



Department
for Education

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

Annual summary (year one)

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Summary

The Department for Education (DfE) commissioned a process evaluation of the national roll-out of the Early Career Framework-based induction for Early Career Teachers (ECTs), to follow participants (induction tutors, mentors and ECTs) in the first cohort over the two years of their induction programme.

The vast majority of ECTs in the first cohort (almost 27,000 individuals, accounting for 95% of all ECTs) are in schools that chose to follow a provider-led induction programme with training directed by one of six Lead Providers and delivered by one of 145 local Delivery Providers. These are supported by almost 25,000 mentors who are training alongside their mentees. One year into the national roll-out, the key findings for those starting their provider-led induction programmes in September 2021 include:

- Understanding of the provider-led induction programme (the content, delivery approach, commitment required, and support offered) and the organisations involved in delivering and supporting induction (lead providers, delivery partners and appropriate bodies) is strong and improving. Delivery partners play a key role in helping participants to understand the programme and are rated highly for their information provision and communications. Yet, almost half-way through their induction, one-fifth of ECTs are unclear about how many hours a week they need to spend on their induction programme, and one-half of mentors knew little to nothing about the development, opportunities and support offered to mentors.
- ECTs, mentors and induction tutors have many and high expectations of their provider-led induction programme when they start: for ECTs these are most commonly improving adaptive teaching skills and receiving guidance and support. These initial expectations are mostly being met, but there is still room for further improvements. Expectations, however, appear to increase and broaden over time and ECTs, in particular, seem to be expecting more as they progress through their induction programmes.
- Provider-led induction training is rated highly, particularly for access to digital resources, opportunities to practise skills, quality and content of the training and resources, monitoring of progress and knowledge and expertise of the trainers. However, whilst mentors' views of ECT training remain largely unchanged or even improved slightly, ECTs' ratings have declined a little over time as their expectations grow. There appear 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, and the repetitive nature of the content.
- Mentoring is recognised as a key part of induction. Mentoring is highly valued and working well; mentors supporting the first cohort of ECTs through their provider-led induction programme are highly experienced; and ECTs remain confident in their

mentors' abilities to help them develop. However, there are some practical challenges involved.

- A key challenge for mentors is their workload, which is exacerbated by mentors often having multiple and competing responsibilities and/or multiple mentoring roles. Mentors can struggle to find the time they need for mentoring (weekly meetings, observations and preparation) and especially for their mentor training, and much of their mentor training and self-directed study is undertaken during their own time. More mentors continue to find it challenging to balance their mentoring commitments alongside their workload than find it easy, but there appears to be a shift towards things easing over time and of the average time spent on induction programme activities falling over the first year.
- The time commitment required for provider-led induction programmes, particularly for self-directed study, is still an issue for ECTs. This is despite the average time ECTs spend on key aspects of the provider-led induction programme falling over the first year and almost half of schools reporting offering ECTs additional time off timetable (over and above their full statutory entitlements).
- Participants feel positive about their induction experience, with more scoring their programme highly for its helpfulness to ECTs than scoring it poorly, more scoring their enthusiasm for taking part in the programme highly than scoring it poorly, and more reporting overall satisfaction with induction than dissatisfaction. However, ECTs are now less positive than they were at the start of their induction programme. As they gain more experience and with rising expectations, ECTs appear to become more critical. The pattern could also reflect some frustrations with the content and flow of their training.
- ECTs' confidence in their abilities across a range of key areas has been growing during the first year of their induction programme. ECTs feel most confident about setting and demonstrating high expectations, planning and teaching well-structured lessons and promoting progression by reflecting and building on pupils' capabilities and prior knowledge, but the greatest gains are in behaviour management, assessment and adaptive teaching.
- Almost one year into the programme, individuals and schools are more certain of their plans for the future. Most schools intend to continue with the provider-led approach (when they next appoint ECTs). Almost all ECTs intend to see out their induction, mostly in their current school, and intentions to stay in teaching (in five years' time) are high. Additionally, four in five induction tutors intend to stay in the role, and four in five mentors intend to continue to mentor their ECTs, and three-quarters intend to mentor again.
- Those in primary schools are consistently more positive about their provider-led induction programme than those in secondary schools.

Although the vast majority of ECTs started their induction in the first term of the 2021/22 academic year, numbers of participants increased during the first year of the national roll-out to join the first cohort. Later registering ECTs joined provider-led induction programmes in January and April (increasing the initial cohort by 6%), and new mentors began their training (increasing the number of mentors by 7%) to support these later registering ECTs or (less commonly) to take over the support of existing ECTs. Key findings for later registrants on provider-led induction programmes include:

- Later registrants have different profiles to those starting their induction at the beginning of the academic year, which may impact on their support needs and experiences.
- There are some differences in the perceived preparation for induction, onboarding experiences, expectations and ratings for their training when compared to those registering at the start of the academic year at the same point in their induction journey. Later registering ECTs generally appear more positive than their peers but may be less well supported by their mentors and induction tutors.

A small proportion ECTs and mentors (5%) are involved in induction programmes delivered by their school or Trust using free DfE-accredited materials. This type of school-led approach is relatively more common among schools in London, secondary schools or all-through schools, independent schools (eligible for DfE funding), and larger schools with more advantaged pupils. Key findings for those following school-led induction programmes include:

- The profiles of ECTs and mentors in school-led induction programmes are very similar to those on provider-led programmes, and, where there are differences, this is likely to reflect the profile of the participating schools.
- Schools opting for the school-led approach feel this will 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 initial teacher training (ITT). Yet, the extent of anticipated tailoring has not always been achieved.
- Awareness and understanding of the induction programme appear to be greater when schools deliver the training themselves. Participants are more likely to take part in interactive activities, to undertake their training on the school premises, and give higher ratings for the delivery and content of their training.
- Overall, those on school-led induction programmes are more satisfied with their experiences (higher enthusiasm, greater perceived helpfulness and overall greater satisfaction). However, the workload involved in induction is still considered high and remains a concern for mentors and ECTs, and there are concerns that ECTs and mentors may have fewer opportunities for peer networking beyond the school (or a multi-academy trust).

Introduction

This research briefing presents key findings drawn from the experiences of Early Career Teachers (ECTs), mentors and induction tutors involved in the first year of the national roll-out (NRO) of the two-year Early Career Framework (ECF) based induction programme. It reflects on findings gathered from these participants collected through:

- two surveys (one conducted in December 2021 and January 2022 at the end of the first term, referred to as the baseline survey, and one conducted in May and June 2022 at the end of the first year, referred to as the mid-point survey)¹;
- case study interviews in 11 schools and interviews with senior leaders and induction tutors in a further 15 schools;
- discussions with the lead providers² responsible for coordinating the delivery of the provider-led training programmes;
- a workshop with mentors; and
- data from the Department of Education's (DfE) teacher continuing professional development (CPD) digital service³.

It builds on findings set out in the interim research briefing⁴ published in May 2022 and aims to help the DfE understand how the ECF-based induction programme is working and where it is working well, the challenges encountered and how the induction programme can be improved. The Department has already taken on board the interim findings and is working to make changes to guidance and support.

Schools can choose how they want to deliver ECF-based induction:

- Schools can use a provider-led approach whereby a DfE-funded training provider and, usually, a delivery partner provide ECF-based training directly to ECTs and their mentors⁵. These schools can decide which of the six lead providers and which delivery partner to work with.

¹ 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 CPD digital service after November 2021, registering as January or April 2022 starts, were invited to complete the mid-point survey.

² The six lead providers during the first year of the national roll-out are: Ambition Institute, Best Practice Network, Capita, Education Development Trust, Teach First, and UCL Institute of Education.

³ The teacher CPD digital service is known as the Manage Training for Early Career Teachers service.

⁴ [Evaluation of the national roll-out of the early career framework induction programmes: interim research brief \(year one\)](#)

⁵ See the statistical release: [Teacher and Leader development: ECF and NPQs](#).

- Schools can use freely available DfE-accredited materials to deliver their own induction programme (school-led approach). These schools decide which of the four sets of training materials to use⁶.
- Schools can design and deliver their own induction programme based on the Early Career Framework (design and deliver approach⁷)⁸.

DfE experimental statistics⁹ find that, in the first year of the NRO, 93% of early career teachers (ECTs) started a provider-led ECF-based induction programme (almost 27,000 individuals), and over 5% participated in either school-led or school designed and delivered ECF-based induction¹⁰. Additionally, almost 25,000 mentors have commenced their training as part of the provider-led programme.

⁶ The materials have been developed by: Ambition Institute, Education Development Trust, Teach First, and UCL Early Career Teacher Consortium.

⁷ 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 reported.

⁸ We have deviated slightly from the definitions used in the 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, but we have separated them in our research and analysis and thus have provided different labels.

⁹ [Teacher and Leader development: ECF and NPQs](#). The release is labelled 'experimental statistics', as it represents a new official statistical product that is undergoing evaluation.

¹⁰ This is based on ECTs who were in the school workforce census in 2021 and started their induction in the 2021/22 academic year. The data were extracted on 21 June 2022. The remaining 1.6% of ECTs were indicated as undertaking provider-led training but their start had not been confirmed at the time. If these are included the proportion following provider-led training rises to almost 95%.

Provider-led induction

The first part of this briefing focuses on the largest groups, which are schools and individuals engaging with the provider-led ECF-based induction¹¹.

Exploring participation

Participation in provider-led induction programmes increased

Analysis of the DfE teacher CPD digital service data found that the number of schools and the number of individuals registering with the service for provider-led induction programmes increased over time. Over the first year, new schools participated, but also more ECTs and mentors participated from schools already registered. Overall, the number of participating schools increased by 9% (to almost 12,500 schools), ECT numbers increased by 6% and the number of mentors increased by 7%¹². These newer participants (later registrants) started their induction and related training later than the majority of ECTs and mentors and, as such, were at an earlier stage in their induction journey at the end of the 2021/22 academic year. This was in line with DfE expectations and comparisons with previous years, where the majority of ECTs start their induction in September, but a small proportion start at other points in the school year. Thus, there were induction programmes starting in January and April in 2022.

The survey data indicated that on average schools following a provider-led induction programme had 3.1 ECTs; this was higher in secondary schools and in schools in multi-academy trusts (MATs)¹³. Also, approximately half (47%) of schools had just one mentor (as reported by the induction tutors), but the average number of mentors in schools with a provider-led induction programme was 2.5. Again, the averages were greater for those in secondary schools and schools in MATs¹⁴.

¹¹ Where comparisons are made between survey findings towards the end of the first year (in the mid-point survey) with those gathered at the end of the first term (the baseline survey), these are made in aggregate and not just for those responding to both surveys, unless specifically noted otherwise.

¹² Data was extracted in November 2021 during the first term (and after the first registration window had closed) and in April 2022 (to capture those registering during the 2nd and 3rd registration windows). The increases are calculated based on the number of individuals registered on provider-led programmes in schools eligible for funded provision and with ECTs, and who are participating in ECF-based induction and have an 'active' training status (not deferred or withdrawn from their training).

¹³ The average for secondary schools was 5.7 compared with 1.8 in primary schools, and the average for schools in MATs was 3.5 compared with 2.9 of schools not in a MAT.

¹⁴ The average for secondary schools was 4.5 mentors compared with 1.5 in primary schools, and the average for schools in MATs was 2.8 mentors compared with 2.3 for schools not in a MAT.

DfE analysis of ECT and mentor data¹⁵ published in July 2022 showed that 26,927 ECTs started the provider-led ECF-based induction in 2021/22¹⁶, and 24,895 mentors commenced training for the provider-led ECF-based induction in 2021/22.

Drawing on the Schools Workforce Census data, DfE analysis of ECTs indicates where take-up of provider-led ECF-based induction (rather than school-led) was highest:

- The proportion of ECTs starting provider-led ECF-based induction was highest in Yorkshire and the Humber and in the East Midlands¹⁷, and lowest in London¹⁸.
- Although most ECTs on a provider-led programme were based at an academy (58%) or a local authority-maintained school (32%), take-up of the provider-led approach was highest in special schools and free schools¹⁹.
- The proportion of ECTs participating in provider-led ECF-based induction was higher in primary schools (94.5%) than in secondary schools (91.6%).

Profiling participants

The characteristics of ECTs following different types of ECF-based induction programmes reflects school patterns, as the school or trust chooses which type of ECF-based induction programme their ECTs follow. The DfE analysis²⁰ shows that most ECTs starting the provider-led ECF-based induction were less than 30 years old (43% under 25 and 30% between 25 and 29 years old), working full-time (95%²¹), female (75%) and white (86%). However, ECTs who were working part-time, over 40 years old, or from Asian, Asian British, Black or Black British backgrounds were relatively less likely to participate in a provider-led programme²².

The profile of ECTs responding to the surveys had a similar demographic composition as the ECT population, and there was little change in profile between the survey undertaken at the end of the first term (completed by 7,572 ECTs on provider-led programmes) and the survey undertaken at the end of the first year (completed by 2,981 ECTs on provider-led programmes who had registered during the first term and had completed the first survey). The surveys provided additional insights and indicated that half of responding

¹⁵ [Teacher and Leader development: ECF and NPQs](#)

¹⁶ The number includes all those who started the provider-led induction during the 2021/22 academic year, and so includes late starters (ie those registering after the first term of the academic year).

¹⁷ 95.3% and 95.7% respectively, compared to the national average of 93.0%, based on confirmed starts.

¹⁸ 88.1%, based on confirmed starts.

¹⁹ 95.0% of ECTs in special schools, and 93.4% of those in free schools participated in a provider-led programme, compared with 92.9% in academies, and 92.8% in local authority-maintained schools.

²⁰ [Teacher and Leader development: ECF and NPQs](#)

²¹ Of those where their working pattern is known.

²² 93.0% of full-time ECTs were participating in the provider-led induction programmes compared to 91.4% of part-time ECTs; 92.1% of ECTs aged 40 to 49, and 89.7% of ECTs aged 50 to 59 were participating in the provider-led programmes compared to 93.0% of ECTs across all ages; and 89.6% of ECTs who identified as Asian or Asian British and 89.9% who identified as Black or Black British were participating in the provider-led programmes compared to 93.4% of ECTs who identified as White.

ECTs on provider-led programmes were in schools in a multi-academy trust (MAT) and half were in single academy trusts or were not in academies. This is helpful to understand as some differences were noted for those in MATs compared with those not in a MAT.

Following patterns for ECTs and the teaching workforce overall, mentors tended to be female (76%) and White (90%). However, relative to the ECT population participating in provider-led induction, fewer were from ethnic minority backgrounds. A greater proportion of mentors worked part-time relative to ECTs (15% compared with 5%), which the research indicates could cause challenges with scheduling mentoring sessions. Additionally, most mentors were in their 30s (41%) or 40s (27%), reflecting their greater teaching experience.

Table 1: Characteristics of ECTs and Mentors on provider-led induction

Category	Groups	ECTs N	ECTs %*	Mentors N	Mentors %*
Age	Under 25	9,454	42.8	268	1.1
Age	25 to 29	6,686	30.2	4,196	16.9
Age	30 to 39	3,759	17.0	10,175	40.9
Age	40 to 49	1,694	7.7	6,732	27.0
Age	50 to 59	493	2.2	2,987	12.0
Age	60 and over	22	0.1	253	1.0
Age	Unknown	4,819	-	284	-
Age	Total known	22,108	100	24,611	100
Gender	Female	17,231	74.7	18,574	75.5
Gender	Male	5,826	25.3	6,037	24.2
Gender	Unknown	3,870	-	284	-
Gender	Total known	23,057	100	24,611	100
Ethnicity	White	16,543	85.9	20,281	90.3
Ethnicity	Asian or Asian British	1,401	7.3	1,173	5.2
Ethnicity	Black or Black British	653	3.4	504	2.2
Ethnicity	Any Other Mixed background	472	2.5	369	1.6
Ethnicity	Any other ethnic group	179	0.9	145	0.6
Ethnicity	Information not yet obtained	2,637	-	1,877	-
Ethnicity	Refused	223	-	262	-
Ethnicity	Unknown	4,819	-	284	-
Ethnicity	Total known	19,248	100	22,472	100
Work pattern	Full-time	20,089	95.1	20,165	84.6
Work pattern	Part-time	1,069	4.9	3,668	15.4
Work pattern	Unknown	5,049	-	1,062	-
Work pattern	Total known	21,878	100	23,833	100

*Percentage calculated for known groups only

Base: Total number ECTs confirmed to have starting the provider-led induction (England, 2021/22; total number of mentors trained for provider-led ECF-based induction in the academic year 2021/2022

Source: Teacher and Leader Development: ECF and NPQs, DfE Experimental Statistics, 2022

The rest of this part of the report focuses solely on those undertaking the provider-led ECF-based induction and who started their induction during the first term of the 2021/22 academic year (including those working full-time and part-time).

Understanding of the programme

Understanding of the programme and supporting organisations is strong and improving.

Organisations involved in delivering and supporting induction

There were various types of organisations involved in delivering and supporting the provider-led ECF-based induction during the first year of the national roll-out: 6 lead providers who developed and coordinated the provider-led training; 145 locally based delivery partners who delivered the training on behalf of each of the lead providers (half were teaching school hubs or alliances, the other half included universities, multi-academy trusts and training providers); and appropriate bodies who quality assure induction including checking that ECTs receive their statutory entitlements around induction. Teaching school hubs, local authorities and a few national organisations²³ can act as appropriate bodies²⁴. For some participants in the national roll-out, the number and range of different organisations involved, and the overlapping nature of their involvement, caused confusion. Mentors and induction tutors, who were interviewed as part of the evaluation, said they were at times unsure of who to contact with questions about the provider-led induction programme.

Understanding and contact with the key organisations

Generally, understanding of the key organisations involved in delivering and supporting the ECF-based induction programme is strong. Nearly all (97%) induction tutors knew who their school's or MAT's lead provider was. Over 90% of ECTs and mentors knew who their delivery partner was and most of these (88% and 87%, respectively) had direct contact with them during their first induction year. Delivery partners remained a key source of advice and support for induction tutors and were increasingly so for mentors and ECTs (although in-school sources, such as induction tutors and mentors, were most important for ECTs). Again, nearly all induction tutors knew who their appropriate body was and had engaged with them during the first year (99% and 92%, respectively), and

²³ Currently, these include National Teacher Accreditation, Independent Schools Teacher Induction Panel (IStip) and Defence Children Services.

²⁴ For 55% of induction tutors responding to the mid-point survey, their appropriate body is the teaching school hub, and for 40%, it is their local authority (this rises to 48% for those in schools that are not part of a MAT).

they continued to be a key source of support for questions or concerns about induction. Awareness of appropriate bodies increased during the first year, and by the end of the academic year, 95% of mentors (up from 86%) and 76% of ECTs (up from 67%) knew who their appropriate body was. However, only half of the ECTs with awareness of their appropriate body had had direct contact with their appropriate body part-way through in their induction.

Communications from delivery partners

Delivery partners, through their direct contact with ECTs, mentors and induction tutors, play a key role in helping participants to understand the provider-led ECF-based induction. Delivery partners provide information about the programme and how it will work, communicate any changes that are planned and answer queries. This can help participants to improve their understanding and awareness of the programme.

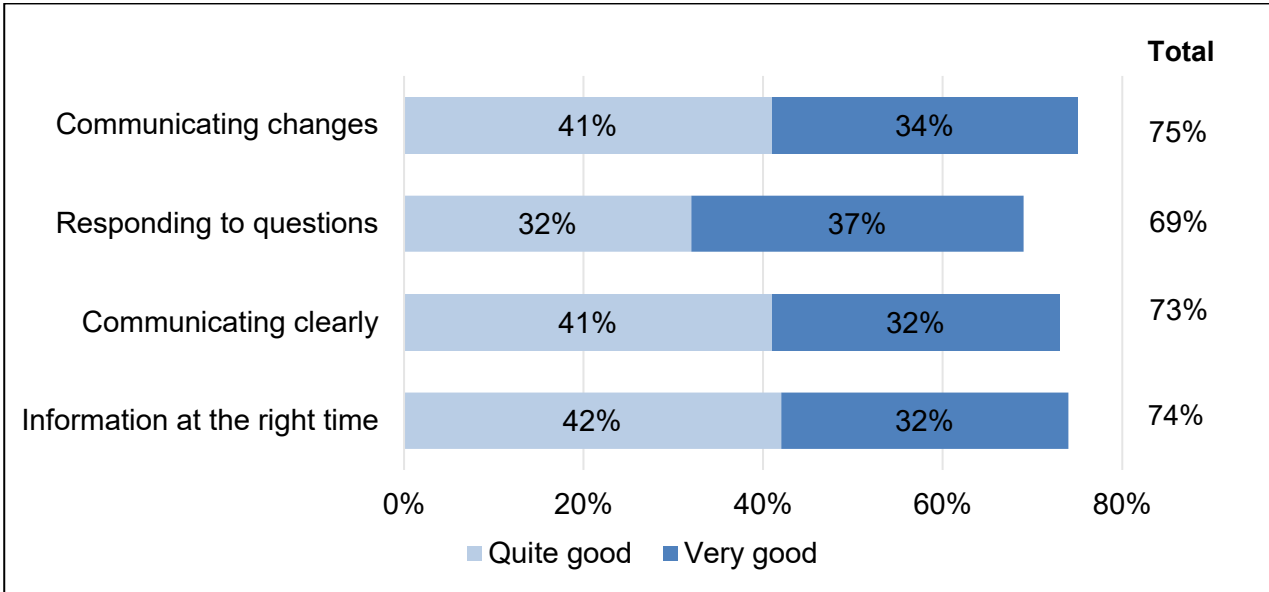
ECTs and mentors rated their delivery partners highly for their information provision and communications. These ratings increased over time from the strong position in the survey at the end of the first term. Mentors continued to rate delivery partners more highly than ECTs, and mentors reported perceived improvements in communications. At the end of the first year, 4 in 5 mentors²⁵ rated their delivery partners as good for responding to any questions and concerns, communicating any changes, and keeping them up to date, providing enough information, communicating clearly and providing information at the right time. Between 40% and 50% of mentors rated these aspects as very good, which represented an increase of between 7 and 10 percentage points from the ratings at the end of the first term.

ECTs were also positive about delivery partners: 69% to 75% of ECTs rated their delivery partners as good, including approximately one-third (33%) of ECTs who rated them as very good. ECTs working with teaching school hubs appeared more positive than those working with other types of delivery partners²⁶. The lead providers reported that adjustments had been made in guidance, design, and implementation of the induction programme over the first year, and delivery partners continued to communicate well with participants despite these ongoing changes.

²⁵ This figure refers to mentors who have had contact with their delivery partners.

²⁶ Of those working with a teaching school hub, 77% rated them as good for providing information, 74% for communicating clearly, 62% for responding to questions, and 76% communicating any changes (compared with 68%, 70%, 54%, and 69%).

Figure 1: ECTs' positive ratings of delivery partners' communication

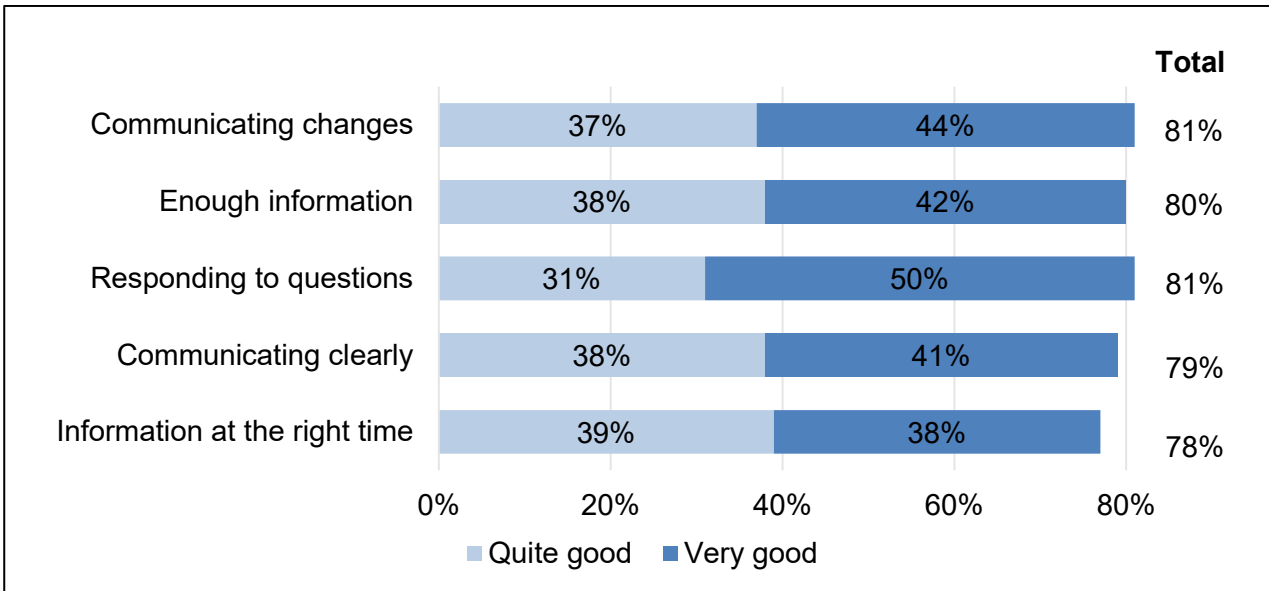


Note: The sum of the individual figures/bars is not necessarily the same as the given total due to rounding, this may differ by +/- 1%.

Base: ECTs on the provider-led training who were registered in the first term, had direct contact with their delivery partner and provided a response to the survey question (excludes don't knows).

Source: ECF induction survey wave 2

Figure 2: Mentors' positive ratings of delivery partners' communication



Note: The sum of the individual figures/bars is not necessarily the same as the given total due to rounding, this may differ by +/- 1%.

Base: Mentors on the provider-led training who were registered in the first term, had direct contact with their delivery partner and provided a response to the survey question (excludes don't knows and not applicable/no experience).

Source: ECF induction survey wave 2

Table 2: Change in ‘very good’ ratings of delivery partners over time

	ECTs	ECTs	ECTs	Mentors	Mentors	Mentors
Delivery partner communications	Baseline	Mid-point	Change	Baseline	Mid-point	Change
Providing information at the right time	29%	32%	+3 ppts	29%	38%	+8 ppts
Communicating clearly	29%	32%	+3 ppts	32%	41%	+9 ppts
Providing enough information*	-	-	-	32%	42%	+10 ppts
Responding to any questions or concerns I have	33%	37%	+ 4 ppts	43%	50%	+7 ppts
Communicating changes/ keeping me up to date**	-	34%	-	-	44%	-
Base (N)	7,572	2,981	-	7,028	2,740	-

*This was not asked of ECTs. **This was not asked in the baseline (w1) survey.

Base: ECTs and mentors on the provider-led induction who were registered in the first term and provided a response to the survey question (excludes don't knows).

Source: ECF induction survey wave 1 and wave 2

Perceived understanding of the programme

Perceived understanding of the provider-led ECF-based induction programme is strong and, for most aspects, improved over the first year. Towards the end of their first year of induction, 77% of ECTs reported knowing a lot or quite a lot about the content of their programme (up from 69% captured at the end of the first term of induction), 73% reported knowing a lot or quite a lot about how their induction programme will be delivered (up from 67%), and 80% were quite or very clear about how many hours per week they needed to spend on their induction programme, including all elements of training, self-directed study and meeting with their mentor (81% at the end of the first term, so no change). This still leaves one in five ECTs at the end of the first year who were unclear about the time commitment required, and this was highest among ECTs in secondary schools²⁷.

Mentors' awareness of the induction programme delivered to the ECTs in their schools increased considerably over the first year, 60% felt they knew a lot or quite a lot, up from 39% after the first term. Also, mentors' awareness of the development help, opportunities and support for mentors offered through provider-led programmes improved over time, as

²⁷ There is an association between perceived understanding of the time commitments required and personal assessment of sufficiency of time provided. Those who feel they are clear about the amount of time required are much more likely to feel their school is giving them their full entitlement to time off timetable than those who are not clear (82% compared with 43%).

53% reported knowing a lot or quite a lot, up from 36%. However, there was still a large group, almost half of mentors, who felt they knew only a very little or nothing about this (46%, down from 60%, after the first term)²⁸.

Expectations

Participants have high expectations of the provider-led induction programme, and these are mostly being met.

ECTs high expectations for their induction

ECTs had high expectations at the start of their induction programme and the key anticipated benefits for their provider-led programme (captured in the survey during their first term) were to:

- improve their skills in adaptive teaching (72%).
- improve their skills in behaviour management (66%).
- improve their subject and pedagogical knowledge (66%); and
- receive constructive and non-judgemental guidance and support (65%)²⁹.

Many also expected to improve their confidence in teaching (60%), deepen their understanding of evidence-based good practice (59%), improve skills in the areas of teaching children with special educational needs and disabilities (SEND) (61%), and ultimately help their career progression (61%). However, when asked 'what was the single most important aspect?', this was most commonly to have guidance and support and to improve their adaptive teaching skills.

ECTs interviewed described their hopes for their induction programme as building on their strengths, improving their teaching practice, and gaining mentoring support to help them transition to full-time teaching.

²⁸ There is an association between knowing about the support available and perceived entitlement around supporting mentees. Those who feel they know a lot about the support for mentors are more likely to feel they are given all the necessary time off timetable to mentor ECTs (38% compared with 16% who feel they know nothing).

²⁹ Multiple response question, the percentage reported are based on all those responding to the baseline survey. The survey question was 'What do you hope to gain from the ECF induction programme', and so encompasses all aspects of the programme including their training and their sessions with their mentors.

Meeting ECTs' initial expectations

By the end of the first year of their ECF-based induction programme, in all but one area at least half of ECTs felt their initial expectations had been completely or mostly met³⁰. The one exception was helping with career progression. This is arguably a longer-term goal and, thus, unlikely to have been met by the end of their first year of teaching.

The area with the highest proportion of ECTs reporting their expectations were met relates to mentoring – having non-judgemental guidance and constructive support – which was also considered the most important expectation for the induction programme among ECTs. For this aspect, by the end of the first year, 37% reported their expectations had been mostly met, and 39% reported they had been completely met. This was followed by having time to reflect on learning and experiences (42% mostly and 31% completely met) and gaining a deeper understanding of evidence-based good and best practice (46% mostly and 23% completely met). In general, ECTs in primary schools were more likely to have their expectations met than those in secondary schools, as were those who followed the undergraduate study pathway to teaching. Other differences noted were:

- ECTs working part-time were less likely than those working full-time to report their expectations had been met in relation to having time to reflect³¹, connecting with ECTs in other schools³², and in improving their subject and pedagogical knowledge³³.
- Those with a disability were less likely to report their expectations were met across most of the areas measured, with a significantly higher proportion compared with those not reporting a disability to report their expectations had not been met at all.
- ECTs from ethnic minority backgrounds were more likely than those identifying as white to report their expectations were met in terms of improving their confidence in teaching and also improving their subject knowledge, helping with career progression, understanding of evidence-based good practice, gaining specific school experience and improving skills in teaching SEND.

³⁰ The other answer categories are 'met to some extent', 'not at all met' or 'don't know'. The analysis was based on the responses to the mid-point survey restricted to the expectations reported in the baseline survey. This means we can explore at the individual level the extent to which expectations reported at the start have been met one year on.

³¹ 64% of those working part-time reported their expectation to have time to reflect on learning and teaching experiences had been mostly or completely met, compared with 73% of those working full-time.

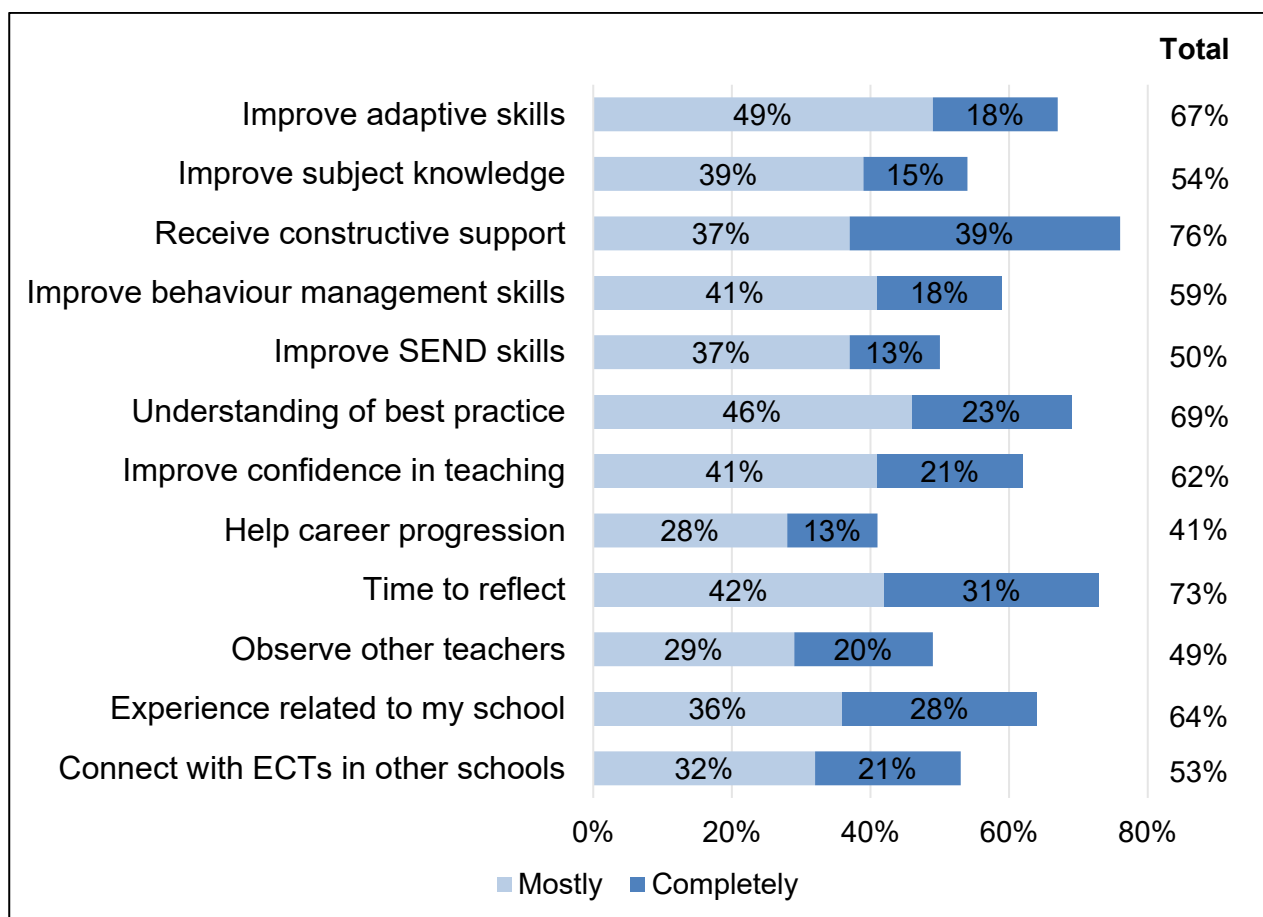
³² 34% of those working part-time reported their expectation to connect with ECTs in other schools had been mostly or completely met, compared with 54% of those working full-time. However, the base of part-time respondents here is small (N=49).

³³ 40% of those working part-time reported their expectation to improve their subject/pedagogical knowledge had been mostly or completely met, compared with 55% of those working full-time.

- Those with more than one mentor were more likely to report their expectations had been met in terms of improving their confidence in teaching, gaining specific school experience and opportunities to observe other teachers.

Generally, ECTs reported their expectations for induction had been mostly rather than completely met. This is perhaps to be expected as their induction was only part-way through by this point, so there is time for further improvements. However, a small group of ECTs reported not having their expectations met at all in the following areas: opportunities to observe other teachers (17%); improving subject or pedagogical knowledge (13%); and improving skills in the areas of special needs teaching (13%). This could indicate a mismatch between expectations and what the ECF-based induction has been designed to deliver. It could also suggest focus areas for the second year of induction, particularly around internal and external networking opportunities and for those working part-time or reporting a disability.

Figure 3: Whether ECTs' expectations were met



Note: The sum of the individual figures/bars is not necessarily the same as the given total due to rounding, this may differ by +/- 1%.

Base: ECTs who were registered on the provider-led training in the first term and who reported their expectations in the baseline survey.

Source: ECF induction survey wave 2

ECTs' changing expectations

ECTs expectations for their induction programme appeared to have increased and broadened over the first year. The proportion of ECTs reporting each potential benefit increased from that captured at the end of the first term³⁴ generally by ten or more percentage points. ECTs seem to be expecting more and are becoming more discerning as they progress through their induction programme. Initially, they would only have had their initial teacher training (ITT) experience as a reference point, but, one year on, they have some experience to draw on as well as feedback and insights of peers.

Table 3: Change in ECTs' expectations over time

Expectations	Baseline	Mid-point	Change
Improve my skills in adaptive teaching	72%	83%	+11 pts
Improve my subject/pedagogical knowledge	66%	80%	+14 pts
Having constructive and non-judgemental guidance and support	65%	79%	+14 pts
Improve my skills in behaviour management	66%	75%	+9 pts
Deeper understanding of evidence-based good and best practice	59%	74%	+15 pts
Improving skills in the areas of teaching SEND ³⁵ , CIN ³⁶ and EAL ³⁷ pupils	61%	74%	+13 pts
Improving my confidence in teaching	60%	73%	+13 pts
Helping my career progression	61%	73%	+12 pts
Time to reflect on learning and experiences	56%	72%	+16 pts
Opportunities to observe other teachers	57%	71%	+14 pts
Gaining experience related specifically to my school	43%	58%	+15 pts
Connecting with new/early year career teachers in other schools	40%	57%	+17 pts
Base (N)	7,572	2,981	-

Base: ECTs responding to the question at wave 1, and ECTs responding the question at wave 2, who were on provider-led programmes and were registered in the first term.

Source: ECF induction survey wave 1 and wave 2

³⁴ At the mid-point survey, ECTs were provided with the list of potential hopes

³⁵ Special Educational Needs and Disabilities

³⁶ Children in Need

³⁷ English as an Additional Language

Expectations of induction tutors

Induction tutors also reported their expectations for the benefits provider-led ECF-based induction would bring for their school and their ECTs. Towards the end of the first year, these had been mostly or completely met. Around two-thirds of induction tutors reported their expectations had been mostly or completely met for improving ECTs' adaptive teaching (64%) and improving ECTs' behaviour management skills (61%). These were areas where induction tutors' expectations were high and had increased over time. Other areas where induction tutors' expectations had been largely met included ECTs feeling better supported (74%), ECTs improving their confidence in teaching (67%), developing mentors to be more effective in supporting ECTs (67%), and raising the profile and importance of mentoring for ECTs (65%).

Other expectations may take longer to materialise, such as learning from the induction programme improving teaching more widely across the school or MAT. However, around one-half of induction tutors felt their expectations that the induction programme would improve the retention of ECTs in their school or MAT or in teaching had already been mostly or completely met (51% and 45% respectively) despite ECTs still being in the first year of their training.

As found for ECTs, the expectations of induction tutors increased over time (but not to the extent noticed for ECTs). The induction tutors interviewed hoped it would be a motivating experience and would allow for a smoother and easier transition to teaching for ECTs.

Training delivery

Training is rated highly, but, whilst mentors' views of ECT training remain largely unchanged or even improved slightly, ECT ratings have declined a little over time.

Activities undertaken

The provider-led induction programme involves a wide range of activities. Interviewees described how ECTs:

- were given access to an online learning platform where weekly videos and written materials (readings, reports and checklists) were made accessible;
- would undertake tasks, attend group sessions, and would participate in clinics and conferences;
- would take part in observations and weekly meetings with their mentor(s).

The combination of delivery methods was appreciated by mentors and ECTs. The trainers too were appreciated. The interviews highlighted how senior leaders, induction tutors, mentors and ECTs felt the trainers were professional, friendly, approachable and supportive, and reaffirmed ECTs' abilities and kept them 'on track'.

By the end of the first year, most ECTs had attended in-person training (either delivered face-to-face or virtually): 92% accessed live online training (up from 81% at the end of the first term) and 62% attended live in-person training (up from 49%). However, large group events, such as conferences, which are typically held at the start of the year, were still relatively uncommon (just 22% had been involved in one). These findings suggest a shift over time towards more interactive elements, which feedback from the interviews indicated was much preferred. This could reflect the plans of delivery partners to increase these forms of delivery over time but is likely to reflect practical challenges earlier on with restrictions due to COVID (and indeed face-to-face training requirements were relaxed by the DfE during this period).

ECT reflections on training

Towards the end of their first year of induction, ECTs reflected on the training elements of their induction, and were mainly positive³⁸. Those in primary settings continued to be more positive than those in secondary settings³⁹. Across all the measured aspects of training delivery and content, those who rated the training as good outweighed those who rated it poorly, in most cases by at least twice as many⁴⁰.

- They were most positive, with at least three fifths of ECTs rating their training as good (very or fairly good), about: ease of access to platform and digital resources (70%), opportunity to practise skills (66%), quality and content of training and resources (61%), and monitoring of participation and progress (61%).
- Around half rated their training as good for its structure and sequencing (57%), opportunities to network and interact with other ECTs (49%), and flexibility in training dates and times (48%).
- The lowest rating was for tailoring of the training to my school context and to my teaching needs (44% rated this as quite or very good, but 35% rated this as very or quite poor).

Compared with ratings at the end of the first term, ECTs' ratings for many elements declined a little. This is to be expected as individuals engage more fully with the programme and (as indicated above) their expectations grow.

³⁸ Respondents could rate the training aspects as very good, quite good, neither poor nor good, quite poor, very poor, or don't know.

³⁹ This was also reflected in induction tutors' and mentors' ratings of how the provider-led training was working for ECTs.

⁴⁰ The exception was tailoring of training to my school context and individual needs.

Potential frustrations

The largest falls in positive ratings for ECTs were found for the structure and sequencing of the programme, the tailoring of the programme, and opportunities to practise skills. This could indicate growing frustrations with these aspects of the induction training for some participants. This fall in positive ratings was a pattern also found for induction tutors' ratings of the ECT training⁴¹. Insights from the interviews with ECTs, mentors and induction tutors indicated that these aspects are inter-related. Frustrations were described with the perceived inflexibility of the structure and content of the training, particularly the ordering of modules, which meant the programme was not able to respond to ECTs immediate needs, confidence or skill levels or to the school context and school year. Some interviewees also felt there was little accommodation for flexing or tailoring to take account of prior experience or ECTs phase or specialism.

Another frustration that emerged in the interviews with ECTs was that the content of the training was too repetitive. It was felt to cover aspects of their ITT, things covered in school or repeated within the training itself, and there was an expectation for new content. This could indicate a lack of understanding or explanation of the spiral learning approach⁴² used in some of the provider-led programmes. This was also reflected in the survey findings where two-thirds of ECTs (64%) reported that too much is repeated from their ITT content, up from 50% who felt this way after the first term⁴³. The survey also found while the majority of ECTs still considered the balance of the content of their training to be about right (50%), just over one-third thought there was too much theory and too little applied content (37%)⁴⁴. This represented an increase over time (up from 27% captured at the end of the first term).

In contrast, ratings for onboarding⁴⁵ of ECTs (among induction tutors) and ease of accessing platforms and digital materials increased over time for induction tutors and ECTs. This was an area of challenge identified early in the national roll-out. Lead providers and the Department have been working to improve access, guidance and support which could be reflected in these survey findings.

⁴¹ Good (very or fairly good) ratings for sequencing and structure fell from 71% to 61%, and for tailoring to the school context and ECT needs fell from 40% to 33% between the two surveys.

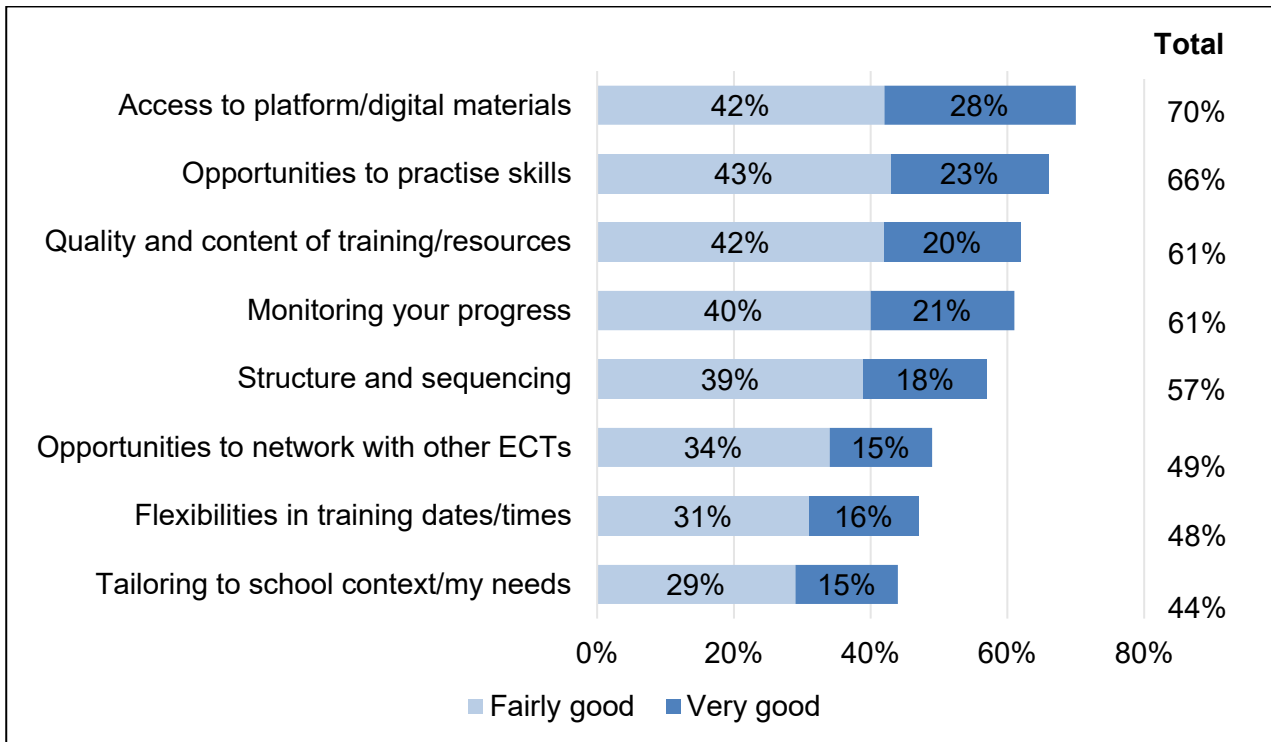
⁴² Spiral learning is a training method based on the premise that an individual learns more about a subject each time the topic is reviewed or encountered.

⁴³ Additionally, 30% felt the content was about right (down from 41% found in the baseline survey), 3% felt not enough was linked to their ITT content (no change from the baseline survey), and 4% don't know (down from 6% in the baseline survey). The proportion feeling their provider-led training had been too reminiscent of their ITT was higher in secondary schools than primary schools (70% compared with 58%).

⁴⁴ A further 3% felt there is too much applied content or too little theory (2% at the baseline survey), and 10% didn't know (11% at the baseline).

⁴⁵ Onboarding is often defined as the process in which a new employee gains the knowledge and skills they need to become effective members of an organisation, but in this context it refers to registering and getting started with the induction programme.

Figure 4: ECTs' positive ratings of training delivery



Note: the sum of the individual figures/bars is not necessarily the same as the given total due to rounding, this may differ by +/- 1%.

Base: ECTs on provider-led training and were registered in the first term and who provided a response to the survey question (based on all responses, includes don't knows).

Source: ECF induction survey wave 2

Table 4: Change in positive ratings of ECTs for their training delivery over time

	Good*	Good*	Good*	Very Good	Very Good	Very Good
Aspects of training delivery	Baseline	Mid-point	Change	Baseline	Mid-point	Change
Ease of access to platform and digital materials	66%	70%	+4 ppts	29%	28%	-1 ppt
Opportunities to practise skills	72%	66%	-6 ppts	30%	23%	-7 ppts
Quality and content of the training and resources	66%	61%	-5 ppts	26%	20%	-6 ppts
Monitoring your progress	66%	61%	-5 ppts	26%	21%	-5 ppts
The structure and sequencing of the programme	65%	57%	-8 ppts	25%	18%	-7 ppts
Opportunities to network and interact with other new teachers	48%	49%	-1 ppts	17%	15%	-2 ppts
Flexibility in training dates and times	50%	48%	-2 ppt	18%	16%	-2 ppts
The tailoring of training to my school context and my teaching needs	51%	44%	-7 ppts	20%	15%	-5 ppts
Base (N)	7,572	2,981	-	7,572	2,981	-

*Includes very good and fairly good

Base: ECTs on provider-led training and were registered in the first term who provided a response to the survey question (based on all responses, includes don't knows).

Source: ECF induction survey wave 1 and wave 2

Mentor reflections on training

Mentors also provided their views on how well the training was working for ECTs. Their views remained largely unchanged or even improved slightly over time. Mentors continued to rate ECTs' opportunities to practise skills afforded by the programme more highly than both induction tutors and ECTs (74% rating this as good). They also rated the programme highly for responding to any challenges or problems experienced by ECTs⁴⁶ (61%⁴⁷ rating this as good). However, at the end of the first year the proportion of mentors who considered there to be too much theory/too little applied content in the training for ECTs had risen to 44% (up from 39%) and was almost equal to the proportion who thought the balance was about right (46%).

⁴⁶ This was a new question added to the wave 2 survey.

⁴⁷ This is based on valid responses only, as 8% reported 'don't know'.

A key part of the ECF-based induction is the mentor role and training for mentors (forming part of the new entitlement for statutory induction), so mentors also rated their own training and how well it was working for them. For many aspects of their mentor training, mentors' views were strongly positive and became more positive over time. One year into their training and the ECF-based induction programme, mentors were most positive about the knowledge and expertise of trainers (69% rating this as good), access to platform and digital materials (67% rating this as good), and the quality and content of the training and resources (60% rating this as good). The lowest ratings were found for the tailoring of mentor training to their school context and their individual needs as mentors and more rated this poorly than rated it as good (37% rated this as poor compared to 34% rating this as good). Feedback gathered from the interviews also found mentors felt their training could or should be more tailored to their needs and experience, particularly as mentors in the early stages of the national roll-out tended to be experienced staff. This suggests that as the Department and the lead providers look at flexibilities of training for ECTs, they also perhaps need to consider flexibilities for mentors.

Table 5: Change in positive ratings of mentors for their training delivery over time

	Good*	Good*	Good*	Very Good	Very Good	Very Good
Aspects of training delivery	Baseline	Mid-point	Change	Baseline	Mid-point	Change
Knowledge/expertise of trainers	67%	69%	+2 ppt	29%	30%	+1 ppt
Ease of access to platform and digital materials	59%	67%	+8 ppts	21%	28%	+7 ppts
Quality and content of the training and resources	60%	60%	0	20%	21%	+1 ppts
The structure and sequencing of the programme	54%	55%	+1 ppt	16%	18%	+2 ppts
Opportunities to practise skills	51%	53%	+2 ppts	13%	15%	+2 ppts
Providing me with new knowledge and training content not encountered before**	-	53%	-	-	17%	-
Flexibility in training dates and times	40%	42%	+2 ppts	11%	13%	+2 ppts
Opportunities to network and interact with other mentors	37%	41%	+4 ppts	8%	11%	+3 ppts
Respond to my training needs**	-	40%	-	-	12%	-
The tailoring of training to my school context and my needs	35%	34%	-1 ppt	9%	10%	+1 ppt
Base (N)	7,028	2,740	-	7,028	2,740	-

*Good includes fairly good and very good.

**Not asked in wave 1 survey.

Base: Mentors on provider-led training and were registered in the first term who responded to the question (based on all responses, includes don't knows).

Source: ECF induction survey wave 1 and wave 2

Mentoring

Mentoring is considered the key success factor for induction but does have some practical challenges.

Mentoring is highly valued. It is seen as key to the success of the ECF-based induction programme and is working well. The mentors supporting the first cohort of ECTs through their induction are highly experienced. Over two-thirds of mentors had some experience of mentoring⁴⁸ and most recognised the importance of effective mentoring⁴⁹. The interviews highlighted how mentors for the national roll-out were chosen for their experience (for example, previously supporting newly qualified teachers NQTs) and interest in the role. It is their experience as well as their strong alignment to their ECTs' needs (achieved through matching by key stage and/or subject specialism⁵⁰) that is considered to be key to the success of mentoring.

ECTs confidence in their mentors

ECTs and mentors in schools undertaking the provider-led approach continued to be positive about their relationship with their mentor, and mentors were a key source of support for ECTs (to go to with any queries or concerns). After almost one year of their induction, 94% of ECTs considered their relationship as good, including 80% who regarded it as very good; and this remained largely unchanged from ECTs ratings after one term (96% rating it as good, including 82% rating it as very good). Similarly, 98% of mentors considered their relationship with their mentee(s) as good, including 86% rating it as very good (97% and 82%, respectively at the end of the first term).

The interviews confirmed that mentoring is widely valued. ECTs rated their mentors highly and felt well supported and listened to, and they particularly valued the weekly check-ins. The professional relationship between the mentor and their ECT was thought to be pivotal to the success of the ECF-based induction. This was described as a relationship where individuals could be challenged and stretched but also provided a safe space to expose concerns. The feedback indicated how the mentor role, therefore, took many forms: coach, sounding board, trainer, confidante, facilitator and advocate.

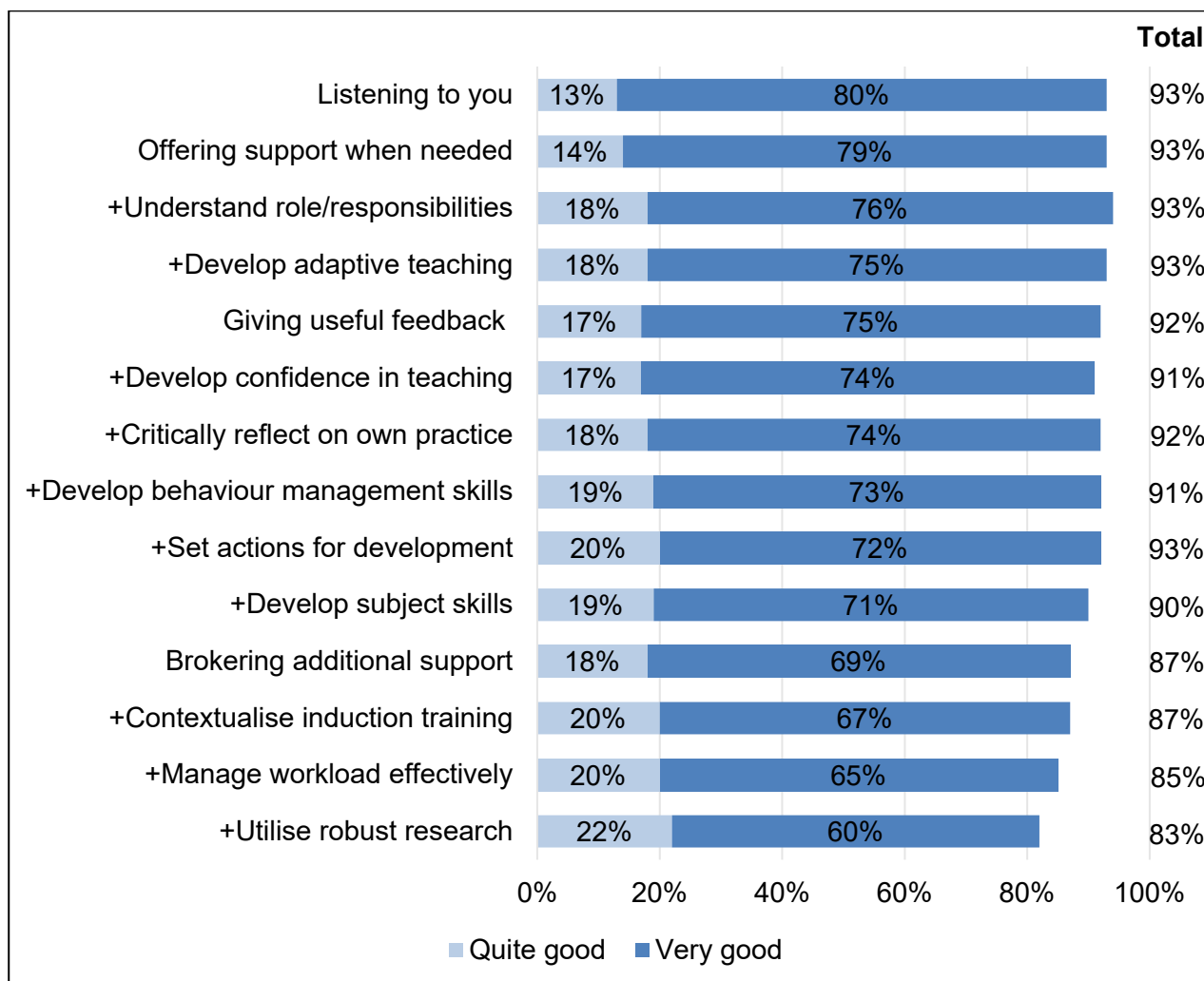
⁴⁸ 69% of mentors captured in the baseline survey.

⁴⁹ 85% of mentors reported a reason for taking on the mentor role was in recognition of supporting ECTs and sharing their teaching practice, captured in the baseline survey; and 86% hoped that their involvement in the ECF-based induction programme would enable them to support ECTs more effectively, captured at the mid-point survey.

⁵⁰ Most ECTs were matched to their mentors by key stage or subject. The small group of ECTs (N=83) in the mid-point survey who were not matched in this way were less likely than those who were matched to describe their mentor-mentee relationship as good (77% compared with 95%).

The survey, conducted towards the end of the first year, found that ECTs remained confident in their mentors' abilities. Across the measured aspects, 60% to 80% of ECTs rated the help and support of their mentors as very good. This ranged from 60% rating their mentors' abilities in helping them utilise research to inform teaching as very good, to 80% rating as very good their mentors' abilities in listening to them.

Figure 5: ECTs' positive ratings of their mentors' help and support



+ Indicates the additional words 'helping you to'.

Note: The sum of the individual figures/bars is not necessarily the same as the given total due to rounding, this may differ by +/- 1%.

Base: ECTs on provider-led training and were registered in the first term who provided a response to the survey question (based on all responses, includes don't knows).

Source: ECF induction survey wave 2

ECTs tended to have more confidence in their mentors' abilities than mentors did themselves. However, over the first year of the provider-led training, mentors' confidence in their abilities to guide and support ECTs did increase. Increases were noted in all areas, with the proportion of mentors rating themselves as very confident rising by

between two and five percentage points. The greatest increase (of five percentage points) was found for confidence in giving feedback that is clear, constructive and timely.

Conversely, ECTs' ratings of mentor abilities fell somewhat over time. After almost one year of their induction, ECTs were marginally less positive about their mentors' performances than at the end of the first term (albeit from a very high baseline). With each of the measured aspects rated as very good falling by one to five percentage points. Additionally, while the vast majority of ECTs felt their mentors were very supportive of their participation in the ECF-based induction (81%), this too had fallen from 86% reported after the first term⁵¹. This could suggest that ECTs' needs are changing as the induction progresses, relates to their rising expectations, or could reflect some practical challenges around mentoring.

⁵¹ The question asked was 'How supportive of your participation in the ECF-based induction programme is your mentor', and potential answers were: not at all supportive (1%), not very supportive (2%), quite supportive (15%), very supportive (81%), and don't know (1%).

Table 6: Change in positive ratings of ECTs for their mentors' abilities to guide and support them over time

	Good*	Good*	Good*	Very Good	Very Good	Very Good
Mentor abilities	Baseline	Mid-point	Change	Baseline	Mid-point	Change
Helping you to adapt your teaching practice	95%	93%	-2 ppts	78%	75%	-3 ppts
Helping you to develop your behaviour management skills and strategies	95%	91%	-4 ppts	77%	73%	-4 ppts
Helping you to develop your skills in teaching your subject	91%	90%	-1 ppt	73%	71%	-2 ppts
Helping you to develop your confidence in teaching	93%	91%	-2 ppts	78%	74%	-4 ppts
Helping you to utilise robust educational research to inform your teaching	84%	83%	-1 ppt	61%	60%	-1 ppt
Helping you understand your role and responsibilities	95%	93%	-2 ppts	79%	76%	-3 ppts
Helping to contextualise the induction training	89%	87%	-2 ppts	68%	67%	-1 ppt
Helping to set actions for development	95%	93%	-2 ppts	77%	72%	-5 ppts
Helping you to critically reflect on your own practice	94%	92%	-2 ppts	77%	74%	-3 ppts
Helping you to manage your workload effectively	88%	85%	-3 ppts	68%	65%	-3 ppts
Giving you useful feedback (clear, concise and timely)	94%	92%	-2 ppts	79%	75%	-4 ppts
Offering support when needed	95%	93%	-2 ppts	82%	79%	-3 ppts
Brokering additional support/input of others with specialist expertise where appropriate	89%	87%	-2 ppts	70%	69%	-1 ppt
Listening to you	95%	93%	-2 ppts	84%	80%	-4 ppts
Base (N)	7,572	2,981	-	7,572	2,981	-

*Good includes fairly good and very good.

**Not asked in wave 1 survey.

Base: ECTs on provider-led training and were registered in the first term who responded to the question (based on all responses, includes don't knows).

Source: ECF induction survey wave 1 and wave 2

Practical challenges for mentors

A key practical challenge for mentors was their workload. Mentors are required to undertake ECF-based mentor training and regularly meet with their ECTs, but they also need to prepare for these meetings. Mentors still appeared to prioritise their mentoring responsibilities to their ECTs (particularly the weekly sessions) over their own training. The research found that many mentors had multiple and competing responsibilities which added to their workload:

- Many had a dual role in the induction process. Analysis of DfE teacher CPD digital service data found that in 28% of schools (across all programme types) the registered induction tutor was also registered as a mentor. Interviewees raised concerns that this could potentially lead to role conflict, particularly if an ECT was struggling or performing poorly.
- Most had a leadership role within their department, school or MAT. The survey indicated that 71% of responding mentors had a leadership role, which could create additional burdens.
- Most had teaching responsibilities. The survey found that 72% had a full teaching load for their working pattern -- they taught all the timetabled hours they were in school (when not involved in mentoring training or supporting ECTs)⁵².

Also, mentors could have multiple mentoring responsibilities.

- Towards the end of the first year, just over one in five (22%) mentors had more than one ECT⁵³, and this represented a substantial increase from 12% found at the end of the first term. This suggests that some mentors are taking on more ECTs - 10% towards the end of the first year were mentoring an ECT who started after the first term (referred to in this report as a later registrant) and would be following a different training timetable (likely to be the same timetable only at a different stage). It is to be expected that ECTs starting later could be assigned by their schools to an existing mentor as they will have already started the mentor training and have a good insight into the ECT journey. Mentors with more than one ECT reported spending more time in formal structured mentoring than in informal sessions (which is opposite to the general pattern). This suggests that, with multiple mentees, these mentors need to manage their time more carefully through more structured formal sessions⁵⁴.

⁵² The survey found higher satisfaction with the induction programme among mentors with no teaching responsibilities at all (69% are satisfied compared with 52% who teach regular classes). This may be partly driven by a perception that schools are not giving them all the time off timetable they need for mentor training and ECT support (reported by 31% and 32% of mentors with a full teaching load, compared to 13% and 11% of those with no teaching responsibilities).

⁵³ The research found that one-to-one mentoring was the norm, but at both the baseline and the mid-point survey after one year, 22% of ECTs had more than one mentor. The interviews indicated that ECTs with multiple mentors had a mentor for subject support and others for more general support.

⁵⁴ This was also the case for mentors that were not matched by key stage or subject to their ECT.

- 17% of mentors were also supporting ITTs.
- 19% were also mentoring other staff.

There had been some changes in mentoring arrangements during the first year of the national roll-out, which could have created challenges for mentors and ECTs but may have created some opportunities too. At the end of the first year one in ten (10%) ECTs reported having a different or additional mentor. This change was most commonly caused by the mentor leaving the school permanently or temporarily, and less commonly because mentors had difficulties coping with the workload alongside their other responsibilities. A very small group of mentors reported that they were no longer mentors (3%)⁵⁵; additionally, 2% reported they had stopped mentoring at least one of their ECTs, although were continuing to mentor someone; and 5% reported taking on a new mentee.

The interviews also indicated that the workload for mentors was a challenge, and for some this was described as huge. The workload was seen to stem from the normal expected practice of mentoring but could be exacerbated by having to arrange extra professional development opportunities for their ECTs over and above that relating to ECF-based induction⁵⁶. Mentors, induction tutors, senior leaders and ECTs provided further insights into the practical challenges for mentoring. These included:

- keeping up with the volume of work required;
- gaining sufficient familiarity with the resources to lead their ECTs through the programme;
- challenges using delivery partner websites/platforms to search for and find the information they need; and
- difficulties finding enough time for mentoring (not just for the weekly meetings but also to prepare for the meetings) and their training.

Reflecting the survey findings, interviews confirmed how mentors were often senior staff, tended to be very busy, and were coping with many sector-wide pressures. This meant it could be difficult for them to prioritise mentor training, especially with no prompts to remind them. The interviews also highlighted how tight timetabling could make it difficult to find corresponding non-teaching time for both the ECT and mentor, and to find time to observe lessons. Indeed, it was noted how expectations around observations were greater than expected and could be difficult to arrange in practice, particularly to observe

⁵⁵ For this group the survey was then closed, and they do not appear in any subsequent analyses.

⁵⁶ This included additional school induction activities (particularly if the provider-led training is considered too generic), subject enhancements such as literacy in primary schools, CPD offered to wider staff relating to the school context such as SEND-specific training, and generally 'topping up' with additional support as and when needed by the individual ECT. The survey also found that 80% of ECTs reported their school provided training or development for them in addition to their ECF-based induction programme. Most commonly this focused on assessment and moderation, behaviour management, adapting teaching, safeguarding, SEND, and curriculum planning.

different lessons, if classrooms are not close to each other, or if the mentor worked part-time.

Suggestions and examples of how schools and participants themselves are working to overcome the practical challenges of mentoring were gathered from the interviews, case studies and mentor workshop. These included allocating and protecting additional time for mentoring and/or making the best use of mentors' time, such as ring-fencing time for mentoring, giving two hours a week for preparation as well as training, having an additional free period specifically for mentoring, bringing mentors in the school together in additional CPD sessions to help with their preparation, providing mentoring support after school hours, and freeing up mentors' time by using ITT resources to cover classes. Mentors also described using technology to support them, including using the functionality in the lead provider learning platforms to make notes of their meetings and the topics covered and recording ECTs rather than needing to always do live observations.

Workload

The perceived workload for mentors is high but has decreased over time.

Workload of ECTs

Workload remained an issue for ECTs, and part-way through their induction ECTs were still more likely to find it difficult (45%) than to find it easy (26%) to manage to spend time on their ECF-based induction programme alongside their teaching workload. This had not changed from their assessment at the end of the first term. Some ECTs in the interviews 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. Overall, ECTs were less likely to feel they struggled with workload than their mentors.

Workload of mentors

The workload of mentors was a concern shared by participants in the provider-led ECF-based induction, and some mentors described their experience of the induction programme so far as 'time-consuming'⁵⁷. Induction tutors were particularly concerned by the workload of mentors (some of whom were themselves mentors, so had first-hand experience), and three in five induction tutors (63%) considered the workload of mentors was too much. Towards the end of the first year, much of the training and self-directed

⁵⁷ The mid-point survey asked participants to sum up their experience to date in one word. The most common words reported by mentors were time-consuming, frustrating, good and interesting.

study undertaken by mentors was undertaken during their own time⁵⁸; whereas their mentoring tasks tended to take place during their ECT's PPA⁵⁹/ECT time⁶⁰, but a substantial group (two in five) did this in their own time or during their breaks. Indeed, mentors continued to engage with their ECTs at a range of times and this suggests that mentors are not necessarily settling into a more consistent pattern or preferred time, and instead remain flexible to respond to their mentees needs.

For both training and mentoring, a much larger group of mentors found it challenging to balance their ECF-based induction programme commitments alongside their workload than found it easy. This reflected findings that although most had time off timetable to do their training, many felt it did not cover all the necessary time⁶¹, and felt that the amount of time required to spend on mentor training was too much⁶². However, compared with experiences reported at the end of the first term, there appeared to be a shift towards things easing over time.

- The majority of mentors (61%) still found it difficult managing to spend the time they needed on their mentor training⁶³ alongside their teaching workload (and this was much higher than found for ECTs), but this was down from 73% at the end of the first term⁶⁴.
- A sizable group (44%) found it difficult to spend the time they needed to support their ECTs alongside their teaching workload⁶⁵, but again this represented a fall from the 54% reporting this during the first term.

Some easing of mentor workload over time

Comparing their responses at the two time points, at the end of first year, one-third found it easier to spend the time they needed to on training (33%) and on mentoring (33%) than before⁶⁶. This could suggest that for some mentors, as they gain more familiarity with their mentor responsibilities, their ECT and the induction programme (reflecting their increased awareness and understanding of the programme content noted above), they

⁵⁸ 61% reported this, followed by 48% who reported using time on school premises before or after core student hours to undertake their mentor training.

⁵⁹ Planning, Preparation and Assessment. Since 2005, all teachers have been entitled to time away from their classroom for PPA activity.

⁶⁰ 65% reported this. followed by 58% who reported using time on school premises before or after core student hours to engage with their ECTs.

⁶¹ 68% of mentors reported their school had given them time off timetable for mentor training, but 37% did not think their school was allowing sufficient time during non-contact time within school hours.

⁶² 55% reported this in the baseline and the mid-point survey.

⁶³ Mentor training includes in-person training and self-directed study.

⁶⁴ Comparing individual mentors' responses at the baseline and mid-point, 33% found it easier to find time for their mentor training and 33% found it easier to find time for mentoring (compared with 18% and 20% finding it more difficult).

⁶⁵ This includes formal and informal support.

⁶⁶ This analysis was undertaken at an individual level, for 18% it had become more difficult to find time for training (for 49% there was no change), and for 20% it had become more difficult to find time for mentoring (for 46% there was no change).

feel better able to balance their commitments or more confident to build in flexibilities to accommodate their other commitments (as indicated by the interviews). It could also suggest that the training is designed so that the requirements are greater at the start of the programme and reduce over time. However, finding the time for training, in particular, is still difficult for mentors, so further reductions in training requirements would be welcomed, particularly by experienced mentors.

Table 7: Change in perceptions around managing workload over time

	Difficult*	Difficult*	Difficult*	Easy**	Easy**	Easy**
Managing workload	Baseline	Mid-point	Change	Baseline	Mid-point	Change
ECTs: manage to find the time you need on the ECF-based induction programme alongside your teaching workload	45%	45%	0	24%	26%	+2 ppts
Mentors: manage to find the time you need on the mentor training alongside your teaching workload	73%	61%	-12 ppts	6%	11%	+5 ppts
Mentors: manage to find the time you need to support ECTs alongside your teaching workload	54%	44%	-10 ppts	16%	21%	+5 ppts

*Difficult includes quite difficult and very difficult.

**Easy includes quite easy and very easy.

Base: ECTs and mentors on provider-led training and were registered in the first term who responded to the question.

Source: ECF induction survey wave 1 and wave 2

Workload of induction tutors

The majority (75%) of induction tutors felt the workload expected of them is about right, and induction tutors also reported some easing over time in managing the provider-led ECF-based induction in their schools. At the end of the first term, 55% felt it had been easy for their school to use the DfE teacher CPD digital service (Manage Training for Early Career Teachers); towards the end of the first year, this had increased to 64%. Similarly, 57% found overall administration of the induction easy; towards the end of the year, this had increased to 68%. This suggests that initial teething problems with the

digital system and getting to grips administering a new programme were being overcome at this point, although some⁶⁷ induction tutors were still struggling.

Time commitment

The time commitment required is still an issue for ECTs despite the time spent on key aspects falling over the year.

ECT time spent on induction activities

Towards the end of the first year of the national roll-out, and part-way through their induction programme, there are still signs that ECTs were struggling to find the time they needed, and the time commitment required was still considered an issue, particularly for self-directed study. This was despite the average time spent on induction programme activities falling over time, that most (96%) schools offered ECTs their full entitlement to time off-timetable⁶⁸ and, of these, half (48%) offered additional time off timetable on top of their statutory entitlements (particularly those in primary schools)⁶⁹. At the end of the first year, ECTs reported (over a period of four weeks⁷⁰) an average of 4.89 hours spent in self-directed study, 2.92 hours spent on in-person training, 4.03 hours on formal mentoring, and 3.84 hours on informal support. Each was lower than the average at the end of the first term. This suggests that the induction programme requires more input earlier on or that, over the year, participants and delivery partners have settled on a level of input as they become more familiar with the programme and its requirements; yet for many this is still considered to be too great.

The proportion of ECTs who felt the time commitment for both in-person training and self-directed study was too much increased from 29% to 37% for live training (including face-to-face and virtual training) and from 39% to 47% for self-directed study; and was highest in secondary schools⁷¹. At the end of the first year, more ECTs thought they were expected to spend too much time on self-directed study than thought it was about right

⁶⁷ 28% of induction tutors found it quite or very difficult to use the Manage Training for Early Career Teachers service, and 29% found it quite or very difficult managing the overall administration.

⁶⁸ During the first year of induction, ECTs are entitled to 10% of their regular teaching hours off timetable

⁶⁹ Of the induction tutors in the mid-point survey who reported that their school offers ECTs their full entitlement to time off timetable, 48% of also reported offering ECTs additional time (this equates to approximately 46% of all induction tutors): including 29% who reported offering it to all their ECTs. This rises to 53% and 33% in primary schools compared to 37% and 20% in secondary schools.

⁷⁰ ECTs and mentors were asked about the hours in total spent over the previous four weeks of term time spent on various induction 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.

⁷¹ 44% of ECTs in secondary schools felt the amount of time for in-person training was too much and 52% of ECTs in secondary schools felt the amount of time for self-directed study was too much; the equivalent figures for ECTs in primary schools were 29% and 43%.

(47% compared with 43%). This contrasted with just 10% of ECTs who felt the amount of formal structured time they spend with their mentor(s) was too much⁷².

Table 8: Average time spent on induction activities over 4 week period (hours)

	ECTs	ECTs	Mentors	Mentors
Induction activities	Baseline	Mid-point	Baseline	Mid-point
In-person training	3.19	2.92	4.35	3.82
Self-directed study	5.02	4.89		
Formal mentoring	4.63	4.03	4.71	4.32
Informal mentoring	4.23	3.84	4.11	3.61

Base: ECTs and mentors on provider-led training and were registered in the first term who responded to the question.

Source: ECF induction survey wave 1 and wave 2

Mentor time spent on induction programme activities

The average time mentors spent on induction programme activities also fell over the year. Towards the end of the first year, mentors reported an average of 3.82 hours over a four week period spent on their own training (down from 4.35 hours over a four week period in the first term). However, the majority still regarded the time they were required to spend on their mentor training was too much (55%, this remained unchanged from the findings during the first term), and it was higher among more experienced mentors. Mentors tended to feel they needed more time off timetable for their training than was given, and over a quarter of mentors (29%⁷³) towards the end of the first year of their training reported that their school had not given them any time off timetable for their mentor training. The findings suggest a continued mismatch at around the mid-point of the programme between mentors' perceptions of what they need compared with what their schools feel they should be getting, and that things are most challenging in secondary schools. Mentors' perceptions about the amount of time given for induction programme activities and the sufficiency or otherwise of this time are important as they are likely to affect satisfaction with and enthusiasm for induction.

The time commitment required and made available for mentoring was less troubling for participants and reflected the value ECTs and mentors place on mentoring. Mentors tended to feel slightly better served in terms of the time allowed by their schools for mentoring than for their mentor training⁷⁴, and the majority (64%) of mentors considered

⁷² Whereas 74% of ECTs felt this was about right, and 11% felt this was too little.

⁷³ 22% mentors reported that their school is giving them time off timetable for training and it covers all necessary time, 22% reported that it is doing so and it covers most of the time they need, and 25% reported it covers some of the time they need and not the majority of it.

⁷⁴ 57% of mentors reported their school is allowing sufficient time during non-contact time within school hours for mentoring, this compares with 48% who reported this for mentor training.

the amount of time they were required to spend with each of their ECTs was about right⁷⁵. Similarly, the majority of ECTs (74%) considered the amount of formal structured time they spent with their mentor(s) was about right⁷⁶.

Satisfaction

Participants feel positive about their induction experience, but ECTs are now less positive than they were at the start.

Measuring satisfaction

Looking across all ECTs and all measured aspects, ECTs positive attitudes towards their induction appear to have fallen over time, from the first term to the end of their first year of their programme. Satisfaction was measured in terms of:

- perceived helpfulness to ECTs;
- participants enthusiasm for the programme; and
- explicitly their satisfaction to date with programme.

Mentors were more positive than ECTs, and their views were fairly static over time. This could be explained by their greater experience. Mentors will have experienced their own induction, and many have also supported previous new teachers, so they have a reference point to make their assessments of the current induction programme.

Participants' ratings of their induction experience

More ECTs were positive about their induction programme than were negative; however, ECTs towards the end of their first year were less positive than at the start of their induction programme.

In terms of helpfulness (scored from 0 representing "not at all helpful" at all to 10 representing "helped a great deal"), 38% of ECTs rated their induction programme highly⁷⁷, but this was a slight decrease from 42% who rated it highly at the end of their first term⁷⁸. This hides some movement at the individual level, where towards the end of the first year 30% of ECTs gave their induction a higher score for helpfulness than at the start, and 40% gave it a lower score. ECTs ratings contrast with those of mentors and

⁷⁵ 24% of mentors considered it to be too much and 7% too little. The figures were largely unchanged from those found in the baseline survey of 63%, 26% and 8%.

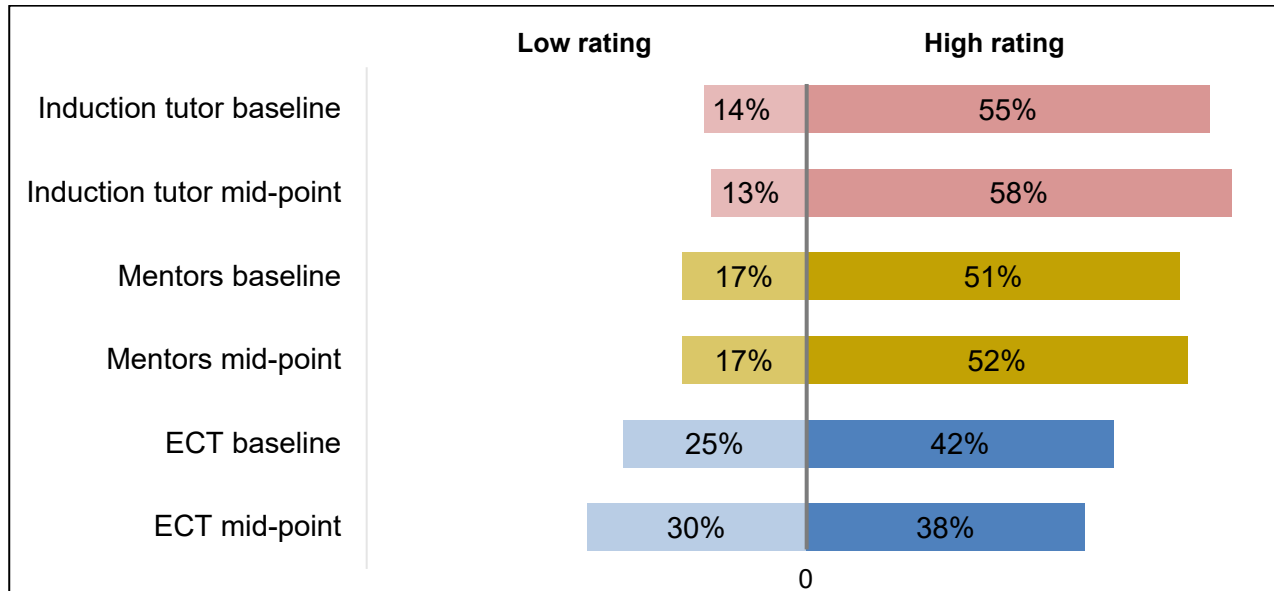
⁷⁶ 10% of ECTs considered it too much and 11% considered it too little.

⁷⁷ Rating it at least 7 out of 10.

⁷⁸ 30% of ECTs rated it poorly (3 or less out of 10), up from 25% in the baseline survey.

induction tutors, where 52% of mentors and 58% of induction tutors rated the helpfulness of induction for ECTs highly.

Figure 6: Helpfulness of the ECF-based induction programme for ECTs



Note: A low rating are scores from 0 to 3, and a high rating are scores from 7 to 10, based on a 10-point scale. Percentages for ratings between 4 and 6 are not shown.

Base: ECTs, mentors and induction tutors on provider-led training and were registered in the first term who responded to the question.

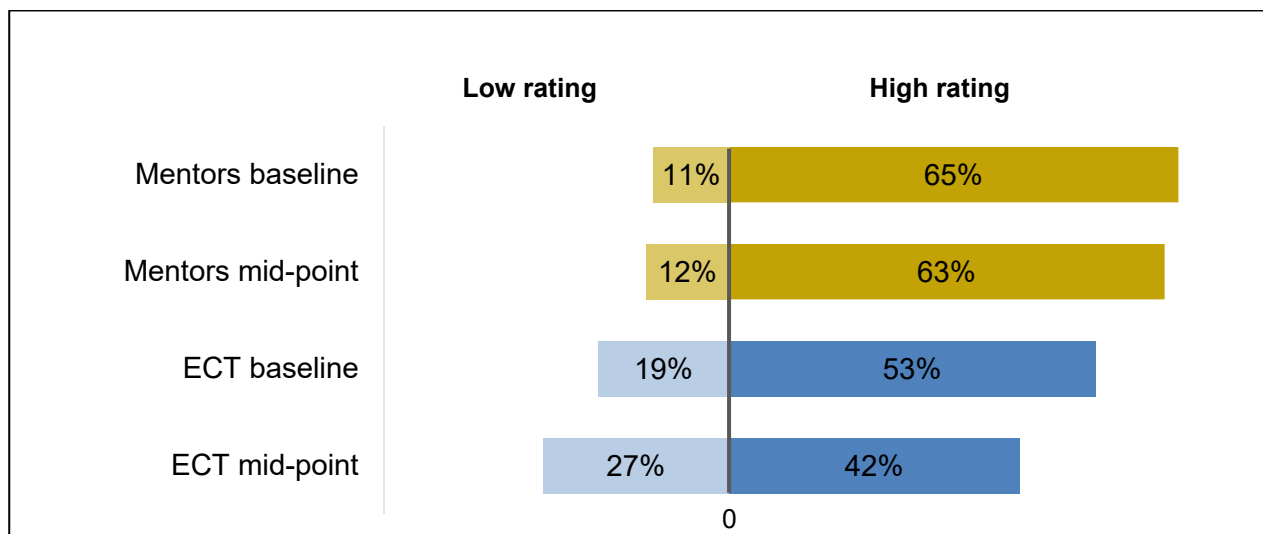
Source: ECF induction survey wave 1 and wave 2

In terms of enthusiasm for their induction programme (scored from 0 representing “not at all enthusiastic” to 10 representing “very enthusiastic”), two in five ECTs (42%) rated themselves as strongly enthusiastic⁷⁹, but this fell more sharply from 53% rating their enthusiasm highly at the end of their first term⁸⁰. Again, looking at individuals’ enthusiasm and how this changed over time, 22% had become more enthusiastic but 49% had become less enthusiastic over the first year. Mentors were more enthusiastic about their participation in the ECF-based induction programme than their school had chosen than ECTs, with 63% rating themselves as strongly enthusiastic.

⁷⁹ “Strongly enthusiastic” represents a rating of at least 7 out of 10.

⁸⁰ 27% of ECTs rated it poorly (3 or less out of 10), up from 19% in the baseline survey.

Figure 7: Enthusiasm for taking part in the ECF-based induction programme



Note: A low rating are scores from 0 to 3, and a high rating are scores from 7 to 10, based on a 10 point scale. Percentages for ratings between 4 and 6 are not shown.

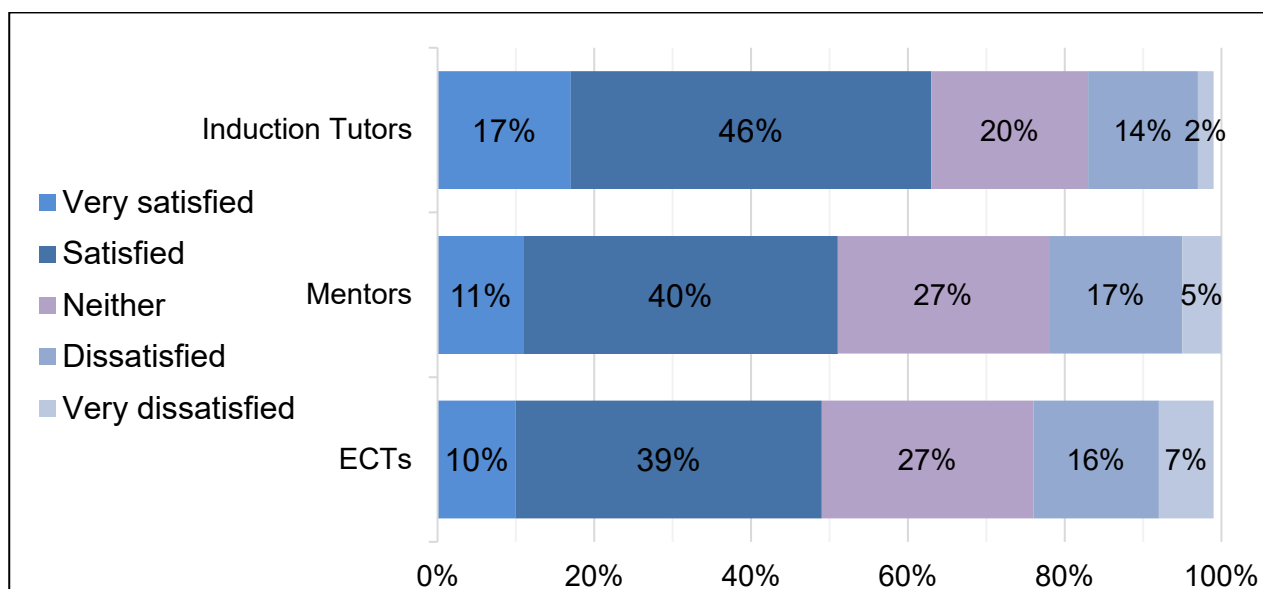
Base: ECTs and mentors on provider-led training and were registered in the first term who responded to the question.

Source: ECF induction survey wave 1 and wave 2

Towards the end of the first year, part-way through their ECF-based induction, ECTs were asked about their overall satisfaction with their induction programme⁸¹. Half of ECTs were satisfied (49%, including 10% who were very satisfied), twice as many as those who were dissatisfied (23%) with their induction programme. ECTs' satisfaction ratings were very similar to those of mentors. Satisfaction levels among ECTs were highest for those in primary settings.

⁸¹ ECTs were not asked to rate their satisfaction with their induction at the baseline survey (during the first term) as it was considered too early for them to make a considered judgement.

Figure 8: Overall satisfaction with induction



Base: ECTs, mentors and induction tutors in schools with provider-led training and were registered in the first term who provided a response to the survey question.
Source: ECF induction survey wave 2

It is worth noting that ECTs will (in the majority of cases) have had nothing to compare their induction programme experience to except their ITT, so, as they gained more experience of the programme coupled with their rising expectations, it is perhaps not surprising that they have become more critical of it. However, it could also reflect some frustrations. ECTs who were dissatisfied gave their reasons for feeling this way as:

- a perceived repetition from their ITT and other courses and feeling that they were learning nothing new;
- a lack of structure, planning or organisation;
- a lack of relevance and not being specific enough to their needs; and
- feeling that it was too time consuming and brought additional workload.

Whereas workload remained the greatest frustration for mentors.

Improvements in ECT confidence

ECTs' confidence in their abilities is increasing.

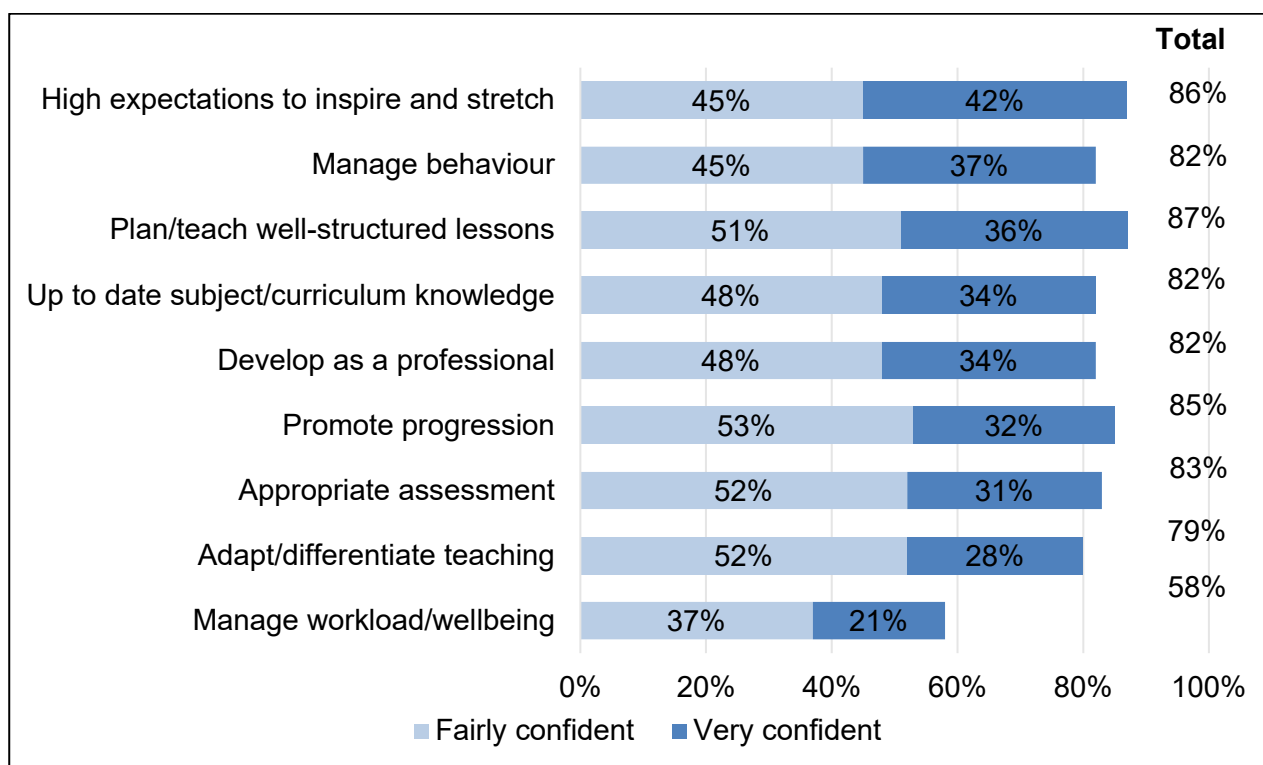
ECTs were asked about their confidence in their own abilities in a range of key areas during their first term and this was repeated towards the end of their first year of their induction programme. While ECTs remained more likely to feel fairly confident rather

than very confident, across the group of ECTs their confidence increased over time and more felt very confident towards the end of the first year. ECTs felt most confident about:

- setting and demonstrating high expectations which inspire, motivate, stretch and challenge pupils whatever their background and abilities (86% felt confident);
- planning and teaching well-structured lessons to make effective use of lesson time, homework and other out of class activities (87% felt confident); and
- promoting progression of pupils by reflecting and building on their capabilities and prior knowledge (85% felt confident).

They felt least confident about managing their own workload and wellbeing (58% felt confident).

Figure 9: ECTs' confidence in their abilities



Note: The sum of the individual figures/bars is not necessarily the same as the given total due to rounding, this may differ by +/- 1%.

Base: ECTs on provider-led training and were registered in the first term who provided a response to the survey question (based on all responses, includes don't knows).

Source: ECF induction survey wave 2

From the confidence levels reported during the first term, the largest increases in confidence were for managing behaviour effectively to ensure a good and safe environment, understanding and using appropriate assessment and feedback to monitor and support pupils' progress, and understanding the learning barriers, strengths and needs of all pupils and adapting/differentiating teaching to respond to these. In each of

these areas, the proportion of ECTs who reported themselves as very confident increased by four to five percentage points. Improving adaptive teaching skills was the most commonly hoped for benefit among ECTs for their induction experience. So, it is encouraging to find that confidence in this, and in all the other assessed areas, is growing. This could indicate movement in the right direction but there is still room for improvement, particularly around managing workload.

Table 9: Change in ECTs confidence in their abilities over time

	Confident*	Confident*	Confident*	Very confident	Very confident	Very confident
Teaching abilities	Baseline	Mid-point	Change	Baseline	Mid-point	Change
High expectations to inspire and stretch	86%	86%	0	40%	42%	+2 ppts
Manage behaviour	81%	82%	+1 ppt	33%	37%	+4 ppts
Plan/teach well-structured lessons	85%	87%	+2 ppts	34%	36%	+2 ppts
Up-to-date subject/curriculum knowledge	82%	82%	0	32%	34%	+2 ppts
Develop as a professional	82%	82%	0	35%	34%	-1 ppts
Promote progression	84%	85%	+1 ppt	29%	32%	+3 ppts
Appropriate assessment	79%	83%	+4 ppts	26%	31%	+5 ppts
Adapt/differentiate teaching	76%	79%	+3 ppts	23%	28%	+5 ppts
Manage workload/wellbeing	54%	58%	+4 ppts	17%	21%	+4 ppts
Base (N)	7,572	2,981	-	7,572	2,981	-

*Confident includes fairly confident and very confident.

Base: ECTs on the provider-led training and who were registered in the first term and responded to the question (based on all responses, includes don't knows).

Source: ECF induction survey wave 1 and wave 2

Plans for the future

Individuals and schools are more certain of their plans for the future, and intention to stay at their school and in teaching is high.

Which programme to follow

Almost one year into the national roll-out, participants appeared to be more certain about their future plans. In terms of which induction programme to follow, the vast majority of induction tutors thought it likely they would use the same approach the next time they appointed ECTs⁸² and this increased over time. There continues to be a strong link between satisfaction with the programme and the likelihood of using it in the future⁸³.

Finishing induction

In terms of their role in the ECF-based induction programme, most participants noted that they intend to stay involved, and this increased substantially from what was reported after the first term. Four in five induction tutors (81%) intended to stay in this role⁸⁴, especially those in secondary settings and in schools with more than one ECT, despite potentially greater challenges and complexities involved. Four in five mentors (79%) intended to continue to mentor their ECTs, and three-quarters (74%) intended to mentor again⁸⁵, when their school has new ECTs, and this was higher still in primary. It suggests that mentors have settled further into their role, and despite the concerns mentors have about the workload involved, many want and expect to continue mentoring. It also reflects the enthusiasm for the role and the value they place in the importance of mentoring and supporting ECTs. However, one in five (18%) mentors felt they were unlikely to mentor again, and this was largely due to perceived high workloads, and the feeling that they had limited time to participate or faced time constraints.

Almost all ECTs (96%) intended to stay in teaching for the next academic year to complete their induction programme, including 86% who thought it very likely. Four in five (83%) ECTs reported they intend to stay at their school next year to complete their induction, including 75% who considered it very likely⁸⁶. Both represented an increase

⁸² 79%, including 54%, considered it very likely. This compares with 70%, including 39%, that considered it very likely at the end of the first term. At the end of the first year, just 6% of induction tutors reported it unlikely their school would use the provider-led approach again and tended to anticipate moving to a school-led approach.

⁸³ 94% of induction tutors who were satisfied with their provider-led programme would use the same approach, compared with 39% who were dissatisfied.

⁸⁴ This includes 66% who considered it very likely, up from 57% in the baseline survey.

⁸⁵ This includes 43% who considered it very likely, up from 36% in the baseline survey.

⁸⁶ This compares with 95% who considered it likely they would remain in teaching next year, including 80% very likely; and 80% who considered it likely they would stay in their current school including 60% very likely in the baseline survey.

from reported intentions at the end of the first term, and the proportion of ECTs who were uncertain of their plans (giving their answer as don't know) had fallen⁸⁷. ECTs were much more certain and positive about staying in their current school.

Staying in teaching

Looking further ahead, four in five ECTs (82%) also considered it likely they would still be in teaching in five years' time, and half (49%) considered it very likely. This represented a slight fall compared to intentions reported during the first term of their induction⁸⁸.

Towards the end of their first year of the provider-led ECF-based induction, one in ten ECTs (10%) thought it unlikely they would still be in teaching in five years' time, and they most frequently cited a heavy workload, poor pay, health and wellbeing issues and/or a poor work-life balance as reasons for considering leaving.

Responding to feedback

The Department has already taken on board the interim findings of the research and is working to make changes to guidance and support.

The lead providers involved in developing and coordinating delivery of the provider-led ECF-based induction are all committed to review and continuous improvement. They have been and will continue to refine their programmes drawing on the findings from this evaluation, their own research, and the feedback from Ofsted Lead Provider Monitoring Visits. These changes cover training content, delivery and administrative processes to improve the participant experience.

The Department has listened to feedback on areas for improvement in the provider-led ECF-based induction programmes and is working on making improvements. This includes improvements to the digital service, making it easier to navigate and reducing the amount of information required; and streamlining the registration process to ensure it is quick and easy to sign up ECTs and mentors. It has also included providing additional guidance around flexibilities for lead providers on how ECTs can be supported to understand and apply the content of the provider-led programmes to their particular context and role. This sets out how appropriate flexibilities can be utilised in the provider-led programmes while maintaining fidelity to the Early Career Framework. It includes guidance on the parameters for additional flexibility as well as examples of how they can be practically applied. For example, this includes support and tools to help mentors identify their ECT's strengths and development needs, subject specific and

⁸⁷ Mid-point survey: 1% of ECTs were unsure if they would remain in teaching next year, and 2% of ECTs were unsure if they would remain in school next year. Baseline survey: 3% of ECTs were unsure if they would remain in teaching next year, and 11% of ECTs were unsure if they would remain in school next year.

⁸⁸ This compared with 84% of ECTs who considered it likely they would remain in teaching in five years' time, including 55% who considered it very likely in the baseline survey.

contextualisation materials, and additional materials to enable ECTs to further deepen their knowledge and understanding.

Other changes include creating new materials for school leaders, mentors and ECTs to answer common questions about induction and ECF-based training; reviewing materials to make them as user-friendly as possible; and working with the lead providers to allow greater flexibility in the timing of mentor training.

Other groups

The second part of this briefing focuses on other groups participating in the national roll-out. Firstly, individuals who started their involvement after the first term of the national roll-out (later registrants). Secondly, those participating in the school-led ECF-based induction where schools deliver their own training using DfE-accredited materials.

I: Later registrants

Analysis of the DfE teacher CPD digital service showed that the number of individuals participating in provider-led ECF-induction programmes increased during the first year of the national roll-out, with new ECTs and mentors registering in the second and third terms⁸⁹. These later registrants came from schools that already had ECTs registered during the first term of the 2021/22 academic year and schools new to the ECF-based induction. By the end of the first year of the national roll-out, these later registrant ECTs were at an earlier stage in their induction journey compared to the much larger group of ECTs who registered in the first term and so would have had less experience of the induction programme and less training input.

Different profiles

Later registering ECTs are a sizeable group, and larger than anticipated by the lead providers. They represent one-fifth (19%) of ECT survey respondents (regardless of programme)⁹⁰. The profile of these later registrants differs to those who registered during the first term. Later registering ECTs were more likely to:

- be working in primary settings;
- be working outside of a MAT;
- to have joined via a postgraduate university-led teacher training programme or assessment only route to Qualified Teacher Status;
- have prior work experience;
- be working part-time and to be older; and
- be in schools with fewer other ECTs, or be the only ECT.

⁸⁹ Where comparisons are made between survey findings at the end of the first year (in the mid-point survey) with those gathered at the end of the first term (the baseline survey), these are made in aggregate and not just for those responding to both surveys, unless specifically noted otherwise.

⁹⁰ Responding to the mid-point survey in May/June 2022 at the end of the first year of the national roll-out.

These aspects are inter-related but indicate that later registering ECTs might have different needs from most ECTs who started together at the beginning of the academic year.

Mentors could also have registered after the first term, and these later registrants accounted for 18% of mentor survey respondents. This group of later registrants included mentors who had taken over mentoring of a standard starter ECT from someone else, often referred to as replacement mentor (accounting for 39% of later registering mentors); and mentors who were mentoring a later registering ECT (62%); or a mixture of both (1%). Later registering mentors had a different profile compared to mentors registering in the first term insofar as they were less likely to have formal leadership responsibilities (this was particularly the case for those linked to later registering ECTs), less likely to have reduced teaching time at this stage, and less likely to have had past experience of mentoring⁹¹. They were also less likely to have been matched by subject or department to their mentees⁹².

Later registering induction tutors (in schools new to ECF-based induction or replacing induction tutors) appeared to be less experienced than those who registered at the start of the academic year, having spent less time in their current school and being less likely to have had previous experience of supporting induction. This was particularly the case for induction tutors linked to later registering ECTs⁹³. The findings suggest that late registrant ECTs are more likely to have their programme provided or coordinated by staff that are a little less experienced within the school context and less experienced with induction processes. Perhaps this group of newer induction tutors may need additional support in their role in overseeing the programme and assessment of later registering ECTs.

Different experiences

Comparing later registering ECTs and later registering mentors and induction tutors with those who registered during the first term, and comparing them at a similar point in their induction experience, showed some differences in their experiences with the induction.

⁹¹ 52% of later registering mentors reported being new to the mentor role and having little past experience of mentoring compared to 44% of those who registered in the first term.

⁹² Within secondary schools, 17% of later registering mentors taught a different subject or were in a different department to their ECT, compared to 11% of those who registered in the first term. Within secondary schools, 33% of later registering mentors reported that their ECT taught a different year/phase or key stage to them, compared to 26% of mentors who registered in the first term.

⁹³ 19% of induction tutors linked to later registering ECTs reported having worked at their current school for up to three years, compared with 10% of induction tutors linked to standard starters; and 69% of induction tutors linked to later registering ECTs had been responsible for the induction of Newly Qualified Teachers (NQTs) in previous years compared to 79%; and 11% had previous experience of ECF-induction compared to 15% of those with standard starters.

Preparation for induction

The survey findings suggest that schools with later registering ECTs may be less well prepared for the ECF-based induction and more rushed with their decisions (as reported by induction tutors). Reflecting on their decisions, induction tutors in these schools appeared to feel that their school or MAT had been less well informed of the three ECF-based induction options than those induction tutors in schools who had registered participants in the first term⁹⁴, and were also less likely to feel their school or MAT had enough time to make informed decisions about the options⁹⁵.

Expectations

Later registering ECTs (on provider-led induction programmes) had marginally higher expectations for their induction programme than standard starters had at the start of their programmes. This was particularly so in terms of ambitions for improving their adaptive teaching skills, helping with their career progression, and time to reflect on learning and experiences⁹⁶. Later registering ECTs appeared to have a slightly better onboarding experience than standard starters had⁹⁷, and this pattern was also found for later registering mentors⁹⁸. This could suggest that some of the initial teething issues for participants are being or have been resolved. However, later registering induction tutors were more critical of onboarding for ECTs and mentors than those who were involved at the start of the national roll-out⁹⁹.

Training delivery

Most later registering ECTs had been able to attend live training, in-person or virtually. Unsurprisingly, towards the end of the first year of the national roll-out, those who started earlier and were further into their induction programme were much more likely to have participated in the activities offered by delivery partners, particularly live training delivered in person. At this stage in their induction, 29% of later registering ECTs had attended in-person training compared to 62% of those who were part-way and thus further through their induction programme. Later registering ECTs were, however, more positive about

⁹⁴ 21% of induction tutors in later registering schools (or acting as replacement induction tutors) felt very well informed, 20% felt not very well informed and 7% felt not informed at all well, compared to 30%, 13% and 4% of induction tutors in schools who registered participants in the first term.

⁹⁵ 49% of induction tutors in later registering schools (or acting as replacement induction tutors) felt they had enough time compared to 67% of those induction tutors in schools who registered participants in the first term.

⁹⁶ 78% compared to 72% hoped to improve skills in adaptive teaching, 67% compared to 61% hoped it would help their career progression, and 62% compared to 56% hoped it would allow for time to reflect on learning and experiences.

⁹⁷ 64% rated their onboard experience as good including 30% rating it as very good, compared with 62% and 26% of standard starter ECTs in the baseline survey.

⁹⁸ 49% rated their onboarding experience as good and 26% rated it poor, compared with 45% and 33% of those registering in the first term in the mentor baseline survey.

⁹⁹ 48% considered the onboarding process to be quite or very good including 14% rating it as very good, compared with 52% and 19% for induction tutors registering during the first term and captured during the baseline survey.

their provider-led ECF-based induction training than those who had registered in the first term (captured at the same point in their induction journey). This suggests that later registrants are having a positive experience despite starting later in the school year. Similarly, ECTs starting their induction after the first term of the school year appeared to be more positive about how helpful it had been for them¹⁰⁰.

Support

The vast majority of later registrants felt well supported despite starting their induction part-way through the year (and after the majority of ECTs had started). The group of later registering ECTs were, however, slightly less positive about the support they received from their senior leadership teams (SLT) than standard starter ECTs at a similar point in their induction journey¹⁰¹. Similarly, later registering ECTs were slightly less positive about the wider support they received – from mentors and induction tutors – than standard starter ECTs at a similar point in their induction journey¹⁰². This perhaps suggests some slight disadvantage in terms of support from mentors and induction tutors for those starting their provider-led ECF-based induction programme further into the school year. Indeed, later registrants appeared to have less time with their mentors than standard starters at a similar point in their induction¹⁰³.

II: School-led induction

Analysis of the DfE teacher CPD digital service data found that, towards the end of the first year of the national roll-out, 4% of all schools registered on the service as participating in ECF-based induction during the 2021/22 academic year were registered as undertaking a school-led programme (using freely available DfE-accredited materials to deliver their own ECF-based induction programme)¹⁰⁴¹⁰⁵. Similarly, 5% of ECTs and 5% of mentors registered on the service were registered as undertaking school-led training, and the survey responses of participants reflected this population share.

¹⁰⁰ 50% of later registering ECTs rated their programme as 7 or more out of 10 for helpfulness, compared with 41% of ECTs who registered during the first term captured at the baseline survey.

¹⁰¹ 61% of later registering ECTs rated their SLT as very supportive compared to 64% of ECTs who registered in the first term captured during the baseline survey.

¹⁰² 81% of later registering ECTs felt very supported by their mentors, and 68% felt very supported by their induction tutors, compared to 86% and 75% of ECTs who registered in the first term captured during the baseline survey.

¹⁰³ On average, later registering ECTs spent 7.7 hours across the previous four weeks with their mentor covering informal and formal support, compared to 8.8 hours on average for those registering in the first term captured during the baseline survey.

¹⁰⁴ In this briefing, school-led ECF-based induction refers only to schools who use DfE-accredited materials to deliver their own training. A further option is available to schools where they design and deliver their own ECF-based training (referred to in this paper as 'design and deliver approach'). The latter accounts for a very small group of schools and are not included in this section.

¹⁰⁵ This was 541 schools. Data was extracted in November 2021 during the first term (and after the first registration window had closed) and in April 2022 (to capture those registering during the 2nd and 3rd registration windows).

Different profiles

Looking across all registered schools, those taking the school-led approach have a different profile to those taking the provider-led approach to ECF-based induction. They were relatively more likely to:

- be all-through schools (covering both primary and secondary phases, 36% of schools undertaking the school-led approach were all-through schools, compared with 8% of those undertaking the provider-led approach);
- be larger (41% had more than 500 pupils compared with 31%);
- have more advantaged pupils (41% had less than 10% eligible for free school meals compared with 17%); and
- be independent¹⁰⁶ or special schools (25% and 8%, respectively, compared with none and 3%).

They were also relatively less likely to cover primary phase only (39%, compared with 68%). The survey findings¹⁰⁷ indicated they were also less likely to be in a MAT (21% compared with 42%), and more likely to work with their local authority to provide appropriate body services (56% compared with 40%¹⁰⁸).

The profiles of ECTs and mentors participating in school-led induction programmes were very similar to those found on provider-led programmes. The one exception was that ECTs participating in the school-led ECF-based induction were less likely than those on provider-led programmes to have entered teaching via SCITT or School Direct with tuition fees¹⁰⁹, and conversely were much more likely to have joined teaching via post graduate university-led teacher training¹¹⁰.

The profile of induction tutors coordinating school-led and provider-led programmes during the first few months of the national roll-out were found to differ in terms of seniority. However, the difference reduced over time. In the first term of delivery only 60% of induction tutors at schools following a school-led induction programme were senior leaders, but this increased to 70% by the end of the academic year and is similar

¹⁰⁶ Independent schools are not eligible for the DfE-funded provider-led ECF-based induction with the exception of independent schools that receive Section 41 funding. The latter are approved independent special schools that are voluntarily subject to certain duties under Section 41 of the Children and Families Act 2014. See <https://www.gov.uk/government/publications/applying-to-be-on-the-approved-list-of-independent-special-institutions/a-guide-for-independent-special-institutions-on-applying-for-inclusion-on-the-secretary-of-state-approved-list>

¹⁰⁷ Survey analysis of participants in school-led induction programmes was based on those who were registered during the first term of the national roll-out.

¹⁰⁸ Captured at the baseline survey.

¹⁰⁹ Among ECTs on school-led induction programmes: 18% entered via SCITT and 9% entered via School Direct (fees). In comparison, among ECTs on provider-led induction programmes; 23% entered via SCITT and 14% entered via School Direct (fees). Based on those responding to the mid-point survey.

¹¹⁰ 45% of ECTs on school-led programmes entered by PG ITT, compared with 31% of ECTs undertaking provider-led training.

to the seniority levels seen in schools following a provider-led approach where 68% of induction tutors are senior leaders.

Making choices

Choosing the school-led approach

A key driver for choosing the school-led approach to ECF-based induction was the belief that it would allow the school to tailor the offer to meet their ECTs needs (reported by 61% of induction tutors). The interviews highlighted how decisions to follow the school-led route were not taken lightly (given the costs and workload involved) but were primarily motivated by a perceived lack of relevance of the provider-led approach for their own school context. Taking the school-led approach was seen as a way to have control over what the ECTs were doing and being exposed to and to be able to personalise the training, to offer flexibility in what is covered and when ECTs cover it. Critically it was about scaling back on the content where it is perceived to repeat content from the ITT. It also enabled ECTs to stay in school (be visible) and to draw on expertise of existing staff. However, the interviews also indicated that the extent of flexibility or tailoring hoped for was not always achieved, particularly when the school-led training was centrally organised by the Trust.

Choosing the package

A key factor in the choice of accredited materials to use¹¹¹ was the perceived quality of resources (reported by 70% of induction tutors), followed by suitability of the programme for the school/MAT (50%) and the sequencing and ordering of the programme (32%). Induction tutors hoped the induction programme would build the confidence of their ECTs in teaching, improve their knowledge and skills and help them feel better supported, mirroring the views of induction tutors in schools taking a provider-led approach. However, these induction tutors were more likely than those in schools taking the provider-led approach to hope that their induction programme would lead to improvements in teaching across the school/MAT¹¹², and relatively less likely to hope for improvements in mentoring¹¹³.

Choosing the appropriate body

The choice of appropriate body was largely governed by existing relationships and perceptions around the appropriate body's understanding of the school's needs¹¹⁴, more

¹¹¹ Provided by Ambition Institute, Education Development Trust, Teach First or University College London's Institute of Education.

¹¹² 44% of induction tutors at schools following the school-led approach compared with 35% of induction tutors at schools following the provider-led approach thought their school hoped that learning from their ECF-based induction would improve teaching more widely across their school or MAT, captured at the baseline survey. 51% compared with 43% at the mid-point survey.

¹¹³ 52% of induction tutors at schools following the school-led approach compared with 62% of induction tutors at schools following the provider-led approach thought their school hoped that their ECF-based induction programme would lead to the development of mentors so that they would be more effective in supporting ECTs, captured at the baseline survey. 57% compared with 68% at the mid-point survey

¹¹⁴ 62% of induction tutors reported that they worked with the organisation before as their appropriate body, compared with 41% for those on provider-led programmes. 22% of induction tutors reported understanding

so than found in schools following a provider-led induction programme. This is likely to be driven by the key role appropriate bodies play in the induction process for those schools delivering the induction training themselves¹¹⁵.

Different experiences

Awareness and understanding

Perceived knowledge of their induction programme, including self-reported understanding of time and workload commitments was higher among participants on school-led induction programmes in the first few months and when surveyed towards the end of the first year of the national roll-out. This suggests that awareness and understanding are higher when schools deliver the ECF-based programme induction themselves¹¹⁶.

Training delivery and support

ECTs in schools delivering the ECF-based training themselves were more likely to report having participated in live in-person training and peer networking with other new teachers than those on provider-led programmes¹¹⁷, and were more likely to undertake most of their ECF-based induction training on school premises¹¹⁸. However, the interviews highlighted concerns that the school-led approach may offer fewer opportunities for peer networking and interaction among ECTs beyond the school or MAT, and similarly fewer networking opportunities for mentors.

ECTs in schools taking the school-led approach estimated that they spent more time on formal and informal mentoring than ECTs in schools taking a provider-led approach (on average 4.94 hours of formal support and 4.10 hours of informal support across four weeks compared with 4.03 hours and 3.84 hours in schools with a provider-led approach¹¹⁹). Comparing mentor and ECT perspectives on time spent mentoring, ECTs on school-led programmes tended to estimate more time in mentoring than reported by their mentors. Indeed, in contrast to the findings for ECTs, mentors in schools with the

of their needs as a factor for choosing the appropriate body, compared with 9% for those on provider-led programmes. Captured at the baseline survey.

¹¹⁵ This involves checking that the programme delivered follows requirements set by DfE and the Early Career Framework and follows the guidelines set out in the materials. This is known as fidelity checking. Among schools taking the school-led approach to ECF-based induction, 57% used their local authority as their appropriate body; whereas 40% of schools taking the provider-led approach used their local authority as their appropriate body.

¹¹⁶ ECTs: 33% reported that they know a lot about the content of their induction programme at the mid-point survey compared with 20% of those in provider-led programmes; mentors: 35% reported they know a lot about the programme at the mid-point survey compared with 15% of those in provider-led programmes. ECTs: 23% know a lot about the delivery of their programme at the mid-point survey compared with 18% of those on provider-led programmes. ECTs: 35% felt very clear about the time they needed to spend on their induction at the mid-point survey compared with 29% of those on provider-led programmes.

¹¹⁷ 73% of ECTs experienced live training delivered in person compared with 62% of those on provider-led programmes; and 49% engaged in peer networking compared with 33% of those on provider-led programmes. Captured at the mid-point survey.

¹¹⁸ before or after core pupil contact hours, 44% compared to 33% of those on a provider-led programme.

¹¹⁹ Captured at the mid-point survey.

school-led approach estimated that they spent less time on formal and informal mentoring than ECTs in schools taking a provider-led approach (on average 4.06 hours of formal support and 3.09 hours of informal support across four weeks compared with 4.32 hours and 3.61 hours in schools with a provider-led approach).

The more interactive experiences of ECTs in schools taking the school-led approach were perhaps reflected in their relatively higher ratings for the delivery and content of their training across all the rated aspects, particularly the opportunities to practise skills (rated as very good by 43% of ECTs on school-led induction programmes compared to 23% of those on provider-led induction programmes). They were also reflected in their overall perceptions. ECTs and mentors participating in school-led induction programmes rated their enthusiasm highly, more so than found for those on provider-led induction programmes¹²⁰. They also rated their programmes more highly for helpfulness to ECTs¹²¹ and reported significantly higher satisfaction with the approach taken to ECT induction in their school than found among ECTs following a provider-led approach¹²².

Challenges

Heavy workload was seen as a challenge for ECTs and mentors participating in the school-led approach to ECF-based induction, and for ECTs the perceived workload increased over the first year (so perceptions were more in line with those on provider-led induction programmes). Towards the end of the first year of their programme, 32% of mentors reported difficulties managing to spend time supporting their ECTs alongside their teaching workload, but this was lower compared to mentors involved in provider-led induction (44%). However, towards the of the first year, the experiences of ECTs largely mirrored those of ECTs on provider-led induction programmes: 43% found it difficult to manage their induction alongside their teaching workload, compared with 45% on provider-led programmes; and 40% and 36% thought they spent too much time on self-directed study and in-person training (compared with 47% and 37% found for those on provider-led programmes)¹²³.

¹²⁰ 80% mentors and 54% of ECTs rated their enthusiasm at least 7 out of 10, compared with 63% of mentors and 42% of ECTs on provider-led programmes. Captured at the mid-point survey.

¹²¹ 50% of ECTs gave a rating of at least 7 out of 10 for helpfulness compared with 38% of those on a provider-led programme; 68% of mentors gave a rating of at least 7 out of 10 compared with 52% of mentors in schools with a provider-led approach. Captured at the mid-point.

¹²² 30% were very satisfied and 43% satisfied, compared with 10% and 39% of ECTs on provider-led programmes.

¹²³ Captured at the mid-point survey.



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