and informed with up-to-date research evidence
- reducing administrative burden and increasing attraction and ease of participation
- harnessing the enthusiasm and ambitions of ECTs as they move on from induction
- providing more focus on managing workload and wellbeing for ECTs within the programme
- recognising the commitment and expertise of mentors
- promoting and celebrating the successes of the programme
- further data collection to understand the impact of the programme and adaptations made, and to gather evidence of what works as the programme evolves.

Introduction

IES (working with BMG) were commissioned by the Department for Education (DfE) to undertake a process evaluation of the new 2-year induction programme for early career teachers. The induction programme was trialled in the 2020 to 2021 academic year in specific locations[2] (known as the Early Roll-Out, ERO). It was then rolled out nationally across England, from September 2021 (known as the National Roll-Out, NRO) with all new teachers expected to take part. This evaluation focused on the national roll-out to track the experiences of key stakeholders over a period of 3 years as the new induction programme was launched. It aimed to see how the programme was implemented and was embedding, how schools and participating individuals viewed and experienced the programme, and to capture the key lessons learned. This report summarises the key findings from the full 3-year evaluation and is designed to complement the reports that cover findings from each year of the evaluation separately and in more detail.[3]

ECF-based induction

> 'Statutory induction is the bridge between initial teacher training and a career in teaching' (DfE, 2021)[4]

The new approach to statutory induction replaced the previous 1-year newly qualified teacher (NQT) induction.[5]

The new approach - ECF-based induction - set out a series of entitlements for new teachers, those with Qualified Teaching Status (QTS) who were moving into their first jobs after qualifying (hereafter referred to as Early Career Teachers, ECTs). The entitlements included:

- an extended 2-year induction phase with time off-timetable for induction activities
- a training programme based on the Early Career Framework (ECF), [6] an evidence-based framework which sets out clear learning goals (through 'learn

[2] North-east of England, Greater Manchester, Bradford, Doncaster.
[3] The ECF research reports are available on the government website Early career framework induction evaluation research reports. The Year 3 summary is published at the same time as this overview report.
[4] Statutory guidance - Induction for early career teachers (England)
[5] More information on why this change was made is available on the government website Statutory guidance - Induction for early career teachers (England), as well as DfE (2017) Strengthening Qualified Teacher Status and improving career progression for teachers, government consultation.
[6] The Framework draws on the best available evidence and was designed by an expert group including teachers, senior leaders and academics. The framework covers 5 areas: behaviour

that' and 'learn how to' statements) and codifies what it means to be an effective teacher

- a structured programme of regular one-to-one mentor support from a dedicated mentor
- regular progress reviews and 2 formal assessments against the Teachers' Standards[7]

DfE provided additional funding to allow time for this professional development: for ECTs to undertake training and for ECTs and mentors to participate in mentor sessions.[8] [9] DfE guidance stated that the time off-timetable should be used to undertake activities in the induction programme. The funding was in addition to planning, preparation and assessment (PPA) time that all teachers receive.

Schools could choose how they wanted to deliver ECF-based induction:

- Schools could use a **provider-led approach** whereby a DfE-funded training provider and, usually, a delivery partner provided ECF-based training directly to ECTs and trained mentors on how to support ECTs. These schools could decide which provider-led programme they wanted to follow.

  Schools opting for the DfE-funded provider-led approach received additional funding: funded training for ECTs (with payment made directly to lead providers), funded training for mentors (with payment made directly to lead providers), and funding to allow for 36 hours of mentor time off-timetable for training over 2 years (paid to schools).[10]

management, pedagogy, curriculum assessment, and professional behaviours, and these are mapped to the Teachers' Standards. Early career framework

[7] The Teachers' Standards set out the minimum requirements for teachers' practice and conduct.

[8] Payment is made after the end of the summer of the 2nd year of ECT induction. This is in addition to the 10% timetable reduction already in place for new teachers. Schools receive funding for 10% in year 1 through their core funding via the dedicated schools grant (DSG). This funding is not 'earmarked' for statutory induction. It is up to headteachers to manage the funding they receive. Funding and eligibility for ECF-based training.

[9] Funding is provided based on 20 hours of mentoring in year 2 of induction.

[10] Funding for mentor time off-timetable is made in arrears over 2 payments (1st payment to cover 18 hours is made in summer of year 1 following the start of mentor training; and 2nd payment to cover the remaining 18 hours is made in summer of year 2 where there has been sustained engagement with mentor training). These are known as 'backfill' payments. These payments were only for mentors going through training; the training is not repeated and the backfill grant cannot be claimed for that mentor again.

- Schools could use freely available DfE-accredited materials to deliver their own ECF-based induction programme (**school-led approach**[11]). These schools decided which of the 4 available sets of training materials to use.[12]
- Schools could design and deliver their own induction programme based on the Early Career Framework (**school design and deliver approach**[13]).[14]

Whichever approach was chosen by schools, all included funding for ECT time off-timetable (the grant to do their training) and the mentor 'compensation' grant for them to support their ECT. All also required support from an appropriate body. Appropriate bodies have the main quality assurance role within ECF-based induction. They ensure ECTs receive their statutory entitlements for induction based on the ECF and that ECTs are fairly and consistently assessed.

The evaluation

IES and BMG were commissioned to undertake a process evaluation, which involves analysis of whether an intervention is being implemented as intended, whether the design is working and why, and what could be improved.[15] In this case, the intervention is the new ECF-based induction. The evaluation was built into the implementation of the new induction approach. This allowed the collection and timely sharing of data, and to ensure it could deliver useful findings to those designing and implementing the programme to support continuous improvement. The research was not designed as an impact evaluation; it did not aim to measure outcomes of the programme nor assess the extent to which these could be attributed to the programme. However, it did explore early signs of impact from the perspective of key stakeholders. This report also includes additional analysis of retention data from the Schools Workforce Census (SWC).[16] The evaluation complements other work in the

[11] The definition 'School-led' is consistent with the previous evaluation reports but differs slightly from the definitions used in the DfE statistical release: Teacher and Leader development: ECF and NPQs. The release groups schools who deliver materials designed by lead providers with those who design and deliver their own programme. In the evaluation research, these are separated and thus given different labels, but the evaluation research does not include schools who design and deliver their own programme.
[12] The materials have been developed by: Ambition Institute, Education Development Trust, Teach First, and UCL Early Career Teacher Consortium.
[13] Schools and individuals following this approach are not required to register with the DfE Teacher CPD digital service, so data on this group have not been captured or reported through this evaluation.
[14] The definition is consistent with the previous evaluation reports but differs slightly from the definitions used in the DfE statistical release: Teacher and Leader development: ECF and NPQs. The release groups schools who design and deliver their own programme with those who deliver materials designed by lead providers. In the evaluation research, these are separated and thus given different labels, but the evaluation research does not include schools who design and deliver their own programme.
[15] See Magenta Book - HM Treasury guidance on what to consider when designing an evaluation.
[16] The school workforce census (SWC) release publishes data showing cumulative retention for cohorts of ECTs over a 10-year period.

sector including the Education and Endowment Foundation's (EEF) impact evaluation research of the Early Roll-Out[17] and Ofsted's independent review of teachers' professional development.[18]

The research gathered data across 4 academic years. It primarily tracked the experiences of the first cohort of participants (cohort 1). It also gathered insights from those involved in developing and delivering the training and support, and from later cohorts of participants.

Table 1: Research period

Academic year	ERO	Cohort 1	Cohort 2	Cohort 3	Cohort 4
Sept 2021 to Aug 2022	Year 2	Year 1	-	-	-
Sept 2022 to Aug 2023	NA	Year 2	Year 1	-	-
Sept 2023 to Aug 2024	NA	Complete	Year 2	Year 1	-
Sept 2024 to Aug 2025	NA	Complete	Complete	Year 2	Year 1

Note: Complete – means assumed to have completed their induction following a standard 2-year period. For those starting later in the academic year, extending their induction, or undertaking their induction part time, this may mean completing the following academic year.

Source: IES and BMG, 2025

Research questions

The key research questions were grouped as follows:

1. Decision making (the reasons to select particular providers and packages of support):

- What are the distinctive features of each of the packages?
- Which schools are involved in these packages?
- What are the reasons and motivations for schools to engage or not engage?

2. Implementation (the delivery chain and experiences and satisfaction of stakeholders):

- What is involved in delivery and how? What are the pros and cons of different models, and how are refinements identified and embedded?

[17] Early Career Framework Early Roll-out – trial; and NFER - Evaluation of the early roll-out of the Early Career Framework.
[18] Ofsted - Independent review of teachers' professional development in schools: phase 1 findings.

- What are the experiences of schools, ECTs and mentors, and what factors drive satisfaction?
- What is the experience of training?
- What digital support is used, how well does this work and what works most effectively?

3. Outputs and outcomes (signs of early promise based on self-reported outcomes):

- What difference is made to the induction process for different beneficiaries?
- What is the effect on intentions to stay in teaching?
- Do ECTs feel better prepared and more able to sustain careers?
- Do mentors and schools see returns?

4. Lessons and implications (insights and lessons for policy development):

- What works well for whom and in what circumstances?
- What barriers and facilitators were encountered?
- What lessons were derived from delivery and how do these inform national policy development and roll-out?

Method

The process evaluation involved a mix of methods, gathering findings from 2021 to 2024:

- 3 surveys of cohort 1 ECTs, mentors and induction tutors[19] –
    - the baseline survey in December 2021 to January 2022, at the end of the 1st term of the induction programme for cohort 1
    - the mid-point survey in May and June 2022, at the end of the 1st year for cohort 1

[19] All those registered with the DfE CPD digital service (as at November 2021) were invited to complete the baseline survey. All those who responded to the baseline survey and anyone who registered with the DfE digital service between December 2021 and April 2022 (referred to as 'late registrants', which included ECTs registering in January or April 2022) were invited to complete the mid-point survey. All those who responded to either the baseline or the mid-point survey were invited to complete the end-point survey.

    - the end-point survey in April and May 2023, at the end of the 2nd year and, for the majority of ECTs in cohort 1, the end of their induction programme and period[20]

- 3 rounds of case studies with schools[21] implementing the ECF-based induction programme –
    - June and July 2022 in 11 schools (30 interviews)
    - March to July 2023 in 8 schools (33 interviews)
    - March to July 2024 in 6 schools (20 interviews)
- 3 rounds of interviews with schools (with induction tutors and senior leaders) –
    - April and June 2022 in 15 schools
    - March and April 2023 in 14 schools
    - September and October 2024 in 12 schools[22]
- 5 workshops with mentors of ECTs between June 2022 and November 2024[23]
- 5 rounds of discussions with lead providers tasked with coordinating delivery of the provider-led training programmes (4 of whom developed the DfE-accredited materials used to deliver ECF-based induction training) between November 2021 and October 2024[24]
- analysis of data from the DfE teacher continuing professional development digital service (also known as the "Manage Training for Early Career Teachers" digital service) and drawing on published statistics[25]

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[20] Number of responses achieved for each survey from cohort 1 participants: Baseline survey 7,901 ECTs, 7,266 mentors, 3,510 induction tutors (a total of 18,677 respondents); Mid-point survey 3,878 ECTs, 3,485 mentors, 1,523 induction tutors; End-point survey 3,175 ECTs, 2,196 mentors, 1,170 induction tutors.
[21] Case study interviewees included induction tutors, senior leaders, mentors, ECTs, representatives from appropriate bodies, delivery partners and school governing bodies.
[22] Interviews were planned to take place in May and June of 2024, but all fieldwork was paused due to the General Election. For the final round of school interviews, 11 of the 12 schools were those who had participated in a previous round of school interviews to provide a deeper insight into changes over time.
[23] Workshops took place in June 2022 (28 participants), March 2023 (19 participants), July 2023 (9 participants), October 2023 (12 participants) and November 2024 (9 participants).
[24] Discussions were held with the initial 6 lead providers: Ambition Institute, Best Practice Network, Capita, Education Development Trust, Teach First, and UCL Institute of Education; and with the National Institute of Teaching who became a lead provider in 2023.
[25] Teacher and Leader development: ECF and NPQs.

Following the 1st cohort of ECTs

Early career teachers (ECTs) are the focus of the new statutory entitlements and new approach to induction. In this chapter we explore and track the experiences of the 1st cohort of ECTs, those starting in the 2021 to 2022 academic year.

Who were they?

After the first registration window in September 2021, approximately 25,400 ECTs were registered and verified as eligible for funding for ECF-based induction. This rose to approximately 29,720 after the 2nd and 3rd registration windows (in January and April 2022), an increase of 17%.

The vast majority of cohort 1 ECTs started their induction in the 1st term of the 2021 to 2022 academic year. The baseline survey found that these ECTs entered through different routes, but most commonly via postgraduate university-led teaching and School Centred Initial Teacher Training (SCITT) (32% and 24% respectively). Many (61%) had previous work experience including working in a school setting (particularly those in primary schools). Most (95%) were teaching full-time, and those in secondary schools were spread across subjects. They were distributed across school categories: secondary, primary, and all-through schools; academies (including multi-academy trusts, also known as MATs), local authority-maintained schools, free schools and special schools. Reflecting the population of teacher trainees and the teaching workforce[26], the majority of ECTs were female, under 30 years old, white, and did not report a disability or health condition.

Some ECTs joined cohort 1 later in the 2nd or 3rd terms.[27] These later-registering ECTs had a different profile. They were more likely than those who started in the 1st term: to be working in primary schools and in schools with fewer other ECTs, to have prior work experience, to be working part-time or to be older. This could impact on their support needs and experiences.

Almost all (95%) of ECTs in cohort 1 were on a provider-led programme. Only a small proportion of ECTs (around 5%) were involved in ECF-based induction programmes delivered by their school or Trust using the DfE-accredited materials.[28]

[26] School Workforce in England: Reporting year 2021;and Initial Teacher Training Census: Academic year 2020/21
[27] Approximately 1 in 7 cohort 1 ECTs were later registrants: 14%.
[28] Teacher and Leader development: ECF and NPQs: Academic year 2023/24, published July 2024

What were their expectations?

Cohort 1 ECTs had a range of expectations for their induction at the start. They wanted to improve their skills and knowledge: more than 2 in 3 were hoping to improve their skills in adaptive teaching (72%, rising to 81% in year 2) and behaviour management (66%, rising to 71%) and improve their subject and pedagogical knowledge (66%, rising to 79%). However, receiving constructive and non-judgemental guidance and support was most commonly reported as the single most important aspect they hoped to gain from their induction.

Expectations increased and broadened over the period of induction. Cohort 1 ECTs appeared to expect more as they progressed through their programme (with a peak at the end of the 1st year), and later registrants (i.e., those starting their induction in term 2 or term 3) were more likely to cite expectations for their course than those who started their induction at the beginning of academic year. Improving skills in adaptive teaching and behaviour management, and improving subject knowledge consistently remained the two main focuses for ECTs throughout their induction and into their 2nd year. However, expectations also changed over time, and in their 2nd year focussed more on careers and progression (74% hoped for this) and interaction with peers including observing other teachers (70%).

Despite ECTs' expectations being high (and increasing across the induction period), by the end of their induction expectations were more likely to be met (at least to some extent) than not. At least half of ECTs felt their expectations had been mostly or completely met.[29] Also, the proportion of ECTs reporting their expectations had been completely met increased over time. At the end of the 1st year, the areas where expectations were most likely to have been completely met were: having non-judgemental guidance and constructive support; having time to reflect on learning and experiences; and gaining a deeper understanding of evidence-based good practice. At the end of the 2nd year, the areas where expectations were most likely to have been completely met were again having constructive and non-judgemental guidance and support, and having time to reflect on learning and experiences, but also gaining experience specifically related to their school. School-related experience is interesting as this was an area where, coming to the end of their induction experience, some ECTs felt their expectations had not been met at all. This could indicate that, for ECTs in cohort 1, tailoring of the provider-led training to ECTs' circumstances (phase, subject or local context) was variable.

In line with the ambitions of ECTs, induction tutors' hopes for their ECTs were high and increased modestly over time, and were focused on building ECTs' practical

[29] The one exception was helping with career progression, where 44% of ECTs reported this expectation was mostly or completely met.

skills, particularly building on subject and pedagogical knowledge and improving adaptive teaching skills. Induction tutors also wanted ECTs to feel better supported and improve their confidence in teaching; they also hoped induction would be a motivating experience and would allow for a smoother and easier transition to teaching for ECTs. Induction tutors were also very positive, with the majority feeling their expectations for their ECTs had been mostly or completely met. For induction tutors, the programme appeared particularly successful in providing better support for ECTs, whilst also raising the importance and profile of mentoring, improving the effectiveness of mentors, and encouraging reflection on the approach to staff development in schools.

What did their induction involve?

Training

Lead providers (for the provider-led approach to ECF-based induction) designed their programmes to utilise a range of delivery methods. Programmes blended face to face training with online learning to allow for live engagement, dialogue and networking combined with the flexibility offered by asynchronous online training and development.

For cohort 1, the provider-led induction training involved a wide range of activities, and this was appreciated by ECTs. It combined self-directed learning (using online platforms to access videos, written materials and undertake assignments) and live online training (including seminars and content-focused clinics) with live in-person training and a small number of large group events such as conferences. Over time there was a shift towards more interactive and in-person elements, as COVID restrictions eased, and this was largely appreciated by ECTs. In-person events were felt to allow for networking, developing teaching practice, confidence building and positive wellbeing support. In-person events, however, could be challenging to attend for those working part-time, those with childcare commitments, or if the sessions were located some distance away or took place after school hours. Generally, schools provided additional continuing professional development (CPD) opportunities alongside their induction programme, particularly in primary schools.[30]

As intended, the amount of time spent in training activities reduced over time between year 1 and year 2. Among those on a provider-led programme, the average number of reported hours - over a 4-week period[31] - spent on in-person training was

[30] Interviews and case studies indicated that this CPD tended to be school-wide and aimed at all staff, or subject or department based, rather than specifically targeted at ECTs. Induction tutors reported an average of 29 additional hours of CPD in year 1 and 25 additional hours of CPD in year 2.
[31] ECTs 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.

3.2 hours in term 1, 2.9 hours in term 3 (at the end year 1), and 2.6 hours (at the end of year 2). Time spent in self-directed study was higher: 5.0 hours in term 1, 4.9 hours in term 3 (at the end year 1), and 3.4 hours (at the end of year 2).

Cohort 1 ECTs who registered later in the 2021 to 2022 academic year were less likely to have taken part in live in-person training and peer networking events by the time of the end-point survey. This group appeared more reliant on online training (live training delivered online and watching recordings) and spent less time (on average) in live training than standard starters and more time in self-directed study. This impacted on their opportunities to connect with ECTs in other schools.

For ECTs on a school-led ECF-based induction programme, live training delivered in person was common, and more common than for ECTs on a provider-led programme. This is likely to reflect that school-led induction is delivered in-house by school (or MAT) staff on site. For ECTs in these schools, the average time spent on training and self-directed study in year 2 was lower than found for ECTs in schools with provider-led programmes.

Mentoring

The ECF-based induction also involved observations and weekly (in year 1) or fortnightly (in year 2) meetings with mentors to discuss induction material and gain feedback. This was formal, structured support. Among ECTs on provider-led programmes, the average number of reported hours - over a 4-week period – spent receiving formal support was 4.6 hours in term 1, 4.0 hours in term 3 (at the end year 1), and 3 hours (at the end of year 2). ECTs mostly felt the amount of formal structured time with their mentor was about right.[32]

ECTs also received informal support from their mentors, such as catch-ups, check-ins and provision of advice or answering questions. The average number of hours spent receiving informal support over a 4-week period (on provider-led programmes), was initially lower than formal support, but informal support became more common in the 2nd year. ECTs reported spending an average of 4.2 hours in term 1, 3.8 hours in term 3 (at the end of year 1), and 3.2 hours (at the end of year 2). ECTs tended to estimate more time receiving informal support from their mentors, than mentors reported.

ECTs in schools reporting the school-led approach estimated they spent more time on mentoring (formal and informal) than ECTs in schools with a provider-led approach to ECF-based induction.

[32] 78% about right at baseline survey, 7% too much and 9% too little. 74% at the mid-point survey (10% too much and 11% too little). 75% at the end-point survey (7% too much and 12% too little).

How did the first cohort experience their induction?

In general, cohort 1 ECTs were positive about their provider-led training and their induction experience in terms of enthusiasm for taking part, helpfulness and overall satisfaction.[33] Ratings fell slightly after the 1st term for helpfulness but then levelled out, as expectations increased and ECTs gained more experience. Ratings for enthusiasm fell over time, reflecting ECTs' greater confidence in their teaching abilities and readiness to move on. In contrast, the engagement and enthusiasm for the role of cohort 1 mentors remained high (as discussed in the 'what worked well for mentors' section in the 'experiences of other key stakeholders' chapter). ECTs' ratings for satisfaction also dropped after the 1st term but then recovered.

By the end of their ECF-based induction, cohort 1 ECTs on a provider-led programme tended to feel satisfied[34] and viewed their induction as helpful.[35] They were most positive about the time spent with their mentor. This mirrored their strongly positive views of the relationship with their mentor, that they felt very supported by their mentors and that they were receiving high quality support. Those in primary settings, those who registered later, and those on school-led programmes, tended to be most positive (higher enthusiasm, greater perceived helpfulness and overall greater satisfaction).

It is worth noting that ECTs in cohort 1 appeared to become more critical as they progressed through their induction, which likely reflected their increased independence and thus reduced perceived need for support.

What worked well for ECTs and was most important?

Information provision

At the start of the programme, cohort 1 ECTs generally felt well informed, and reported having good knowledge of the content and delivery of their training programme, the role of mentors, and the amount of time they needed to spend on their induction. Understanding improved over time, including understanding of the organisations involved in delivery and supporting induction. Delivery partners played a key role in helping participants in provider-led induction understand the programme and how it worked, and were rated highly for their information provision, clear communications and responsiveness to queries. Self-assessed awareness and

[33] More ECTs were positive than were negative. Helpfulness of the ECF-based induction programme and enthusiasm for taking part were both rated from 0 (lowest) to 10 (highest).
[34] 53% were satisfied, 25% were neither satisfied or dissatisfied, and 21% were dissatisfied.
[35] 39% rated it highly for helpfulness (7 to 10 out of 10), and 24% gave it a low rating (0 to 3 out of 10).

understanding appeared to be greater among ECTs on school-led induction where schools delivered the ECF-based induction themselves.

Training

ECTs were largely positive about the delivery and content of their provider-led ECF based training. It was generally well received and the activities appreciated. Ratings dipped from the start, towards the end of the 1st year. They improved again in the 2nd year but still tended to be slightly lower than at the start. However, throughout their induction, a much larger proportion of ECTs continued to rate the elements of their training as good than rated them poorly. Around half of cohort 1 ECTs felt the balance between theory and practical content in their training had been about right.[36]

The highest ratings from ECTs were found for the opportunities to practise skills, the quality and content of the training and resources, ease of access to platform and digital materials, monitoring progress, and the structure and sequencing of the training (with at least two thirds rating these aspects as good in the 1st term[37]). Ratings for opportunities to network and interact with other new teachers increased over time, from the 1st year to the 2nd year,[38] reflecting the increase in in-person training activities. Feedback from induction tutors, mentors and ECTs suggests that the training materials and the focus on pedagogy, underpinned by a strong evidence base, helped new teachers to focus on the things they need to know or may find particularly difficult.

Mentors and (particularly) induction tutors also rated the provider-led ECF-based training for ECTs positively and tended to be more positive than ECTs themselves. Induction tutors were even more positive at the end of the 2nd year than at the end of the 1st year. Induction tutors and mentors were most positive about opportunities to practise skills, the quality and content of resources, and progress monitoring.

Overall, ECTs in primary schools were consistently most positive about their training.[39] In addition, those on school-led programmes had higher ratings for the delivery and content of their (in-house) training than ECTs on provider-led programmes, with one exception. Opportunities for ECTs (and mentors) to network

[36] 50% felt it was about right in the mid-point survey and 51% in the end-point survey; whereas 37% in the mid-point survey and 38% in the end-point survey thought there was too much theory.
[37] Opportunities to practise skills: 72% of ECTs rated this as good in the baseline survey, 66% in the mid-point survey and 68% in the end-point survey. Quality and content of the training and resources: 66% of ECTs rated this as good in the baseline survey, 61% mid-point and 60% end-point. Ease of access to platform and digital materials: 66% of ECTs rated this as good in the baseline survey, 70% mid-point, and 69% end-point. Monitoring progress: 66% of ECTS rated this as good in the baseline survey, 61% mid-point and 65% end-point. Structure and sequencing of the programme: 65% of ECTs rated this as good in the baseline survey, 57% mid-point and 58% end-point.
[38] Opportunities to network: 48% of ECTs rated this as good in the baseline survey, 49% in the mid-point survey and 52% in the end-point survey.
[39] The possible reasons for this are covered in the conclusions chapter.

with their peers was rated lower than in schools with a provider-led approach, suggesting that they may have had fewer opportunities for peer networking beyond their school or trust.

ECTs in cohort 1 felt well prepared for their induction due to their Initial Teacher Training (ITT).[40] They also felt the ECF-based induction programme built on and extended topics covered in their ITT,[41] and, to some extent, provided them with new knowledge and training content not encountered before.[42] Again, induction tutors and mentors were more positive than ECTs.

Mentoring

Mentoring was recognised as a key part of induction; it was highly valued and worked well for ECTs and their mentors, and ECTs' interactions with their mentors served as a key enabler for ECT engagement with their induction. ECTs were most positive about the time spent with their mentor, and the mentor meetings and mentor support worked particularly well for them. Most ECTs in cohort 1 had one mentor (but at the start of their programme one in five had more than one). Cohort 1 mentors tended to be highly experienced and well matched to their ECT to provide contextualisation for their learning (discussed in the 'who were the mentors?' section in the 'experiences of other key stakeholders' chapter).

At the end of the 1st term, the views of both cohort 1 ECTs and mentors about the mentoring relationship were overwhelmingly positive. ECTs felt very supported by their mentors and rated their mentors' performance highly in helping them with their induction training and early career development. The highest ratings were for mentors' abilities to listen, offer support when needed, and helping them understand their own role and responsibilities.[43] Very high ratings were also found for helping to develop their adaptive teaching practice and to develop behavioural management strategies, both of which were key expectations ECTs had for their induction. ECTs also strongly felt that mentors gave useful feedback (clear, constructive and timely), and helped them to develop confidence in teaching, set actions for development, and critically reflect on their own practice. ECTs tended to rate their mentors' abilities more highly than mentors rated their own abilities.

The strong relationship between ECTs and mentors in cohort 1 was sustained and was strongest where the mentoring arrangements were unchanged. ECTs continued

[40] 89% felt well prepared including 52% who felt very well prepared.
[41] 60% of ECTs felt their induction built and extended on topics covered in their ITT.
[42] 45% of ECTs felt their induction was good at providing them with new knowledge, compared with 36% who felt it was poor at providing them with new knowledge.
[43] 95% rated each of these as good, including 84%, 82% and 79% (respectively) as very good. By the end of the 1st year (mid-point survey) 93% rated each of these as good. Towards the end of the 2nd year (end-point survey), 94%, 93% and 95% (respectively) rated these as good.

to feel very supported and were confident in their mentors' abilities throughout their induction. Mentors remained a key source of advice for ECTs despite ECTs growing in confidence and independence as they approached the end of their 2nd year, and ECTs then relying more on informal support than formal support. The professional relationship between the mentor and their ECT was regarded as pivotal to the success of the ECF-based induction. It was described as a relationship where individuals could be challenged and stretched but also provided a safe space to expose concerns. Mentors were someone the ECT could trust, be open with and who would understand what they were going through. The feedback indicated how the mentor role therefore took many forms: coach, sounding board, trainer, confidante, facilitator and advocate. Feedback indicated that mentoring worked best within a wider positive culture of mentoring and coaching within the school, where ECTs could access wider support networks than just their own allocated mentor.

Wider support

Induction tutors played a key role in monitoring the progress of ECTs and were responsible for coordinating ECTs' professional development, including ensuring ECTs had regular observations and were provided with feedback. They also took action if ECTs were having difficulties. ECTs in cohort 1 felt supported by their induction tutors, with the majority feeling very supported.[44] Throughout their induction, induction tutors remained a key source of advice if they had any concerns (second only to mentors). The reliance on induction tutors meant they had good insights into the concerns of cohort 1 ECTs throughout their induction.

ECTs valued wider support across their school, trust or local area, where this was available. ECTs in cohort 1 also felt their school was supportive of their ECF-based induction programme and mentoring. At the start of their induction around two thirds felt their senior leadership team (SLT) were very supportive of their participation in the provider-led training programme, and a similar proportion felt their school had been very or quite supportive. Both dropped slightly over the induction period,[45] but the vast majority of ECTs still felt very or at least quite well supported by their wider school as they approached the end of their induction. ECTs in primary schools tended to be more positive about support than those in secondary schools. Cohort 1 ECTs who started in September 2021 also tended to be more positive about the support received than those who registered later in the year.

[44] 75% felt very supported by their induction tutors at the baseline survey. 70% mid-point and 67% end-point. Most of the rest felt quite supported - 18% baseline, 22% mid-point and 26% end-point.
[45] 64% felt SLT were very supportive in the baseline, which dropped to 56% in the mid-point, and 54% end-point. 62% felt their school were very supportive in baseline and 58% in the mid-point, and 54% in the end-point.

The extra year

Generally, induction tutors and mentors felt the additional year of training, support and protected time for ECTs through the ECF-based induction programme (making it a 2-year programme) was beneficial.[46] They felt it offered continued support for personal development, growth and progression, allowed time to develop, consolidate, embed and practise skills, and provided opportunities to learn from experienced teachers through the mentoring element. Further feedback highlighted how it brought about greater familiarity, greater confidence and allowed for learning to be embedded, and enabled a focus on building independence and the ability to specialise.

What worked less well for ECTs?

Where cohort 1 ECTs expressed dissatisfaction with or concern about their ECF-based induction, or felt this had not prepared them for a full teaching load, this tended to be due to:

- heavy workload and worries about induction (and the training in particular) being too time consuming and adding to their workload (the most common concern)
- a perceived lack of relevance or specificity and not seeing it as helpful
- a perceived repetition of content from other courses and feeling they were learning nothing new

Time commitments adding to a heavy workload

After the 1st term, most cohort 1 ECTs on provider-led programmes felt they understood the requirements of the ECF-based induction programme, including the amount of time they needed to spend on their induction. Most felt they were given their full entitlement to time off-timetable to do so.[47] However, at that early stage, between 30% and 40% of ECTs considered the expectations around how much time they should spend on the provider-led training was too much,[48] and the proportion

[46] 79% of induction tutors and 77% of mentors reported this, in the end-line survey. ECTs were not asked this question.
[47] The ECF-based induction entitles ECTs to time off-timetable for their professional development, a 10% reduction to their teaching timetable in year 1 (which was already in place under the NQT system) and a 5% reduction in year 2. These are additional to the time reserved for Planning, Preparation and Assessment (PPA) time.
[48] 39% of ECTs considered the amount of time they were expected to spend on self-directed study to be too much, and on average ECTs spent the most time on this activity in the 1st term (compared to time spent in formal mentoring on in-person training). Additionally, 29% of ECTs considered expectations around time spent on in-person training was too much.

reporting so increased over the 1st year.[49] Indeed, the time commitment required, particularly for self-directed study, was still an issue for some ECTs later in their 1st year and in their 2nd year. This was despite the average time ECTs spent on key aspects of the provider-led induction programme falling over the 1st year[50] and even more so in the 2nd year; and that almost half of schools reported offering ECTs additional time off-timetable (over and above their full statutory entitlements). A high workload continued to be frustrating for some ECTs into their 2nd year, with the ECF-based induction activities perceived as adding to their workload.

ECTs, like all teachers, are time pressured. There were concerns that some ECTs might struggle to find time to invest in their development, to prioritise their training, and find the time and space needed. Just under one half of ECTs[51] found it difficult to be able to spend time on their provider-led ECF-based training alongside their teaching workload. Feedback indicated that high workload demands, especially at the start of the induction programme, could result in ECTs feeling overwhelmed at the prospect of a 2-year programme. The time commitment required for ECF-based provider-led training for ECTs appeared to be particularly challenging for those in secondary schools.[52] Heavy workload was also seen as a challenge for ECTs on school-led induction programmes.[53]

Workload in general was clearly a concern for ECTs, and for those supporting ECTs. Although ECTs tended to be very confident in their mentors' abilities, ECTs (and mentors themselves) had lower confidence in mentors' abilities to help them manage their workload, and some felt they received little advice on workload management. This was also an area perceived to be weaker for ECTs (in terms of their baseline confidence, and an area where they were least likely to grow in confidence[54]).

Lack of flexibility, tailoring and specificity

Many induction tutors, mentors and ECTs felt that their provider-led ECF-based training was tailored to their school context and training needs, and was flexible in

[49] In the mid-point survey, 47% of ECTs felt the amount of time they were expected to spend on self-directed study was too much, and 37% of ECTs felt the amount of time they were expected to spend on live training was too much. In the end-point survey, these figures fell to 38% and 26% respectively.
[50] The average hours spent on each activity fell from the baseline to the mid-point survey, and suggested that the induction programme required more input at the start and that over the 1st year the requirements reduced as familiarity with the programme increased.
[51] Among those on provider-led programmes, 45% of ECTs in the baseline survey and also 45% in the mid-point survey reported finding it difficult to manage to spend time on the provider-led ECF training programme alongside their teaching workload. This fell to 41% at the end-point survey.
[52] Induction tutors in secondary schools were more likely to feel there was insufficient time available for ECTs to engage with the programme, and less likely to have the capacity to offer additional time off-timetable, than induction tutors in primary schools.
[53] 43% of ECTs on school-led programmes at the mid-point survey found it difficult to manage their induction alongside their teaching commitments.
[54] At the baseline survey 17% reported feeling very confident about managing their own workload and wellbeing, and this was 24% at the end-point survey.

dates and times.[55] However, there appeared to be some frustrations around perceived inflexibilities of the structure of the programme and lack of tailoring the content to ECT needs and school contexts. Ratings for structure and sequencing of training fell among cohort 1 ECTs over time, and ratings for tailoring and flexibility were consistently lower than for all other aspects of their training.

In the 1st term of their induction, around one quarter of ECTs rated tailoring and flexibility of their training as poor and this increased slightly over time.[56] Towards the end of their induction period, gaining experience specific to the school (in terms of context) was an area where some ECTs felt their expectations had not been met at all. Lack of tailoring or specificity was also given as a reason by the small proportion of ECTs who did not feel well prepared for moving off induction and taking on a full teaching load.

These issues appear to be related; ECTs called for more flexibility around the content of their training – both in terms of when it is delivered (timing and sequencing) and what is delivered (tailoring to need and context). Sometimes training materials were considered hard to digest or were focused on the wrong phase for their setting. They wanted more choice and control; they felt more control would enable them to better juggle competing demands on their time and enable them to focus (or spend more time than they felt the programme allowed for) on areas most useful to them, such as areas for improvement or interest. To some extent, the design of year 2 of the provider-led ECF-based induction would support ECTs' ambitions. For some lead providers, year 2 tends to involve an enquiry-based personal project component, providing the opportunity to focus on an area of interest. Additionally, feedback indicated that some felt there was little accommodation for flexing or tailoring of the training to take into account prior experience as well as ECTs' phase or specialism.[57]

Mentors also felt that additional flexibilities around the timing and ordering of sessions or modules for ECTs, and flexibility in the depth of coverage, would be helpful. This would have allowed them to focus more on what their ECTs needed at that time (including allowing ECTs to repeat areas where they struggled) or fit in with wider school priorities, and allow for unforeseen demands to be accommodated.

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[55] More rated these aspects positively than rated them negatively.
[56] In the baseline survey, 27% of ECTs rated tailoring of training as poor and 25% rated flexibility of dates and times as poor. At the end-point survey, 30% reported tailoring as poor, and 26% reported flexibility as poor.
[57] Some teachers already have significant teaching experience when they start their statutory induction. The DfE guidance does allow for a reduction of the induction period in exceptional circumstances, and the appropriate body has the discretion to reduce the length of the induction period based on previous teaching experience. The regulations are set out in the Statutory Guidance: Statutory guidance - Induction for early career teachers (England) .

Induction tutors would have liked the materials to have more examples, for example of large and small primary or secondary schools.

Repeating content

Feedback from cohort 1 ECTs highlighted how some felt that their induction training repeated aspects they had covered in their ITT, and they were learning nothing 'new', suggesting an expectation for new content. In the 1st term, when asked directly, one-half of ECTs felt that too much of the content of their ECF-based induction programme was repeated from the ITT content. This was noted across the 2-year period but ECTs tended to become more critical in this respect over time,[58] and in the 2nd year around one third of ECTs felt their induction did not expose them to new knowledge. Further feedback highlighted that ECTs who felt frustrated in this way wanted to learn new ways of furthering their teaching practise, and that this came from discussions with mentors and peers and through in-classroom experience. Some argued that the training could be streamlined, largely due to the degree of repetition between their induction training and their ITT, but also within the programme itself. Frustrations around perceived repetition were greater among ECTs in secondary schools. This was also linked to overall enthusiasm, and those who lacked enthusiasm were most likely to have found the training repetitive.

It should be noted that revisiting and building on components from ITT is an intentional aspect of the induction programme, to allow ECTs to strengthen and deepen expertise, gain contextual relevance and grow in confidence as they gain experience.

Early signs of impact

The research captured feedback and insights on the outcomes of participants and early indications of impact,[59] in terms of quality and retention. These are challenging to measure and identify at this early stage of implementation and in individual teachers' professional development. They are also likely to be influenced by a wide range of factors beyond the induction programme.

ECTs in cohort 1 showed increases in confidence over time as they progressed through their induction, and the majority had plans to stay on in teaching beyond their induction period and for at least 5 years.

[58] In the baseline survey 50% felt too much was repeated; in the mid-point survey 64% felt too much was repeated (whereas 30% considered the balance to have been about right, i.e., that it builds on the ITT content).
[59] Note that the research was not designed as an impact evaluation. These are indications only, based on self-reported change or observations of change in others.

Confidence and performance

Confidence and performance in the job have been used as proxy measures to help assess quality of teaching.

Confidence in teaching abilities

Most cohort 1 ECTs started their induction with at least some confidence in their teaching knowledge and skills. They started their induction with most ECTs feeling confident about setting and demonstrating high expectations, planning and teaching well-structured lessons, and promoting progression,[60] and remained most likely to feel confident in these areas.

Improving ECTs' confidence in teaching was a key ambition for ECTs (and induction tutors) at the start of their ECF-based induction.[61] At an individual level, the vast majority of ECTs saw their level of confidence was maintained or grew by the time they neared the end of their induction period. Across ECTs there were increases in confidence in all areas, increasing from the 1st term to the end of the 1st year and further still towards the end of their programme. This suggests all-round growth. Across all respondents who started in the 1st term of 2021, the greatest improvements in confidence were noted for assessment, adaptive teaching practice, planning, and promoting pupil progression. In aggregate, the proportion reporting themselves as very confident increased by 14 to 16 percentage points from the start of the induction period.

Tracking the experience of a subgroup of cohort 1 ECTs (those who responded to the surveys at the start and end of their programmes), [62] approximately one half felt their confidence had particularly grown. Growth in confidence was highest in the areas of managing behaviour, and in planning and teaching well-structured lessons. Where support had been optimal,[63] ECTs were statistically significantly more likely to report that their confidence had grown, and the greatest difference appeared to be having a supportive SLT. Confidence was also highest where ECTs' expectations for their induction had been met.

Improvements to confidence in behaviour management skills and being able to adapt and differentiate their teaching are particularly encouraging to see, as these

[60] At the baseline, 86%, 85% and 84% (respectively) reported feeling fairly or very confident in these areas.
[61] 60% of ECTs and 85% of induction tutors reported this at the baseline, rising in the end-point survey to 93%, 92% and 90%.
[62] The tracked cohort were those who responded to the baseline and the end-point surveys, and were on provider-led programmes.
[63] Where the school was deemed to have been very supportive, where additional training was provided, and formal mentor time was considered to be about right.

correspond to expectations ECTs had for their induction and remained the main focus for ECTs throughout.

Confidence to move on

ECTs in cohort 1 tended to be positive about how well their provider-led ECF-based induction programme had prepared them for their next step. Towards the end of their induction, most cohort 1 ECTs (74%[64]) thought they were prepared (at least quite well) to take on a full teaching load.[65] They were most confident where they also felt aspects of their induction had gone well.[66]

Similarly, most induction tutors and mentors[67] felt the ECF-based induction had prepared cohort 1 ECTs for a full teaching load at least quite well, and they were more positive than ECTs. They reported how the induction had provided ECTs with a good starting point to progress and take on additional responsibilities. However, induction tutors, mentors and ECTs themselves felt ECTs would need some further support as they transitioned from their induction programme and over the following few years. This could come in the form of supportive line management, peer support or continued informal mentoring,[68] and could focus on managing workload and wellbeing. This suggests a need for strong and supportive line management and continued informal mentoring support beyond the induction period. However, this could add further to the workload of mentors.

Improved performance

Most induction tutors (84%) felt that the ECF-based induction had positively impacted on ECTs' performance, including 35% who considered it to have had a major positive impact. Again, most (84%) felt it had positively impacted on the ECTs' confidence in teaching, including 37% who felt it had a major impact.[69] Many (62%) felt it had also had a positive impact on ECTs' job satisfaction (although this tended not to feature highly among induction tutors as an ambition for, or anticipated benefit, of induction). Induction tutors who were most positive were those who: felt the training improved ECTs' skills and aptitudes and offered opportunities for ECTs to practise skills; rated the quality, content, structure and sequencing of the induction

[64] 25% felt the provider-led ECF-based induction had prepared them very well, and 48% quite well.
[65] Full teaching load for their working pattern.
[66] This included good mentor support, additional training (alongside their ECF-based training) and time spent in live training.
[67] 84% of induction tutors and 80% of mentors felt it prepared ECTs for a full teaching load at least quite well (captured in the end-point survey).
[68] 86% of induction tutors felt ECTs would need further support in the form of supportive line management, 73% in continued informal mentoring, and 61% through access to CPD. 72% of mentors and 51% of ECTs felt ECTs would need continued informal mentoring, and 53% of ECTs felt they would need supportive line management. Just 14% of ECTs felt they needed no further support.
[69] Measured in the end-point survey, towards the end of the 2-year induction period for cohort 1 ECTs.

training highly; and felt engagement (of ECTs, mentors and senior leaders in the school) was strong. Induction tutors and senior leaders reported improvements in ECTs' capabilities, motivation and sense of purpose.

Feedback from induction tutors suggested how the ECF-based induction achieved improvements in confidence and performance: giving ECTs time to work on their practice, to reflect and improve; exposing and supporting teachers (with scaffolding) to develop a range of different pedagogical skills and processes; allowing them to develop an understanding of their roles as teachers; and giving them a greater understanding of pedagogical practices and learning processes, and how to use this in planning. Mentors described how induction was a personal journey for ECTs but one that allowed for confidence to be developed over time within a supportive environment to help teachers to be better prepared.

The induction programme was characterised as working well within a school when all those participating in it and supporting it were engaging well, with an appropriate amount of support and an appropriate balance of training to teaching practice. When this was the case, and when it was improving ECTs' skills and aptitudes, induction tutors felt the ECF-based induction was succeeding in having a positive impact on ECT performance in teaching. However, the smooth running of the induction programme could be disrupted and the outcomes impacted as a result, due to pressures on staffing and ECT workload, and poor preparation for induction from ITT.

Lead providers involved in designing and delivering the ECF-based induction training believed it improved the knowledge, quality, self-efficacy, confidence, habits and behaviours of ECTs (across the cohorts). Also, that ECTs were developing a professional identity, a professional voice to be able to articulate what it means to be a teacher, and confidence to voice opinions and share practitioner enquiry with others.

Retention intentions and progression

Retention intentions

Almost all ECTs intended to complete their induction, mostly in their current school, and intentions to stay in teaching (in the immediate and medium-term) were high. Virtually all cohort 1 ECTs felt they were likely to stay in teaching for another year.[70] This remained largely stable across the induction period, with no discernible drop-off towards the end of their induction in anticipation of moving into teaching a full load.

[70] 95% of responding ECTs to the baseline survey, 96% responding to the mid-point survey, and 92% responding to the end-point survey.

Towards the end of their induction, most ECTs[71] felt they were likely to still be in teaching in 5 years' time, but the proportion had fallen since the start of their induction. The small group of ECTs who felt it was unlikely they would stay in teaching (next year or in the next 5 years) gave reasons for considering leaving as: heavy or unmanageable workload; stress and pressure, health and wellbeing issues and poor work-life balance (which links to concerns around workload); poor pay; lack of support; and also, uncertainty around wanting to teach in the long-term.

Across all cohort 1 ECTs, they generally expected to remain at the same school to undertake and finish their induction,[72] and also afterwards. Those who were enthusiastic about their induction were more likely to intend to stay on at their current school, and in teaching.

Tracking the experience of a subgroup of cohort 1 ECTs (those who responded to the surveys in the start and end of their programmes),[73] a small drop-off was noted between the start and end of their induction in reported likelihood to remain in teaching the following year.[74] A slightly greater fall was noted in reported likelihood to remain in teaching for a further 5 years.[75] Some groups of ECTs had a higher propensity than others to think they might leave teaching. Those most likely to say they might leave teaching had lower confidence in their abilities towards the end of their induction, lower levels of satisfaction with their induction training (particularly in meeting their needs and opportunities to interact and network with peers, which was difficult for cohort 1 due to COVID-19 restrictions at the time), found it difficult balancing their induction activities alongside their teaching responsibilities, and perceived lower levels of support from their schools and from their mentors. This suggested that the induction may not have worked as well for these (small group of) potential leavers and that for some their mentor did not provide the support they felt they needed.

Further insights

Induction tutors were somewhat optimistic about retention. Just under half of induction tutors (45%) expected the ECF-based induction would improve retention of ECTs in their school or MAT, and a greater proportion (60%) expected it would help with retention more broadly in teaching. Towards the end of the 2nd year, few felt these expectations around retention had been completely met, but feedback

[71] 76% of ECTs responding to the end-point survey, compared to 84% at the baseline and 82% at the mid-point.
[72] At the baseline, 81% of ECTs expected to stay at their current school next academic year, this was 85% at the mid-point survey, and 82% at the end-point survey.
[73] The tracked cohort were those who responded to the baseline and the end-point surveys, and were on provider-led programmes.
[74] 98% at the baseline falling slightly to 92% at the end-point.
[75] 86% at the baseline falling to 76% at the end-point.

suggests they felt it was too early to assess in hard terms. Instead, many induction tutors[76] believed that the training and support ECTs received through their ECF-based induction had made a positive impact on ECTs' likelihood to stay on in teaching. They felt that influencing and encouraging intentions could lead to improvements in actual retention outcomes. Induction tutors in primary schools tended to be more positive in this respect.

Feedback from induction tutors included some examples of ECTs in cohort 1 who had or were struggling with various aspects of teaching, the induction programme or workload. Induction tutors, mentors and schools worked hard to support these individuals. Induction tutors noted how some of those who struggled did complete their induction successfully at their school or at another school, and some stayed in the sector but in a non-teaching role, but others left teaching altogether.

Progression

Lead providers believed the ECF-based training they designed and delivered was having a positive impact on retention but also on progression of ECTs, producing a generation of teachers who value collaborative learning, are evidence-informed, aspirational and ambitious. Induction tutors interviewed also felt that the induction process encourages an interest in professional development. They described how most of their cohort 1 ECTs had successfully completed their induction, how they had progressed well (in some cases to gain new roles or additional responsibilities) and were recognised as strong practitioners who could progress further.

Feedback from ECTs indicated they would like to continue teaching but wanted to progress after completing their induction. They described ambitions to take up specialist roles, middle management and ultimately leadership positions. This could mean changing schools to access the opportunities they sought. ECTs appeared to have strong progression ambitions and expectations for professional development which means they would need further development opportunities beyond their formal induction period to ensure continued engagement and retention.

Determining retention

The surveys of cohort 1 ECTs assessed retention intentions but were unable to track movement out of teaching and thus determine retention rates. DfE's published statistics[77] are based on administrative data collected annually via the School

[76] 59%, this includes 25% who reported it had a major positive impact.
[77] See Teacher and Leader development: ECF and NPQs, Academic year 2023/24, published in July 2024 and School workforce in England, Reporting year 2023 - Explore education statistics - GOV.UK

Workforce Census (SWC).[78] Such data provide a more reliable measure of retention and allow for comparing retention rates with earlier (pre-ECF-based induction) cohorts.[79]

Retention after 1 year

- The published SWC statistics on early career retention show that between the 2019 to 2020 academic year and the 2020 to 2021 academic year, teacher retention generally had been higher than the historical trend. This was associated with different labour market conditions during the COVID-19 pandemic, which saw higher retention across the whole teaching workforce.
- Notably, in the 2021 to 2022 academic year (the first year assessing retention for the 2021 ECT cohort 1), the retention rate for teachers fell by 0.4 percentage points (ppts) from 87.6% to 87.2% following the 1st year of the national roll-out of the ECF-based induction programme.
- There were more pronounced falls in teacher retention after years 2-4 in the 2021 to 2022 academic year, ranging from -2.6 ppts to -1 ppt. Retention fell slightly after year 5 (-0.1ppts) and year 6 (-1.3 ppts).
- In the 2022 to 2023 academic year, for ECT cohort 2, the 1-year retention rate rose by 1.5 ppts from 87.2% to 88.7%, which is the highest rate since the onset of the retention data series in 2011.

Retention after 2 years

Statistics on 2-year retention complement the 1-year retention figures, as they provide a more comprehensive understanding of retention over the course of the induction programme. In particular, the change to a 2-year programme from a 1-year programme may have resulted in a delay to teachers making decisions about whether to stay or leave the profession. The SWC statistics show that 2-year retention fell slightly in the 2022 to 2023 academic year (ECT cohort 1) compared to the 2021 to 2022 academic year and was lower than the retention estimates in the 2019 to 2020 and 2020 to 2021 academic years. However, these cumulative retention rates for the previous 3 cohorts would have been influenced by the higher

[78] SWC statistics include a time series showing the overall rates of retention for newly qualified teachers. The SWC release publishes data showing cumulative retention for cohorts of ECTs over a 10-year period.

[79] Data from DfE's 'Manage Training for Early Career Teachers' digital service are matched to the SWC and contribute to the annual 'Teacher and Leader development: ECF and reformed national professional qualifications (NPQs)' statistics publication, which reports on the retention of participants in the provider-led and school-led ECF-based induction with demographic and programme type breakdowns. The Teacher and Leader Development: ECF & NPQ statistical release includes retention rates for those starting ECF-based induction training in 2021 to 2022 and 2022 to 2023 academic years.

retention rates observed during the COVID-19 pandemic. Further analysis of single-year retention rates (by years of experience) show that the latest retention rate for teachers with 2 years' experience in the 2022 to 2023 academic year (ECT cohort 1) fell slightly compared to 2021 to 2022 (a fall of -0.6 ppts to 86.8%).

Modelling retention rates

Regression analyses conducted by DfE analysts suggest that cohorts 1 and 2 of the national roll-out of ECF-based induction have higher retention than previous cohorts of teachers when accounting for key characteristics (age, gender, ethnicity, employment type, school phase, school type, school region and school-level deprivation) and wider trends in teacher retention.[80] The analysis is indicative of improved 1-year retention since the roll-out of ECF-based induction, particularly for the 2nd ECF cohort. In year 2, the analysis suggests that relative retention also improved, but this result was only weakly significant, which may be linked to other school-level differences in the analytical sample. Since external factors and past policy initiatives would likely influence retention alongside the ECF-based induction programme, these estimates do not necessarily reflect a direct impact of ECF on retention. Nonetheless, DfE will continue to collect and analyse data as more cohorts move through their induction. This will provide greater certainty in evaluating changes in retention linked with the national roll-out of the ECF-based induction.

Retention by programme type

DfE's published statistics on the ECF-based induction programme show that the retention rates increased for cohort 2 ECTs after 1 year compared to cohort 1 ECTs, from 87.7% to 88.8%. This estimate mirrors the increase seen in the overall SWC statistics above.[81] In terms of the type of induction programmes undertaken, although retention rates are slightly higher for provider-led programmes than for school-led programmes, these descriptive differences may be associated with other teacher-level and school-level differences between those two groups of participants.[82] Some key findings are summarised below (see the Statistical Annex published alongside this report for a full summary of the analytical method and results):

[80] It is worth noting that there existed external factors that might contribute to these retention estimates but could not be included in the regression due to data limitations, such as the increase in teacher starting salaries from 2022, and Early Career Payments for Teachers for a subset of teachers (part of a package of retention payments).
[81] SWC data showed the 1-year retention rate for cohort 1 was 87.2% and this increased to 88.7% for cohort 2. This was the highest retention rate since the current-time series began in 2011.
[82] 87.7% after 1 year, and 79.5% after 2 years for provider-led programmes; and 87.1% after 1 year and 76.1% after 2 years for school-led programmes.

- 1-year retention rates appeared higher for those participating in the provider-led programmes compared to the school-led programmes (when analysed across both cohorts 1 and 2, and within cohort 2). However, this group difference should be interpreted with caution:
    - Across cohorts 1 and 2, there was a higher relative proportion of school-led participants than provider-led participants in secondary schools, yet a higher relative proportion of provider-led participants than school-led participants in primary schools. The initial group difference in 1-year retention rates was primarily observed among primary school participants.
    - Within cohort 2, there was a higher relative proportion of school-led participants than provider-led participants who were based in London. The initial group difference in 1-year retention rates was primarily observed among participants outside London.
    - When evaluating 1- and 2-year retention rates in cohort 1 alone, the type of induction programmes attended was not a statistically important factor to consider alongside other teacher-level and school-level characteristics.
- Some commonly found predictors of 1-year and 2-year retention rates were:
    - 1- and 2-year retention rates were higher for those working in other school phases and, to a lesser extent, primary schools compared to those in secondary schools.
    - Having higher percentages of pupils eligible for free school meals was associated with lower 1- and 2-year retention rates.
    - 1- and 2-year retention rates were lower for ECTs working part-time than those working full-time.
    - 1- and 2-year retention rates were lower for males than females.
    - Overall, compared to ECTs of White ethnic background, both 1- and 2-year retention rates were lower for those of minority ethnic or mixed/unknown ethnic backgrounds.
- Other differences in retention rates included:
    - Compared to the vast majority of ECTs under the age of 25, both 1- and 2-year retention rates were generally lower for ECTs in and above

the 46 to 50 age group. However, these estimates were less certain due to the smaller number of participants in these older age groups.

- In both cohorts, ECTs outside London generally showed lower 1-year retention rates compared to those based in London (although there were regional variations in the magnitude of these differences). In cohort 1, two-year retention rates were generally higher for non-London ECTs than London ECTs. This could mean that these regional differences in retention rates may vary over the course and upon completion of the ECF induction programmes.

Note that the above relationships between retention and the characteristics of schools and teachers are correlational and do not imply causation.

Experiences of other key stakeholders

To support the ECTs and deliver the ECF-based induction, mentors, induction tutors, schools, lead providers and delivery partners all play a role. This chapter explores the experiences of mentors and induction tutors who were registered with the DfE during the 2021 to 2022 academic year, to support the 1st cohort of ECTs in the national roll-out of ECF-based induction.[83] Some additional insights into the early decision-making processes of schools and initial experiences of lead providers are noted at the end of the chapter.

Mentors' experiences

What do mentors do?

A key component of the ECF-based induction is mentoring, and the close, non-judgemental support that mentors offer helps to personalise training to meet ECT needs, guide ECTs through their induction materials and increase their level of satisfaction. The ECF-based induction entitles ECTs to mentor support throughout their 2-year induction period. The mentor is expected to meet with their ECT(s) regularly for structured mentor sessions to provide support and targeted feedback, work collaboratively with their ECT and other colleagues to help ensure they receive a high-quality ECF-based induction, provide or broker effective support (including phase or subject specific mentoring and coaching) and take prompt and appropriate action if their ECT is experiencing difficulties. In schools taking a provider-led approach to ECF-based induction, mentors can also be asked to observe their ECT to support their professional development. Mentors therefore observe ECTs and serve as a critical friend during 1-hour 1-to-1 sessions[84] with their ECTs. Where there are knowledge gaps, they are expected to hold challenging conversations in addition to mentoring conversations.

The evaluation found that mentors were a valued source of support but also a key source of advice and guidance to ensure ECTs become secure in their teaching practice. Most[85] cohort 1 ECTs reported that they would approach their mentor if they had concerns about the quality of their induction programme. The mentoring relationship was very important to both mentors and ECTs. The majority of ECTs

[83] Mentors and induction tutors were surveyed at three points and participated in case studies; in addition, mentors took part in online workshops, and induction tutors took part in qualitative interviews.
[84] These are weekly in year 1 and then fortnightly in year 2. There is no set guidance on the number of hours for mentoring in year 1 of induction, but time off-timetable is expected to be covered by the Dedicated Schools Grant. In year 2 the funding is based on 20 hours of mentoring per ECT.
[85] 84% in the end-point survey, at the end of the 2nd year of the induction programme for cohort 1.

reported they had only one mentor, [86] which emphasises the importance of ensuring that the relationship is as effective as possible. This was often a long-term relationship, with many mentors (73%) continuing to support the same ECT(s) throughout their 2-year induction journey. However, there was some movement: where additional mentees (ECTs) had been taken on as they joined the school, where existing mentors had left, or when changes were made to achieve a better 'fit' for the ECT in terms of key stage or subject taught.

What were the time commitments of mentors?

Mentors are entitled to time off-timetable to mentor and support their assigned ECTs in their teaching practice. In schools taking the provider-led approach, new mentors[87] are provided with training on mentoring and the ECF, and information and support on the training their ECT will be receiving. The mentor training time is covered by a backfill grant.[88] Mentor training focuses on developing skills associated with observation and providing high quality feedback through coaching for improvement. It also aims to build mentors' understanding and familiarity with the ECF so they can offer structured development opportunities that reflect the needs of their individual ECTs (who will be entering with different sets of skills and experiences depending on their training).

In terms of time spent on mentor training, at the end of year 1 mentors reported that over a 4-week period, they spent an average of 4.4 hours on their own training (in-person training and self-directed study). This was in addition to providing formal and informal mentoring. In year 2, the amount of time spent on mentor training fell to an average of just over 3 hours (3.2) over a 4-week period. This included time for both self-directed study and in-person training to cover the necessary skills and knowledge as well as the training materials. The reduction in time was appreciated, and in the 2nd year approximately half of all mentors felt this was about right, with far fewer than in year 1 feeling this was too much.[89] However, mentors tended to feel they did not get enough time off-timetable for training, and so commonly undertook mentor training in their own time. This meant that cohort 1 mentors appeared to prioritise their ECT mentoring responsibilities over their own mentor training.

[86] The surveys of cohort 1 ECTs indicated a substantial group had multiple mentors: 22% in year 1 (mid-point) rising to 31% in year 2 (end-point).
[87] New mentors are those who have not yet been trained in ECF.
[88] Schools using the provider-led approach have mentor training funded by DfE and from 2021 to 2024 schools received backfill payments to cover 36 hours of mentor time off-timetable for training across the 2-year period.
[89] In the end-point survey, 48% of all mentors felt the time required for mentor training was about right, and 36% felt this was too much (55% of mentors reported this was too much in the mid-point survey).

In terms of time spent on providing mentoring support, at the end of year 1, mentors reported spending an average (over a 4-week period) of 4.7 hours providing formal mentoring support, and 4.1 hours providing informal support. Time spent mentoring fell in year 2 in line with expectations of DfE for the ECF-based induction. It fell to just over 3 hours (3.1) providing formal support over a 4-week period, and an additional 3 hours (2.9) on informal support. Mentors in cohort 1 tended to get at least some time off-timetable for their mentoring activities and most felt the time they were required to spend with their ECTs was about right.[90] However, one quarter of mentors felt they needed more time with their ECTs, particularly those in primary schools. Mentors with more than one ECT, who took on more ECTs in year 2, or who were not matched to their ECT in terms of key stage or subject, consistently reported a greater share of their time spent giving formal and structured support.[91] This suggested that more structure may be needed where mentoring responsibilities are more complex.

Who were the mentors?

During the 1st year of the national roll-out, there were approximately 25,053 mentors. The initial group of mentors[92] to take on the mentoring position for cohort 1 ECTs tended to be highly experienced teachers with leadership roles and previous mentoring experience[93] (though many were eager to learn more) and had an average of 13 years' teaching experience. Those with greater mentoring experience were more likely to be mentoring more than one ECT. The profile of mentors supporting ECTs in cohort 1 through their provider-led ECF-based induction remained stable in year 1 and year 2. Most mentors were in their 30s and 40s, were from white backgrounds, were female and worked full-time hours.[94] Fewer mentors were from ethnic minority backgrounds than reflected in the cohort 1 ECT population. A larger proportion worked part-time compared to ECTs, which could make it difficult to schedule mentoring sessions.

Due to the importance of having mentors with strong teaching skills, pedagogical understanding, some coaching/mentoring expertise and the time to devote to the

[90] 73% in the end-point survey reported their schools had given them at least some time off-timetable, and 69% felt the time required for mentoring was about right.
[91] This was a finding across all survey time points (baseline, mid-point and end-point).
[92] Captured in the baseline survey.
[93] Many had previous experience of mentoring: 60% having acted as a mentor for an NQT and 69% reported some mentoring experience (including 25% with 'a lot' of experience).
[94] Of those who started mentor training in the 2021 to 2022 academic year, 41% were in their 30s and 27% in their 40s (this was 42% and 28% respectively for those starting training in the 2022 to 2023 academic year); 90% were from white backgrounds (this was also 90% for starters in the 2022 to 2023 academic year), 76% were women (this was 75% for starters in the 2022 to 2023 academic year), and 85% worked full-time hours (this was 83% for starters in the 2022 to 2023 academic year). These percentages have been calculated based on known data in each category and have used DfE published statistics Teacher and leader development: ECF and NPQs, academic year 2023/24.

role, it was important for schools and ECTs to place the right people in mentoring roles. Feedback highlighted how the initial cohort of mentors for the national roll-out were chosen for their experience and interest in the role. Mentors and ECTs therefore tended to be matched based on their areas of expertise (in terms of subject and phase[95]). This was in line with DfE ambitions, as strong matching was intended to provide the best support for contextualising ECTs' learning. For cohort 1, induction tutors reported that this matching process was easy to do and easier still for those in primary schools. This could reflect that most schools had mentoring arrangements in place prior to the national roll-out.[96]

Further feedback indicated the qualities considered to be important to be an effective ECT mentor: mentoring or coaching experience (recognising that mentoring requires different skills to teaching skills), strong listening skills, strong teaching skills (to model different approaches and give good advice, and some teaching experience), and to be able to devote sufficient time (perhaps through a reduced teaching load or fewer additional responsibilities).

What were their expectations?

Mentors frequently hoped they would be better able to support ECTs, improve their mentoring skills and their own teaching practise. Mentors in cohort 1 most commonly reported that they became an ECT mentor as they felt it was important to support ECTs and share their teaching experience (85%).[97] This was followed by wanting to develop their skills as a mentor (54%) and to use their existing skills and experience as a mentor (50%). Similarly, when thinking about their own personal and professional development goals for their involvement in ECF-based induction, mentors wanted to be able to support the ECTs they were mentoring more effectively (82%) and to develop their skills in mentoring and supporting other teachers (79%).

What worked well for mentors?

Cohort 1 mentors were generally positive about the ECF-based induction programme. Over one-half rated it highly for helping ECTs,[98] and similarly, over one-half were satisfied overall with the induction programme, and both ratings increased

[95] With mentors and ECTs teaching the same subject or teaching in the same department or broad subject area, and teaching the same key stage or year.
[96] 75% of induction tutors in schools with a provider-led approach reported that their school or MAT had a formal mentoring process in place prior to the national roll-out. This was most common in secondary schools, and schools with a regular intake of new appointees.
[97] Captured in the baseline survey.
[98] 51% of mentors at the baseline, 52% at the mid-point and 56% at the end-point rated helpfulness of the ECF-based induction programme to ECTs at least 7 out of 10.

across the 2-years.[99] Most mentors (approximately two-thirds) were also highly enthusiastic about their participation,[100] and most intended to continue in the mentoring role (continuing to support their ECTs and to mentor others).[101]

The research indicated several areas of mentor practice and involvement that were particularly valued:

- **The mentor relationship:** From the start, both mentors and ECTs in cohort 1 had positive views of the mentoring relationship and this continued throughout the 2 years.[102] Feedback highlighted how mentors generally remained engaged and supportive throughout the 2 years and became more comfortable with the ECF-based induction over time. As they become more confident and more familiar with the programme, and with greater guidance around flexibilities from autumn 2022[103] (from DfE, lead providers and appropriate bodies), they felt they could be more flexible around the support they provided and could reduce the preparation time needed. They valued the regular check-ins which they felt helped to strengthen their relationship.

- **Increasing confidence:** The majority of cohort 1 mentors were confident in their ability to mentor the ECTs in a range of areas. They were most confident in their abilities to listen, to offer support when needed, and to support ECTs to teach well-structured lessons.[104] Mentor confidence grew over the first 2 years, and they felt more confident than they had been at the beginning of the ECF-based induction programme. This was particularly in relation to giving useful feedback, assisting ECTs with critical reflection and helping ECTs in setting developmental actions. Mentors with little or no previous mentoring experience saw the greatest improvements in confidence. However, mentors were least confident in helping ECTs to effectively manage their workload and

[99] 48% of mentors at the baseline, 51% at the mid-point and 54% at the end-point reported they were very satisfied or satisfied with the induction.
[100] 65% of mentors at the baseline, 63% at the mid-point and 63% at the end-point rated their enthusiasm for taking part in the ECF-based induction programme at least 7 out of 10.
[101] At the end-point survey, 73% of mentors intended to carry on in their role supporting ECF-based induction, and 85% were likely to continue to support ECTs beyond their 2-year induction period.
[102] At the baseline 96-97% of ECTs and mentors rated their relationship as good. This remained largely unchanged. At the end-point survey, 94% of ECTs and 97% of mentors considered their mentor-mentee relationship as good (including 79% of ECTs and 87% of mentors who regarded it as very good).
[103] Guidance from DfE was shared with lead providers in autumn 2022, and lead providers were involved in discussions with DfE around flexibilities before that date.
[104] By the end of the 2nd year (at the end-point survey): 98% felt confident (83% very and 15% fairly) in their abilities in listening to ECTs; 98% felt confident (78% very and 20% fairly) in offering support when needed; and 97% felt confident (74% very and 23% fairly) in helping their ECTs to plan and teach well-structured lessons.

their wellbeing.[105] Mentors believed that more guidance on supporting with workload and wellbeing would address their lack of confidence in this area.

- **Quality trainers and materials:** Mentors in schools following the provider-led approach to ECF-based induction for ECTs were required to undertake 36 hours of mentor training (with time off-timetable to attend) over the 2 years which was funded by the DfE. Mentors were largely satisfied with their mentor training.

  At the start of their training, over half of cohort 1 mentors rated many aspects of their mentor training as good. By the end of year 2, mentors in schools with provider-led ECF-based induction training were still largely satisfied with their training, and ratings increased or remained at a similar level over time. They consistently most highly rated the knowledge and expertise of trainers, the quality and content of the training and resources, and ease of access to digital materials.[106] In addition, the training appeared to have delivered most in terms of improving knowledge of mentoring theory (but least in terms of enabling mentors to connect with other teachers and develop their networks). Mentors in primary schools and in MATs were the most positive about their mentor training.

  Feedback highlighted how mentors viewed the structure and content of their mentor training broadly positively, and valued being at the forefront of new knowledge and evidence which could help their own practice and were generally positive about the value of the ECF-based induction programme overall.

- **Senior leadership team support:** Most mentors felt that their SLT were engaged with their ECF-based induction.[107] Mentors also felt their SLT were supportive of the mentor role.[108] Both support and engagement were perceived to be greater in primary schools. Feedback highlighted the importance of SLT support, as mentoring was considered to be most effective when part of a wider positive culture of mentoring and coaching in the school.

- **Relationship with delivery partners:** Most mentors had direct contact with delivery partners during the induction programme.[109] Delivery partners were

[105] At the end-point survey, 84% felt confident (44% very and 40% fairly) in helping ECTS to manage their workload effectively.
[106] In the baseline 67%, 60% and 59% respectively rated these as good; in the end-point survey 72%, 63% and 68% rated these as good.
[107] 79% at the baseline, 76% at the mid-point, and 81% of mentors at the end-point felt their SLT were engaged.
[108] 88% at the mid-point and 85% of mentors at the end-point felt their SLT were supportive of their role as a mentor (including 50% and 46% reporting them to be very supportive).
[109] 74% in the baseline survey, 80% in the end-point survey.

rated highly by mentors for their information provision, clear communication, and responsiveness to queries. Mentors were particularly positive about the responsiveness of delivery partners. Mentors tended to rate their delivery partners more highly than ECTs did. Again, mentors in primary schools were the most positive about their delivery partners.

What worked less well for mentors?

The challenges and frustrations experienced by cohort 1 mentors were similar to those reported by ECTs. The most common and pressing challenge was the workload involved in taking on the mentor role and managing this alongside already heavy workloads.

Additional workload

A key practical challenge reported by cohort 1 mentors was their induction workload. Some mentors described their experience as 'time consuming', and some commented how they had been unprepared for the amount of input expected of them. Mentors supporting ECTs on a provider-led programme were required to undertake ECF-based mentor training, regularly meet with their ECTs and often provide more ad-hoc informal support, and needed to prepare for their mentor sessions. Feedback indicated that it could be challenging to keep up with the volume of work required (including the reading requirements for the mentor training), gain sufficient familiarity with the resources to lead their ECTs through the programme (and to contextualise materials for their ECTs), and find enough time for mentoring (and all the related tasks), particularly during busy periods in the school year. It was perhaps the preparation time required that had been the most unexpected, as well as the amount of support needed by some cohort 1 ECTs.

Mentors often had multiple and competing responsibilities that added to their workload. Many mentors (72%) had a position as middle or senior leaders, which implies an already heavy workload. When not mentoring, the majority had a full teaching schedule in addition to their mentor responsibilities and more than one-quarter were also acting as the induction tutor for the school (creating a dual role).[110] The very qualities that made them well-suited to the mentoring role, particularly at the start of implementing and embedding a new programme, meant they already had heavy workloads. Additionally, one in five had more than one ECT to mentor, and

[110] In year 1, in 28% of schools the registered induction tutor was also a registered mentor for the ECF-based induction. At the mid-point survey, 71% of mentors had a leadership role, and 72% had a full teaching load for their working pattern.

some were also supporting teacher trainees or mentoring other staff,[111] all of which could create additional burdens and add to their workload.

Mentors tended to find it challenging to balance their ECF-based induction programme commitments alongside their workload, particularly finding time for mentor training.[112] All mentors are entitled to funded time off-timetable to do their training, and most mentors had at least some of their entitlement. However, many mentors felt the time they did get was not sufficient and felt that the time required to spend on mentor training was too much.[113] This meant that mentors tended to do their training in their own time.[114]

There were indications of some easing of mentor workload over time, with one third of mentors finding it easier to spend the time they needed on training and on mentoring by the end of the 1st year, compared to at the start. Induction tutors, however, continued to have concerns about the workload of mentors. At the end of the 1st year almost two thirds thought it was too much and, towards the end of the 2nd year, still one-half of induction tutors thought it was too much (even though in year 2 the training and formal mentoring requirements reduced).[115] They were particularly concerned about the amount of time mentors had to engage with their mentor training. Having adequate time was seen as critical to ensuring workload was manageable and to sustain effective mentoring support for ECTs.

There were worries looking forward that mentors' workload could increase over time due to greater complexity i.e., working with ECTs at different stages of their induction journey[116] and with ECTs who have moved into the school part-way through their induction (and potentially on a different programme to that which was followed in the school). Also, workload could increase due to mentors continuing to support their former ECTs beyond their formal induction period.[117] Induction tutors supporting cohort 1 ECTs and mentors were concerned the heavy and complex workload could impact on mentor engagement and that it could become more challenging to recruit

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[111] In the mid-point survey 22% mentored more than one ECT (this was 12% in the baseline survey), 17% supported teacher trainees, and 19% mentored other staff. At the end-point survey 31% mentored more than one ECT, and 30% acted as mentors for others (including those on ITT).
[112] 73% at the baseline, 61% at the mid-point survey and 53% at the end-point survey, found it difficult to spend the time they needed on mentor training (in-person training and self-directed study) alongside their teaching load. 54% at the baseline, 44% at the mid-point and 43% at the end-point survey found it difficult to spend the time they needed to support their ECTs (providing formal and informal support) alongside their teaching workload.
[113] 55% at the baseline and 55% at the mid-point survey felt it was too much.
[114] 61% in the mid-point and 64% of mentors in the end-point reported that their mentor training took place in their own time.
[115] 63% in the mid-point survey and 47% at the end-point survey.
[116] At the end-point survey, 27% of mentors reported taking on new or different ECTs during the 2nd year.
[117] At the end-point survey, 85% of mentors thought it likely that they would continue to support ECTs beyond their 2-year induction period.

staff to mentor roles. However, despite increasing complexity in supporting the ECF-based induction programme, very few mentors in cohort 1 expected to give up their role and instead many expected to expand their role. Feedback highlighted how mentors wanted more protected time, to be able to use that time flexibly, and to be recognised for their role in supporting the next generation of teachers. Where mentors expected to move on from mentoring, this was largely due to feeling the workload involved was too high or onerous or having limited time to participate.

Other challenges

- **Inflexibility of mentor training**: Although most aspects of mentor training were rated positively, mentors were least satisfied with the tailoring of their mentor training to the school context and their individual needs as mentors.[118] This aspect of the training caused some frustrations for mentors. Feedback highlighted how the lack of tailoring to phase meant the issues of mentors in different contexts were not adequately covered. They also felt it was overly prescriptive and didn't take account of their experience and expertise.[119]
- **Lack of networking**: Another frustration was the perceived lack of networking opportunities in the training and the programme generally,[120] and feedback indicated how mentors could feel somewhat isolated. They would have appreciated opportunities to mix with new and existing mentors in other schools to share experiences, learning and good practice, which they felt would support them in their role.
- **Lack of recognition**: Feedback also highlighted that mentors in cohort 1 were frustrated with the perceived lack of recognition for their commitment, and lack of appreciation for their (existing) high workloads. Feedback indicated that mentors felt there should be some form of recognition for the mentor role, and the experience, expertise and enthusiasm they brought and developed through engagement. Recognition would help mentoring to be valued and seen as meaningful, purposeful and worthwhile.

Induction tutors' experiences

In the 1st year of the national roll-out, almost 11,700 induction tutors were registered with DfE. Schools with ECTs were required to nominate and register an induction tutor (only one per school) to coordinate their ECF-based induction. Induction tutors register ECTs and mentors and their school's approach to ECF-based induction with

[118] At the end-point survey, 38% of mentors rated this as good but 32% rated this as poor.
[119] Experienced mentors were also more likely to regard the time required to spend on their mentor training as too much.
[120] At the end-point survey, 44% of mentors rated opportunities to network and interact with other mentors as good, but 24% rated this as poor.

DfE. They coordinate ECTs' professional development including ensuring that ECTs have regular observations and are provided with feedback. Critically, they play a key role in monitoring the progress of ECTs, conducting regular progress reviews and two formal assessments with ECTs during their induction period. They also take action if ECTs are having difficulties and keep records and evidence of progress.

Who were the induction tutors?

At the start of the national roll-out three-quarters of induction tutors held senior leadership roles. Most had significant teaching experience (on average 19 years) and tended to be well established at their schools.[121] The role of induction tutor was something most of them had done before for new qualified teachers (NQTs)[122] or during the early roll-out of the ECF-based induction.[123]

Most commonly, induction tutors took on responsibility for the ECF-based induction programme in their school for cohort 1 because: they felt it was part of their role (73%); they were interested in the development of ECTs (59%); thought that it was an important role (52%); or because they had previously been involved with NQTs/ECTs on the early roll-out as a mentor (44%). Thus, they recognised the need to support new teachers and felt they had a part to play in doing so as more experienced teachers.

Over time, the complexity of the role increased. By the end of the 2nd year, most induction tutors were responsible for more than one cohort 1 ECT, had ECTs who started later in the year (later registrants to cohort 1), and had cohort 2 ECTs. Additionally, a sizeable group also acted as a mentor and this appeared to increase over time.[124] Having this dual role could create challenges around having sufficient time to fulfil both roles and dealing with extra workload, but more positively provided insights into the experiences of mentors and enabled induction tutors to feel more in touch with their ECTs.

[121] 74% were senior leaders, and 74% had been at there school for at least 5 years (reported in the baseline survey).
[122] Newly qualified teachers or NQTs were a category of teacher (prior to the new ECF-based induction and updated terminology) who had completed their initial teacher training (ITT) and gained Qualified Teacher Status (QTS) in England or Wales but had not yet completed the statutory induction period. For NQTs this period was 12-months. NQTs were not able to teach a class on their own until they had successfully passed their induction year.
[123] 81% had supported NQTs or ECTs during the early roll-out or both.
[124] Just over one-quarter (28%) of induction tutors registered on the DfE platform also acted as a mentor, and in the 2nd year (captured at the end-point survey), 38% of induction tutors reported they also acted as mentors.

What worked well for induction tutors?

Induction tutors in cohort 1 tended to be the most positive about ECF-based induction, more so than other participants (mentors and ECTs). They could bring in their prior experience (of making the transition from trainee to teacher, and of supporting individuals to make that transition) when assessing the new approach. Induction tutors were satisfied with the programme overall and with how helpful it was for ECTs, and their satisfaction and high ratings also increased over time. Towards the end of the 2nd year, 67% of induction tutors were satisfied overall with the induction programme, 61% highly rated the helpfulness of the ECF-based induction programme for ECTs, and rated time with mentors as the most helpful aspect of the induction process (92% rated this highly).[125] Feedback highlights that induction tutors were most satisfied with the organisation, planning, and structure of the induction programme.

Induction tutors felt the additional year of training and support introduced with the ECF-based induction was beneficial. On balance, induction tutors believed that the ECF-based induction programme provided a better-quality experience than the previous induction programmes, with 62% of induction tutors considering the provider-led ECF-based induction programme to be on a par or better than previous induction programmes.

Induction tutors in primary schools, and those in schools who had been involved with the early roll-out, were the most positive. Also, induction tutors in schools taking the school-led approach to ECF-based induction tended to be more positive about its helpfulness and they had higher satisfaction levels.

Other aspects that worked well for induction tutors:

- **Managing their role:** Induction tutors generally understood their responsibilities and were confident in their work. By the end of year 2, as they were further into the programme, induction tutors appeared even more assured of the programme and their role, particularly in terms of the amount of work it involved (75% felt the workload was about right), allocating mentors (79% reported it was easy) and overall administration of the ECF induction programme (76% reported it was easy[126]). The majority (69%) also felt the DfE digital service for registration was easy to use, and this had improved

[125] 55% at the baseline, 58% at the mid-point, and 61% of induction tutors at the end-point survey gave a rating of at least 7 out of 10 for helpfulness. 92% at the end-point survey rated helpfulness of time with mentor at least 7 out of 10. This compares to 52% for provider-training sessions and 49% for self-directed study rated at least 7 out of 10.
[126] 57% at the baseline, 68% at the mid-point and 76% at the end-point found overall administration of the ECF-based induction programme at their school easy.

over time suggesting that initial teething problems were being resolved.[127] Virtually all (96%) felt they were managing the monitoring aspect of their role (ECTs' progress reviews and formal assessments against the Teachers' Standards). By the end of the 2nd year, three-quarters[128] intended to carry on in the role.

Feedback indicated that, despite increasing complexity of the induction tutor role over time, by the end of year 2 induction tutors were more familiar with the induction programme and what was required. They felt this was helped by stability in the framework and programme.

- **Knowledge and understanding:** Induction tutors in year 1 and 2 tended to feel knowledgeable about the provider-led ECF-based induction programme and its training content, and the time and workload commitments for all those involved.[129] This was likely to reflect their involvement in decisions about and coordination of the programme in their schools. Although, for the 1st cohort, they were less clear about what the 2nd year entailed compared to the 1st year. In contrast to other findings, induction tutors in secondary schools were most likely to report knowing a lot about the induction programme content, as well as those that had been involved with early roll-out.

- **Understanding and contact with the key organisations**: Induction tutors' understanding of and engagement with the key organisations involved in delivering and supporting the ECF-based induction programme was strong at the outset and continued throughout the 2 years.

  Nearly all induction tutors were aware of their lead provider by the end of the 2nd year, and, for almost all, this was the same lead provider they had first worked with.[130] Induction tutors felt positively about the lead providers they were working with, they rated their lead providers highly and ratings increased over the 2-year period. At the outset, they were particularly pleased with lead providers' responsiveness to their questions and concerns. Those induction tutors in primary schools and MATs were the most positive about the communication and information provided by their lead provider. The greatest positive changes over the period were in providing information at the right

[127] 55% at the baseline, 64% at the mid-point and 69% at the end-point found it ease for their school to use the DfE CPD digital service.
[128] 77%, captured in the end-point survey. Where induction tutors expected to move on this was largely due to external factors such as moving to a new post, retiring or the school not having ECTs.
[129] 77% felt they knew at least quite a lot about the programme and content in year 1 (at the baseline), 78% in year 2 (at the end-point).
[130] Both 99%, as measured at the end-point survey.

time and communicating clearly. Induction tutors were also satisfied with communication of any changes and being kept up to date.

- **School support:** Generally, induction tutors felt their SLT were engaged with the ECF-based induction programme.[131] Engagement was perceived to be greater in primary schools.

What worked less well for induction tutors?

Induction tutors reported increased complexity of their workload by the end-point survey. This was due to managing multiple cohorts of ECTs, preparing for incoming cohorts, managing ECTs with non-standard programme length and the administration of digital registration and tracking systems. Most induction tutors at the end-point survey were responsible for more than one ECT (83%) and a sizable proportion (38%) also acted as mentors in year 2, which added to the complexity of their workload. This meant that over half (58%) of induction tutors adjusted their activities and responsibilities to accommodate their workload on the ECF-based induction programme. These included reducing time spent on leadership team activities (particularly in primary schools), on school projects, in supporting other teachers; and also reducing teaching time, time delivering training, or filling in for other teachers. This suggests some trade-offs to accommodate effective performance in the induction tutor role.

Most induction tutors found they were able to deal with the complexity and volume of work, potentially through making these adjustments. However, at the end of the 2nd year, one-quarter (23%) felt the workload was too much.[132] A similar proportion of induction tutors also found managing mentor allocation and overall administration difficult.[133] Those with multiple ECTs in the school, those in secondary schools, and those who also had a mentor role were more likely to feel the workload was too much. Feedback indicated certain challenges in dealing with and keeping up with the paperwork and the amount of information they were required to collate and upload, and difficulties finding sufficient cover for ECTs and mentors (to do their induction activities).

Digital systems (eLearning platforms and data management systems, including the DfE digital service for registering participants) also created challenges, although this eased over time.[134] At the start, some induction tutors found the systems difficult or complicated to use, particularly in terms of verifying eligibility, and there were delays in registering ECTs or mentors which delayed the start of their training (negatively

[131] 83% of induction tutors rated them as very or fairly engaged (captured at the baseline).
[132] 23% at the end-point felt their workload was too much, up from 17% at the mid-point.
[133] 21% and 23% respectively (captured at the end-point).
[134] 23% found this difficult (captured at the end-point).

impacting upon the onboarding experience). Feedback from induction tutors indicated a desire for better, more streamlined digital systems. eLearning platforms had many features that participants welcomed but could also be 'clunky' and hard to navigate. Induction tutors were also frustrated with having to work with several digital systems to manage their ECTs, and this could be exacerbated where schools changed lead provider or with incoming ECTs following different programmes.

Induction tutors appeared to be more concerned about the workload and the burden the ECF-based induction programme placed on others (i.e., on ECTs and mentors). At the start of national roll-out, over half of induction tutors supporting the 1st cohort of ECTs and working alongside the 1st cohort of mentors, felt the workload for participants was too much.[135] However, things appeared to improve in the 2nd year, and fewer felt the workload was too much for ECTs or mentors.[136] Concern was greatest among induction tutors who preferred previous induction approaches and those who gave low ratings for the ECF-based induction programme's helpfulness for ECTs. These induction tutors felt the new approach was too much, too time consuming, whereas the work involved in earlier approaches was more manageable.

Some induction tutors were critical of the tailoring of the provider-led training to their school context and ECTs' needs.[137] Indeed, when induction was seen as unhelpful by induction tutors, or they were dissatisfied with the ECF-based induction, this was largely due to perceived lack of specificity or lacking flexibility.

Additional insights

Schools' experiences

During the 1st year of the national roll-out, there were approximately 13,100 participating schools registered with the DfE, meaning that they each had at least one active ECT (in cohort 1). Participating schools registered an induction tutor (who they nominated to coordinate the ECF-based induction in the school), at least one mentor, and at least one cohort 1 ECT. In the 1st year, many schools had more than one ECT in cohort 1, which was more common in secondary schools and schools in MATs, and schools choosing the school-led approach.[138] Overall, the average number of ECTs per school was 2.6 at the start of the year and this increased to 3.1

[135] 52% reported this for ECTs and 62% for mentors in the baseline survey, and 57% reported this for ECTs and 63% reported this for mentors in the mid-point survey.
[136] At the end-point survey, 38% of induction tutors felt the workload for ECTs was too much and 47% felt the workload for mentors was too much.
[137] 30% of induction tutors rated the tailoring of the provider-led induction to their school context and ECTs' needs as poor (very poor or fairly poor); and 31% rated tailoring of the mentor training as poor (captured at the baseline).
[138] 58% of schools had more than one1 ECT, reported by induction tutors in the baseline survey.

towards the end of the 1st year, and the average number of mentors was 2.5. Some schools reported having early roll-out ECTs or late starters finishing their NQT induction, but this was relatively uncommon.[139]

Making choices

Feedback indicated that decisions around ECF-based induction (ahead of the national roll-out) tended to be made by those in senior roles in the school or MAT. The decision could be made by, or involve, induction tutors (as they tended to be senior leaders), however induction tutors might not have any input. Some schools in MATs took decisions on their own about the approach and provider, or materials to use. They felt able to select the options they believed would best suit their needs, but this could mean there were differences in provision across their trust. Others described how decisions were made at trust level, for consistency. Decisions were made based on the quality of materials they could access (online materials or attending seminars) and previous experiences, or on the basis of reputation.

Schools can decide which type of programme they want to follow (provider-led, school-led, or school design and deliver). As noted earlier, almost all schools (95%) had opted for a provider-led approach. This meant almost all (95%) ECTs in cohort 1 were on a provider-led programme. Far fewer schools (around 5%) chose the school-led approach. The school-led approach appeared to be more common among schools located in London and the South-East, and in secondary schools. In year 1, the school-led approach was also more common among independent schools (eligible for DfE funding) and special schools, all-through schools, schools with a large number of pupils (this was reflected in a higher average number of ECTs per school for schools who opted for the school-led approach) and schools in more advantaged areas.

Those making the choice about which ECF-based induction approach to adopt tended to feel well informed about the options open to them and have sufficient time to make an informed decision.[140] Those in secondary schools or who had participated in the early roll-out were more likely to consider themselves well informed about the training options for ECTs. This suggests that confidence increased with familiarity. Key motives for choosing the provider-led training were

[139] 8% with early roll-out ECTs (in their 2nd year of induction) and 14% of NQTs finishing their induction, reported by induction tutors in the baseline survey.
[140] 53% felt very well informed and a further 31% felt fairly well informed about the options, and 67% had enough time to make an informed decision. Reported by induction tutors in the baseline survey.

quality[141] and convenience,[142] followed by opportunities to develop mentoring capabilities.[143] The key driver for choosing the school-led approach was flexibility, that it would allow the school to tailor the offer and reflect local needs. Schools opting for the school-led approach felt that this would allow them to tailor their programme, make it more relevant to their context, offer flexibility in what is covered and when, and reduce the duplication with ITT. However, the level of anticipated tailoring was not always achieved.

Schools opting for the provider-led approach then chose which of the 6 lead providers to work with. At the time these were: Ambition Institute, Best Practice Network, Capita, Education Development Trust, Teach First, and UCL Institute of Education. During the 1st term, induction tutors reflected on their schools' choice of lead provider. Again, quality factors[144] featured highly in the choice of lead provider (cited by approximately one third of induction tutors). Other factors were suitability of the programme for the school (30%), reputation of the lead provider (27%) and the delivery approach offered (22%). Feedback indicated that some decision-makers had received recommendations (not instructions) from their trusts or via their networks, or had prior links with the lead provider (perhaps through provision of NPQs or ITT), so had a good understanding of the organisation.

Sometimes schools also decided which delivery partner to work with, but generally this was driven by the lead provider. Where they were able to choose, feedback indicated this was influenced by how well the delivery partner was felt to understand the context of the school which often meant the most local provider, how well aligned the provider was to the school's priorities, and specifics of the training offer. Often schools opted for the delivery partner they were familiar with (for continuity).

Schools also must choose an appropriate body to work with, regardless of whether they opt for the provider-led or school-led approach to ECF-based induction. The choice of appropriate body (at the start of the national roll-out) was largely governed by existing relationships. Indeed, many schools chose to stick with their existing appropriate body for new ECF-based induction.[145]

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[141] Quality was indicated using 2 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%).
[142] Convenience was indicated using 2 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%).
[143] The full statement was 'we thought it would offer opportunities to develop mentors at the school/MAT' (44%).
[144] The quality of lead provider was indicated using 2 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%).
[145] In the baseline survey, 41% of induction tutors reported that their school chose to stick with their existing appropriate body.

Lead providers' experiences

At the start of the national roll-out there were six lead providers who, between them, were working with 146 delivery partners. Delivery partners deliver the training on behalf of lead providers, although in some circumstances, lead providers can also deliver training. Delivery partners can be Teaching School Hubs, MATs, local authorities, universities or other specialist training providers.

Early insights and challenges

After the 1st term of the national roll-out for cohort 1, lead providers recognised that ECTs and mentors were time pressured and struggled to find time to invest in their development. 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.

At that early stage, 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 could lead to the training feeling rigid. Lead providers recognised that flexibilities would be required for the provider-led ECF-based induction programme to be relevant and that localised delivery partners could play a key role in *this*. Additional scenarios that needed incorporating into delivery design and flexibilities were: later registrants (ECTs starting later in the year, with two additional registration windows in January and April), teachers working part-time, teachers seeking shortened or extended inductions, participants moving schools, and churn in mentors and induction tutors. This was challenging and more complex than anticipated.

By the end of the 1st year of the national roll-out, lead providers reported that the induction programme's design, implementation and guidance had evolved, but that delivery partners continued to communicate well with participants despite these ongoing changes and improvements.

How has the system adapted and changed?

Previous chapters explored the experiences of cohort 1 ECTs, mentors and induction tutors, i.e., those who started their involvement in ECF-based induction in the academic year 2021 to 2022. Their experiences were tracked over the first 2-years of the national roll-out through 3 waves of surveys. For most ECTs, this tracked them to the end of their induction period, and for most mentors, to the end of their mentor training and the end of their planned mentor input for cohort 1 ECTs.

The interviews, case studies and workshops with stakeholders (including participants), however, highlighted that the ECF-based induction programme, guidance and support mechanisms have changed and evolved since its initial delivery. This means that later/more recent cohorts will have experienced a different programme (though still within key parameters) to cohort 1. These changes have been driven in part by changes to the wider context but largely due to purposeful change and improvement due to ongoing feedback (including from the earlier stages of this evaluation). Later cohorts will also be operating in a more complex system, with multiple cohorts going through induction, and with more complex scenarios and different pathways.

The evaluation captured some insights and perspectives on how these changes came about and have affected delivery and participant experience over time.

Wider context and system changes

The wider context in which teacher training and induction take place has changed. Cohort 1 joined schools at a time of industrial action and COVID-19 pandemic restrictions and disruptions. This ‘broke the rhythm of attendance and engagement’ and affected lead provider and delivery partner abilities to offer live in-person training and events where ECTs could network. It also affected cohort 1 ECTs’ ITT period, as classroom teaching was restricted, affecting their placement opportunities and experiences. Over time, lead providers and delivery partners were able to offer more in-person delivery of training as COVID-19 restrictions were lifted.

Lead providers reported that, over time, there was increasing positivity and acceptance of the ECF-based induction across the sector, and the evaluation found a widespread acceptance of the provider-led approach. After an initial ‘overwhelming’ roll-out, lead providers found that schools, ECTs and wider staff have engaged well with the programme and that satisfaction rates increased (captured in their own monitoring) and continue to do so. They also found that later cohorts of ECTs had more realistic expectations for their induction training and opinions based on real experience (from former ECTs).

Across the evaluation period there have also been a number of changes to the system in which the ECF-based induction operates. These have included:

- local authorities no longer being able to act as appropriate bodies (from September 2023)[146]
- the greater role and influence of Teaching School Hubs
- changes to lead provider contracts and changes to lead providers themselves[147]
- the development of closer links to ITT by working to align frameworks

Furthermore, there were changes in the language used to describe various elements of the ECF-based induction programme such as moving from full-induction programme (FIP) and core induction programme (CIP) to describe provider-led and school-led induction programmes. And most recently moving from using the term ECF-based induction programme or training to using the term Early Career Training Entitlement (ECTE) from September 2025 (as discussed in the 'continuous improvement and next steps' section in this chapter).

Operational changes and complexity

Increasing complexity in managing multiple cohorts

Managing ECF-based induction cohorts (ECTs and mentors) and administering the programme has become more complex over time, as participants move through and on from their induction and as new cohorts join. Also, as individuals start the programme at different points in the year (September, but also January and April), have different working patterns, or negotiate extended or reduced induction periods,[148] this creates different pathways through induction. Schools, lead providers and delivery partners will be supporting teachers with different support needs, different levels of experience and at different stages of development. Further complication is caused by ECTs and mentors moving schools, or by schools changing their provider or partner, or their approach to ECF-based induction.

Changes in mentoring arrangements and movement of mentors causes challenges, particularly when mentors take over the role part-way through their ECT's induction or when mentors have trained or are being trained with a different lead provider to their ECT. Lead providers were also concerned that as ECF-based induction

[146] Appropriate body reform and induction assessment.
[147] Capita is no longer acting as a lead provider; the National Institute of Teaching (NIoT) became a lead provider; from 2025 Best Practice network (BPN) will no longer be a lead provider.
[148] Extensions could be automatic due to absences, optional around maternity leave or required by the appropriate body.

materials continue to develop over time, mentors' knowledge and understanding of the ECT training may become out of date. Once mentor training is completed, there is no longer a requirement for lead providers to engage with mentors (and vice versa) and keep up to date, and while mentors can access the repository of training materials on the lead provider platforms, there is no funding or allocated time to do so.

The numbers involved in non-standard pathways was much higher than initially anticipated. Managing these increasingly complex scenarios and arrangements created additional workload within schools but also for lead providers. Feedback highlighted how developing materials and guidance for different groups (e.g., later registrants) took more work than expected and was an ongoing task, and lead providers were concerned about the amount of time that delivery partners needed to spend managing and delivering for these complex scenarios.

Making changes to approach and provider

The evaluation indicated that most schools intended to stick with their current approach (provider-led or school-led) and their current lead provider.[149] Feedback indicated that induction tutors and senior leaders felt the programme was working well enough. Indeed, there was far less movement than was suggested from initial findings.[150]

Some schools have opted to change their approach to the ECF-based induction. Feedback suggested that this tended to be rare, particularly as making the change was challenging (often involving running two programmes alongside each other). Also making the change from provider-led to school-led would require time and resource to adapt materials and deliver the training. For the small number of schools in the evaluation who had changed or intended to change their approach from a provider-led to school-led approach, this appeared to be driven by a perceived lack of relevance, poor organisation, poor quality, complexity and high workload, and the need for greater contextualisation. They were keen to use and adapt the DfE-accredited materials to add more content to support their local context and develop stronger relationships with other local schools.

Feedback also highlighted factors influencing decisions to make changes to the organisations schools were working with as part of the provider-led approach (lead

[149] At the end-point, 79% of induction tutors in schools with a provider-led approach reported the school intended to continue with the provider-led approach, and 76% intended to use the same lead provider.

[150] In the baseline survey, when asked what were the reasons for the decision to take part in provider-led or school-led induction,23% of induction tutors who opted for the provider-led approach wanted to 'try it for this year's new teachers', suggesting they viewed the first cohort as a test.

providers, delivery partners and appropriate bodies). These included: unsatisfactory initial experiences (e.g., with onboarding and registration, communications), frustrations with programme content, changes to regulations around who can provide appropriate body services,[151] or needing to align their approach to other schools in MATs.

Delivery changes

The ECF-based induction programme has seen continuous improvement since its implementation. This has been driven by lead providers, delivery partners and DfE working in partnership to address the concerns, frustrations and challenges faced by the early cohorts, and in recognition of increasing complexity of managing multiple cohorts on different pathways through their induction. This has drawn on the process evaluation findings, comprehensive monitoring undertaken by lead providers and delivery partners, DfE's User Group, and wider feedback.[152] Lead providers, delivery partners and DfE have made several delivery changes:

- **Greater contextualisation**: The research identified that, in some schools, the tailoring of provider-led training and particularly the materials (to phase, subject or local context) was working well, but less so in others. Some cohort 1 ECTs felt their expectations about how the ECF-based induction training would help them gain experience specifically related to their school were not met. Given that feedback, DfE continued to work with lead providers to produce more and a greater variety of illustrative examples, 'exemplification materials', for different settings and school phase. This helped the programme to feel more tailored. This included creating SEND exemplification materials, in recognition of the importance of ensuring ECTs are confident in supporting pupils with SEND to succeed. In addition, lead providers have been expanding their delivery partner networks and developing local experts in the regions to add in local context.
- **More personalised experience**: The DfE and lead providers have also worked to introduce greater flexibility to allow for additional depth where required. This included developing extra 'stretch content' for ECTs, which was introduced from September 2023 (i.e., cohort 3 onwards).[153] Stretch materials are designed to build on areas of individual strength by furthering ECTs'

[151] Appropriate body reform and induction assessment .
[152] This includes a review of the ITT Core Content Framework and ECF and the ECF delivery model (See Outcomes of the review of the initial teacher training core content framework and early career framework and the Initial teacher training and early career framework. This has resulted in a combined framework which will replace the separate frameworks from September 2025.
[153] See Outcomes of the review of the initial teacher training core content framework and early career framework .

understanding of a certain topic. ECTs can choose to go into more depth beyond the minimum content which is designed to create a more personalised programme.

- **Delivery flexibilities:** Lead providers and delivery partners recognise and are mindful of teachers' heavy workloads and fluctuating time constraints. They have continued to work on participant engagement and have developed strategies and activities aimed to support and encourage engagement, and to build in flexibilities to the design delivery of their programmes for ECTs and mentors. These have included 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 and creating off-line content. Additional flexibilities have been adapting the timing, duration and location of live-training sessions (e.g., longer but less frequent, and in locations requiring no more than one hours' travel time); providing access to all training materials upfront (this was particularly useful for mentors) and access to learning platforms and portals throughout the year regardless of when participants started; putting on catch-up events for those unable to attend; and developing accessible content, such as videos, that can be accessed any time. These have and will help to maintain engagement but do make it harder for lead providers to automate their monitoring of engagement.
- **Improved information and communication:** Lead providers have improved access to programme information for all types of stakeholders. They have introduced dashboards for centralising access to materials, schedules and communications, and to allow for easier monitoring and tracking of engagement and progress. This enables participants to better manage the programme and their participation. Lead providers also improved their communication mechanisms including virtual classrooms, podcasts and termly publications. These are intended to help ECTs to understand what they are learning at each stage, and why.

Over time the ECF-based induction programme has become more embedded in schools and their wider CPD activity. The support systems and stakeholder relationships have matured, as have individual stakeholders' confidence in the programme and understanding of the programme and their roles. This has meant that in addition to the formal adaptations and improvements noted above, delivery partners and mentors have also felt able to make changes to respond to frustrations and challenges. Lead providers reported how delivery partners have increased in maturity, confidence and autonomy, and become more innovative and responsive in creating solutions to operational problems and to offer a better experience for participants. Mentors too reported increased confidence and thus felt better able to

make the programme work well for ECTs, changing ordering and focus to meet their needs.

Changes around mentoring

Over time, DfE statistics[154] show that there has been a decrease in the number of mentors being trained, from 25,053 who were trained in 2021 to 2022, 23,505 in 2022 to 2023, to 18,152 in 2023 to 2024. This reflects that the number of new mentors requiring training is expected to decrease gradually over time as the overall trained mentor pool grows in size. However, the number of new mentors each year is substantial. The reasons for training new mentors are two-fold: to increase the size of the pool of mentors and to replace mentors as they move away from that role.

The evaluation found mentors are passionate about mentoring and committed to the role. Many mentors intended to continue to mentor ECTs but there had been some change and churn in the mentor pool within schools and trusts (as some mentors moved schools, left the role or new mentors were identified to achieve a better 'fit' for existing or incoming ECTs). This meant different staff members were taking on the role,[155] and potentially taking on ECTs partway through their induction and training journey.

Feedback indicated that schools may be looking to expand and diversify their mentor pool over time to meet increasing demand whilst also sharing opportunities and reducing the burden on current mentoring staff. They were looking to involve more junior and less experienced staff, shifting the role away from the senior and highly experienced staff they had fielded to support the early implementation of the new programme. This would mean that as new mentors come to be trained, the characteristics of this group will change and potentially also their training needs.[156]

Feedback also indicated concerns about schools' ability to recruit these new mentors, particularly to replace existing mentors that moved away from the role. This stemmed from potential mentors seeing a lack of flexibility in the approach, concerns about time commitments required and heavy workload (particularly the reading and preparation required), and a lack of external recognition, progression opportunities or remuneration for the role. There were also concerns about an increasing demand for mentors, with potential spillovers from ECF-based induction (with ECTs needing

[154] See Teacher and Leader development: ECF and NPQs, Academic year 2023/24, published in July 2024.
[155] In the end-point survey, 40% of induction tutors reported that different people were acting as mentors to ECTs in their school, and 31% of ECTs reported having a different mentor or mentors in their 2nd year (compared to the 1st year).
[156] The evaluation tracked those who started their mentor training in cohort 1 so it was not possible to explore the characteristics of new mentors.

support beyond formal the induction period) and demands for individuals to mentor those on ITT programmes.

To support mentor engagement, lead providers have introduced gradual changes to their mentor training provision over time. These have been developed in response to the feedback from mentors in the early cohorts but also in recognition of the movement of mentors, and of the changing characteristics of mentors as less experienced staff take on the role. These changes have included offering more options so mentors can choose what is most appropriate for them and fits with their availability; streamlined materials; open access to all materials; catch-up events; and asynchronous delivery formats such as recordings, for those unable to attend specific live sessions. Lead providers have also introduced flexibilities for new mentors stepping in to replace previous ones, so they can join the programme at any time or place in their ECT's programme and start from the beginning of the mentor training.

Additionally, to support mentor retention and new mentor recruitment, the changes to mentor training from September 2025 may help as it will reduce the training from two years to one and introduce more flexibilities for mentors (as discussed in the 'continuous improvements and next steps' section below). However, mentors felt schools and the sector could do more to show that mentoring and mentors are valued, and to recognise the expertise, experience, time and energy they bring. They could also do more to ensure the time mentors spend on the programme is safeguarded.

Continuous improvement and next steps

In addition to the changes that have been made to the ECF-based induction during, and since, the first 2 years of the national roll-out, in January 2025 DfE announced[157] that further changes to the ECF-based induction programme would be made from September 2025. The programme and series of entitlements for ECTs and mentors continues to evolve. The new planned changes include:

- Streamlining mentor training and reducing the mentor training requirement (for new mentors) from 2 years to 1 year. (This streamlined training will be available to all new mentors who have not previously undertaken mentor training as part of a provider-led ECF-based training programme). This brings together all the elements of the training mentors said they found most valuable whilst reducing unnecessary workload. The changes to mentor training will also introduce more flexibility in how training is delivered for new

[157] Department for Education – ECF announcement. Stakeholder brief 10 January 2025.

mentors. In particular, it will recognise previous mentor training (e.g., mentor training for ITT) and allow for reductions in training hours. Mentors will continue to provide support to ECTs throughout their 2-year induction period and have their time away from the classroom funded in order to so do.

- Providing mentors with more detailed resources for use in preparing for and delivering 1-to-1 sessions with their ECTs (e.g., how to support ECTs who need extra help to master a topic, and how to effectively contextualise learning for ECTs). These resources will be available to new mentors and mentors that have been though training, and existing mentors will continue to have full access to the mentor training resources.
- Requiring lead providers to pitch their programmes in recognition that most ECTs will begin inductions with a greater understanding of the framework, having completed ITT courses that incorporate it. This includes being clear with ECTs that they will purposefully be revisiting the components of great teaching throughout their training to strengthen and deepen their expertise.
- Introducing new diagnostic tools that ECTs will use, alongside their mentors, to appraise their expertise and identify areas for their development in terms of their knowledge and/or practice. This will allow ECTs to access self-directed study content that is appropriate to them, building upon their prior knowledge, while ensuring they master the knowledge required for entering the teaching profession.
- Increasing contextualisation by lead providers, to subject and phase. This will include subject-specific materials, and resources developed with expert organisations to support teaching pupils with SEND and provide real-life examples for ECTs in special schools.
- Streamlining the registration process to access the ECF-based induction programme by exploring options for a 'tell us once' process to remove the duplicative steps from registration. This is intended to reduce the administrative burden by addressing the issues around the current system which requires separate registration of ECTs with an appropriate body.
- Updating the statutory guidance on induction to ensure that school leaders are clear that it may be possible to agree reduced induction periods with their appropriate body for those ECTs who have relevant previous experience,[158] and to ensure teaching school hubs are clear on their role as appropriate bodies to consider these requests. The updated guidance will also ensure that

[158] While the statutory induction period is the full-time equivalent of 2 school years (usually 6 school terms), in some exceptional circumstances this may be extended or reduced. The appropriate body has the discretion to reduce the length of the induction period (which must be a minimum of one term) based on previous teaching experience.

school leaders are clear on their responsibilities for ensuring that ECTs and mentors receive the time off-timetable they are entitled to which is funded by the department, and to ensure that teaching school hubs as appropriate bodies are clear on their role in holding schools to account for this.

- Removing barriers and simplifying the process for schools to deliver their own training, through introducing freely available mentor training materials. Also strengthening the guidance on appropriate body charges for fidelity checking (quality assurance checks) to ensure charges are proportionate and transparent for all schools.
- Moving to a combined framework (ITTECF). The single framework recognises the 3 or more-year introduction to the core body of knowledge, skills and behaviours for teachers. Also, that the role of training providers is to appropriately support all new teachers to build their expertise across all the aspects of the framework through ITT and through induction. The single framework has resulted from the review of the ITT core content framework (CCF) and the ECF. The review drew on evaluation evidence, an EEF-assured review of the core content framework statements and underpinning evidence, and expert and sector feedback. This recognised that the CCF and ECF's similar, but separate, nature sometimes meant that there was unintentional repetition of ITT elements in ECF-based training. The new, combined framework aims to reduce unnecessary repetition. It includes new wording on progression and sets out how knowledge and skills should develop across the ITT and through induction. The new framework also includes updates and enhancements in areas including SEND, high quality oral language (oracy), early cognitive development and evidencing literacy.
- Introducing a Lead Provider Community to support continued development of best practice. This will enable lead providers to work together to collaborate and foster continuous improvement and innovation. In addition, a full review of the ECF-based programme (content of the framework and delivery) is planned for 2027 as part of the department's commitment to continuous improvement. This will take account of experiences and needs of ECTs, trainees, and mentors, to ensure the combined framework and the programme and its training stays up to date and provides the best possible support for new teachers in their early careers.
- Changing the language to describe the ECF-based induction programme. From September 2025 the induction programme will become known as the Early Career Training Entitlement (ECTE). Statutory elements of the ECTE will be: the 2-year training programme, mentor support, time off-timetable to undertake training and mentoring activities, as well as regular progress reviews and assessment with expert colleagues as part of a professional

dialogue. Furthermore, while this report refers to the 3 different approaches in the current ECF-based induction programme, DfE will simplify this by having two options for schools – these iterations will be known as the training programme element of the ECTE and will be either provider-led or school-led.[159]

[159] Department for Education – ECF announcement. Stakeholder brief 10 January 2025.

Conclusions: what have we learned?

The ECF-based induction programme aimed to transform support for teachers at the start of their career. From the national roll-out in 2021, the new programme was designed to provide a consistent offer of mentor support and evidence-informed training to ECTs (based around a standard evidence-based framework of knowledge, skills and behaviours that teachers should develop). The ambitions for the programme were for ECTs to feel more confident, have greater job satisfaction, and stay longer in teaching (easing the transition from trainee to teacher) and to improve the quality of teaching. It was also hoped that the new approach would reduce the “cliff edge” in support and make support more consistent.

Building the system – what have we learnt from the implementation?

The process evaluation has found that the implementation of this large-scale programme has mostly been successful. The sector has tended to be supportive and understanding of the need for change and have backed (and indeed been involved in the development of) the reforms to induction that DfE introduced.

There were some criticisms of the size of the pilot and the speed of implementation (perceived as giving little time for the sector to prepare for such significant change). However, the programme has embedded over time, with understanding and confidence improving across all stakeholders, and good early signs of promise (although it is still early to assess outcomes). Where criticisms, concerns or frustrations have been identified as stakeholders gain lived experience of delivering, coordinating, supporting and participating in the programme (and its training and mentoring), the department and its delivery agents have listened and taken action to engender continuous improvement. The department has understood the need for greater flexibility whilst protecting the quality of the programme (and fidelity to the framework) and the strength and integrity of the mentor offer at its heart.

The specific conditions for success for this programme have been:

- a choice in the approach a school can take
- close mentoring relationships and coaching support combined with observations to identify and share good practice
- recognition of the vital role of mentoring in supporting the next generation of teachers

- networking across the system to create collaborative spaces for learning and sharing good practice at individual ECT and mentor level but also through to delivery partners and lead providers
- good quality resources underpinned by up-to-date research evidence that adapts to evolving needs
- protected time to dedicate to learning and practice
- flexibility to reduce or extend the training and induction period (if needed and eligible)
- a supportive school culture with visible senior level support and endorsement and wider school buy-in

Strong demand for provider-led training

The choice of type of approach that schools could adopt was built-in to the design for the ECF programme. From the outset, schools valued the choices they had. Choice provided them with flexibility to choose the delivery method and approach that suited them best. However, larger numbers of schools than DfE anticipated opted for the provider-led approach (94% to 95% instead of the predicted 75%), which put the system under immediate pressure. This shifted initial concerns for the implementation away from worries around potential recruitment challenges (how to get schools to engage with the programme). Concerns were then about how lead providers could cope, with both the level of demand and the volume of enquiries and questions about ECF-based induction, and whether delivery partners had the capacity to support the number of ECTs. Lead providers described how they were inundated with queries in term 1 (but by the end of year 2 this had dropped substantially). This was at the same time as lead providers were building their delivery chains, including bringing on board new organisations (the newly formed Teaching School Hubs) and finalising their designs (e.g., for year 2 of their programmes). Lead providers noted how at the outset, some of their delivery partners needed significant support (around data collection and administration and in providing contextualisation), and this was exacerbated with changes required in the first couple of years.

For schools taking up the provider-led option, they felt it offered quality and convenience and wasn't something they had the time or resource to design or even deliver themselves. There are indications that moving to a model or approach where the school has greater control over delivery, particularly to flex it to better fit their needs, may be seen as the next evolutionary step. As schools get more confident and familiar with the underpinning framework, the induction process and key elements of an ECF-based induction (or ECTE), they feel more able to do it

themselves. However, planned changes to the provider-led approach may address frustrations and remove the impetus to change, or create conditions where schools want to see how things go before planning any changes at a school level.

Clear guidance and communication and strong working relationships

Good communication across the system was a key part of the success of the national roll-out, and the DfE worked hard to 'bring people with them'. DfE provided guidance for all stakeholders, clearly setting out in advance the roles and responsibilities, entitlements and commitment required. The department provided information for schools about the options for ECF-based induction and what the 6 lead providers offered, so that schools could choose what best suited them. They also provided feedback on evaluation research findings and their plans for improvements (and how delivery and content of ECF-based induction will change).

Despite clear guidance, there were still areas where further direction was needed and where there was still some confusion. A key area was eligibility and entitlement for time off-timetable for training and mentoring activities. This came with funding, but some elements caused confusion including the lack of ring-fencing, the deferred payment approach and use of existing funding mechanisms for year 1. There were concerns that ECTs and particularly mentors were not getting their full allocation of time off-timetable from schools, and were using their own time to undertake their induction activities. This was creating knock-on challenges with workload and with their abilities to sustain engagement. There was also confusion and further guidance needed around the funding rules for mentoring, particularly what happens when mentors are changed mid-ECT programme, when mentors pick up additional ECTs and are managing multiple ECTs and cohorts, and if mentors can access 'refresher' training.

DfE also set up systems to work closely with the lead providers. The lead providers have always valued the two-way communication with DfE and quality of information provided, and strong relationships have developed. This has helped them to deal with complexities and change. However, at times, lead providers have felt 'on the back foot' suggesting earlier communication would be valued (particularly in advance of any changes which would have implications for their work). They understood the need for centrally driven change, direction and guidance, as all stakeholders grappled with new situations and scenarios and the increasing complexity of learner pathways. They felt some of the situations could have been anticipated, discussed and therefore better planned for, including jointly developing solutions. One area that needed careful thought, and arguably better guidance, at the outset related to

supporting later registrants and other liminal (non-standard) cases and ensuring consistency in learner experiences.

Lead providers have developed strong relationships with their delivery partners, and these have evolved over time towards true partnership working. Lead providers work closely with delivery partners and provide clear lines of communication around changes and adaptations. Delivery partners are then tasked with keeping their schools and participants well informed to support engagement and satisfaction. Delivery partners were rated highly by participants for their information provision, clear communications and responsiveness to queries. Lead providers also praised them for their good communication with participants. Induction tutors, in particular, were positive about the communication and information provided by lead providers.

Strength of digital systems

The ECF-based induction relied heavily on digital management systems to register participants, confirm eligibility for funding, and track progress. These systems were integral to the funding mechanisms in the system, for lead providers and delivery partners to pass the gateways and meet the performance indicators required for payment, and for participants to be verified as eligible for funding. They were also integral to providing access to induction for verified participants, to allow them to access the training. All lead providers used digital learning platforms to share learning materials, deliver online training, set tasks and actions, and monitor progress. Given the scale and speed of implementation, the systems coped well. However, there were challenges and some initial teething problems with the central digital system (the “manage training for early career teachers” digital service) and data requirements, and with lead providers’ and delivery partners’ learning platforms (some of which were still in development at the start of the national roll-out). There were suggestions for checking the ease of use and accessibility of these digital systems and a strong desire for better, more streamlined digital systems and learning platforms.

For lead providers there were initial frustrations around the registration window and process for participants to be registered with the DfE. Lead providers felt an earlier opening of the service for registration would allow them more time for preparing participants, support on-boarding and give participants earlier access to lead providers’ learning platforms and systems (to help with orientation/getting familiar with the online systems and provide them with early access to e-learning materials). A speedier verification process (verifying that ECTs and mentors were eligible for training and funding) would also have allowed lead providers to gather more information about their participants, in order to develop more tailored programmes ahead of their start (e.g., putting ECTs in learning groups and identifying appropriate

contextualised materials and need for further contextualisation). Delays in registration and in verification meant participants were locked out of the lead providers' platforms and could not start their induction.

Lead providers also experienced some frustration with central data management systems. They found it hard to track the movement of participants over time and across schools and were frustrated about the lack of detailed information available for participants (information they needed and therefore had to collect themselves). A related challenge for lead providers was designing systems and learning platforms that could deal with the complexity of pathways. This would include a system that could be accessible to individuals who had completed their training, or who trained with another lead provider, and that could track participation and engagement of individuals as the options, flexibilities and therefore individual learning and learner pathways increased. Lead providers found that as greater flexibility was introduced, it became harder to automate processes such as monitoring engagement. In general, lead providers found designing systems to monitor key indicators, required by the DfE contracts, was challenging. For example, monitoring the pace of downloads didn't work as individuals often downloaded content all at once.

For induction tutors there was initial confusion around who was responsible for providing verification information (including providing ECTs' teacher reference numbers) and how to edit data entries (when individuals moved on, or where there were errors). There were also frustrations about registering mentors and (particularly) ECTs with multiple bodies, using multiple digital systems, and using multiple systems to monitor and manage their ECTs. This was particularly challenging when ECTs were following learning programmes from different lead providers. For mentors and ECTs there were challenges around navigating 'clunky' learning platforms.

Sustaining effective mentor engagement

Mentors and the mentoring process were the most valued part of induction; they are considered central to developing ECTs and ensuring their engagement and satisfaction. They bring constructive and non-judgemental support, which is the key requirement from ECTs. They also bring understanding and the voice of experience to help ECTs navigate their first two years. ECTs valued their mentors and were confident in their abilities and skills, as were induction tutors and lead providers. The evaluation found that the mentors were passionate and committed individuals who recognised the importance of their role, often motivated to become an ECT mentor by the desire to help train the next generation of teachers. At the start of the national roll-out, mentors also tended to be long-serving teachers with mentoring or coaching

experience, but also with other responsibilities and a full teaching load. They tended to be carefully matched to their ECT to enable specialist support and insights.

The mentoring role can be challenging. Mentors struggled with high workloads, and some found it difficult to find time for their mentoring alongside their other responsibilities and didn't always receive their funded time off-timetable. They found the mentor training particularly difficult to fit in (and in some cases potentially unnecessary) and resorted to doing this in their own time or not doing it so that they could prioritise spending time with their mentees. Mentor workload appears to have increased over time (and will continue to do so) as mentors work with more ECTs, continue to support ECTs beyond their formal induction period, and take on mentoring responsibilities for trainees and wider staff.

However, mentors felt there was no formal recognition for the effort they put in, and the expertise they brought and developed through the role. It essentially relies on altruism and good will. This potentially sends signals across the sector that mentoring and mentors are not valued. Induction tutors and lead providers were concerned that this could impact on the sustainability and quality of mentoring.

There are indications that ECTs are interested in supporting the induction process when they finish their own induction. However, these individuals may still be too early in their teaching journey to be able to provide the support required from the mentor role. It is important to sustain their interest and motivation and perhaps find other ways for them to support new teachers, perhaps through a buddy system or a peer network to provide ECTs with additional support within their school, trust or local neighbourhood.

Programme flexibilities

Initially, some schools reported that while they could see the need for consistent and higher standards, it was not something they felt their school directly needed. Over time, induction tutors and mentors generally appreciated the drive to raise standards through the new framework, which ensured that ECTs had access to examples of teaching practice based on evidence and linked to teaching standards.

Many induction tutors and mentors felt the ECF-based induction was better than previous iterations of induction programmes. However, a common criticism was that the programme lacked flexibility and specificity. Participants wanted materials that provided practical and realistic examples to cover a wide range of different settings, phases or school contexts. They also wanted the flexibility to move at a pace and in a sequence or pattern that best suited the needs of individual ECTs and their schools. Flexibility was also needed to support individuals following a non-standard pathway: those who started later in the year, those with part-time working patterns,

those with a reduced or extended induction period, and those who move schools. These demands create a 'big ask' on lead providers and delivery partners, and creates tension between flexibility (to increase relevance and usefulness) and standardisation (to ensure ECTs received a consistent offer and experience regardless of where they work, how they trained or their pathway through induction). Lead providers have worked to address the need for flexible, responsive and tailored training through adapting delivery, not content, but felt they needed guidance from DfE to define and place boundaries on flexibility and how to deal with different scenarios (how far they go and how many different variants of their programmes they create).

Supportive school culture

Having a supportive school culture with visible support and endorsement from the SLT and wider staff was particularly key. A strong culture of professional development, and one which recognises the importance of mentoring, provided an anchor for ECF-based induction, and enabled ECF-based training and the induction programme to be successful. Schools with a supportive culture understood the purpose and ambitions of the ECF-based induction and spent time looking at the how the programme aligned with their wider school activities. A supportive school environment appeared to make a substantial difference to growth in ECTs' teaching confidence, and SLT support was important for mentors and induction tutors to sustain their enthusiasm and commitment. A positive school culture could be signalled by the SLT taking an active interest in induction, ECF-based training and mentoring; perhaps even being involved as induction tutors, taking on a mentoring role, or supporting delivery of training. This provided them with a detailed understanding of the programme and the commitment required from participants. A supportive culture could also be signalled by rewarding mentors and working to ensure mentors were well-matched to ECTs, providing additional time off-timetable (beyond the statutory entitlement) for participants, and assigning lead roles to support mentors and ECTs.

Greater positivity in primary settings

The evaluation evidence shows that stakeholders feel that ECTs are better supported through the ECF-based approach to induction, they are well equipped to move on from their induction, and are ambitious; wanting to develop further and progress within their schools or the sector. However, throughout the evaluation, there have been marked differences in the views and experiences of those in primary schools compared to those in secondary schools. In most of the aspects measured or discussed, those in primary schools (ECTs, mentors and induction tutors) have been more positive, often considerably so. This could reflect greater

challenges in securing time off-timetable in secondary schools (where timetables can be more rigid), and greater concerns around matching ECTs with mentors and in gaining contextualised materials (as teachers tend to have subject specialisms). Future research could examine this issue further to understand what it is about school phase that makes induction a more, or less, positive experience.

Sustaining the system – lessons for future

The ECF-based induction approach and its specific elements have adapted and evolved to address challenges faced during its early implementation, and further changes are planned to ensure it remains relevant and useful. The evaluation findings suggest that, moving forwards, DfE and stakeholders need to be mindful of the conditions for success:

- Maintain choice for stakeholders, both in approach and who they work with. As schools become more familiar with the ECTE and as different providers join and leave the programme, there will be more movement over time and schools need to be supported to do this.
- Foster continuous improvement and encourage innovation in delivery. This can be impacted by market changes (how easy it is for different organisations to enter the market and sustain their engagement), funding pressures and communication channels, as well as ability and willingness to collaborate and share good practice.
- Continue to listen and communicate with participants and stakeholders and be willing and able to be adaptive whilst also maintaining consistency, where appropriate, so that the pressures for increasing tailoring do not dilute the central tenets of ECTE and lead to patchy and inconsistent support.
- Keep the training relevant and informed with up-to-date research evidence of best and effective practice in teaching. This will be an ongoing process.
- Reduce administrative burden where possible and increase attraction and ease of participation.
- Understand how induction fits within the wider teacher CPD offer and how to harness the enthusiasm and ambitions of ECTs as they move off induction to support continued development and progression.
- Understand and address the key concerns and challenges of ECTs, which includes recognising and appreciating the general pressures teachers face, and providing more explicit support with (and content focused on) managing workload and wellbeing.

- Understand and address the key concerns and challenges of mentors. There are warning signs that recruitment of mentors is getting harder, and the mentor model may not be sustainable, so this would include considering how to recognise their commitment and expertise, and to show that mentoring is valued and recognised as a key factor in the success of the ECTE.
- Continue to inform the sector about ECTE and promote and celebrate the successes.

Such a large programme of change still needs time to settle, for the latest changes to bed in; further data collection and research will be needed, to capture experiences and behaviours of later cohorts, to understand the impact of changes made in response to stakeholder feedback (whether they are having the desired effect and not creating any further challenges), and to continue to gather evidence of what works.

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