

Training and Development Agency for Schools

PPD impact evaluation report

July 2008

Introduction

- 1 This report sets out the key features of the impact of postgraduate professional development (PPD) on practice in schools. It is based on information submitted by PPD providers at the end of 2006/07. This is the second year of the three-year funding programme to support teachers' PPD (covering the academic years 2005/06–2007/08), set up by the Training and Development Agency for Schools (TDA).
- 2 Providers were again required to submit "... specified management information and include an evaluation of the programme's impact on practice in schools". In the autumn of 2007, a template¹ was posted on the TDA website, asking the PPD providers to prepare concise summary notes about the impact of their provision on practice in schools. All 63 providers submitted their responses by the closing date of 30 November 2007. The key features of this impact have emerged from a detailed study and analysis of these 63 responses.
- 3 This report is intended to summarise the key findings of the responses for the benefit of the TDA and PPD providers, and it gives examples of interesting and helpful practice that providers can build on in future. It follows a similar format to the PPD Impact Evaluation Report² issued last year. Many of the themes, topics and issues that emerged in the first report are still relevant, and are not repeated in detail in this report.

Executive summary

- 4 The majority of the 63 responses received this year showed that providers have a high level of confidence about the beneficial impact of their PPD provision on the participants and the children and young people they teach. Many providers showed clearly how their provision had addressed the objectives of the Every Child Matters agenda. There was much evidence that taking part in the PPD programme has directly improved teachers' professional knowledge, skills and understanding. As a result, these teachers are more able to improve pupils' learning experiences and attainment. Many have also influenced provision across the whole school and beyond.
- 5 Evaluation of the provision has been taken very seriously. Providers' methods of gathering evidence of the impact of their programmes have become more comprehensive, sophisticated and effective since last year. They also indicated that new, recently implemented evaluation procedures should yield even more detailed evidence of impact in future.
- 6 It is also clear that most providers have used evaluation evidence to develop and tailor their programmes to be more responsive to the needs of teachers and their schools, and to increase their impact. This is reflected in the rapid growth of school-based provision and collaborative inquiry. Even so, only a minority of schools have so far embraced school-based PPD, and some of these did not continue after the

¹ See annex A.

² The first PPD Impact Evaluation Report (March 2007) is available at www.tda.gov.uk/upload/resources/pdf/p/ppd_impact_report_march_2007.pdf

first group of participants had completed their studies. It continues to be important for providers to ensure that high-quality PPD is offered in various formats to meet the needs and circumstances of different teachers, while maintaining a clear focus on the impact on their professional duties and responsibilities.

- 7 There remains a major task to inform teachers and schools of the many beneficial outcomes of PPD that are recorded throughout this report.

Responses from PPD providers

- 8 The majority of responses were prepared with great care and offered many valuable insights into the PPD programme, which is now well established for many providers. The overall quality and usefulness of providers' responses were significantly better than last year, perhaps helped by the more precisely targeted questions in the TDA template. However, each provider's capacity to give a full and carefully argued report was clearly affected by the resources available. More providers have included gathering and collating evidence of PPD impact as part of the job description of a key member of staff or a designated researcher. In sharp contrast, for a few providers PPD appears to be a 'marginal activity', given minimal resources – and therefore staff time – for the programme and for evaluating its impact in schools.
- 9 The best responses provided a succinct analysis of the results of the provider's impact evaluation, supported with statistical data and/or illustrative examples drawn from the evaluation. However, a minority offered only general comments, and it is not clear whether these were based on evidence or simply an assertion of the intended impact. A handful of providers submitted only a string of quoted comments from participants or stakeholders, with no interpretive commentary. Without a well-constructed analytical commentary, it is difficult to know how representative the quoted comments are – or if they are merely isolated or atypical examples.
- 10 Although this was probably unintentional, the majority of responses appear to show that all their PPD provision was having significant impact because there were fewer instances this year of providers identifying or explaining aspects of their provision that were less successful in terms of impact. Even so, there are signs that some providers were beginning to focus more detailed attention on the reality of impact as well as the conditions necessary for the impact to be sustained and embedded. There is an understandable reluctance to refer to the less successful features of their programmes, but where providers did mention these, the information is valuable for further development of the PPD programme. For example, one provider commented that take-up of PPD had improved after mapping their provision against the professional standards for teachers, which enabled schools and teachers to see more clearly how performance management objectives could be met through PPD courses. Another provider reported that the impact of their school-based programme was less than expected because schools had no formal systems for monitoring participants' progress, evaluating course impact and for disseminating and celebrating outcomes – features the provider now encourages partner schools to put in place.
- 11 As last year, several providers commented that having to prepare an annual report to the TDA on the impact of their PPD provision created a useful stimulus: *“To have been prompted by TDA to account for the impact of our provision has itself lent purpose and direction to our work.”*

Changing styles of PPD provision

- 12 Responses from providers show that the impact in schools depended a great deal on how far participants were committed to, and engaged with, the PPD provision. Recruitment in 2006/07 was again very variable. About a third of providers got close to or exceeded their recruitment targets, sometimes with hundreds of participants, while others fell well short. The statistical returns that accompanied the providers' responses indicated that registrations for PPD programmes amounted to about one in 16 serving teachers, of whom the huge majority had less than 15 years' experience.
- 13 While there was clearly a continuing demand for the well-established and effective centre-based courses offered by many high-quality providers, the responses seem to indicate that school-based PPD provision has grown considerably in the last year. As one HEI provider wrote: *"It is anticipated that the shift towards whole-school, on-site provision will continue."* Another notes a *"genuine cultural shift of teachers becoming more actively involved in research, which in turn promotes the concept of M-level awards and formal accreditation"*, and a third that *"School-based modules are a very effective way of improving pupils' learning... [They] have been a resounding success, leading us to look to increase delivery in this way."*
- 14 Several providers reported that they had revised their masters-level education programmes to include generic modules that allow provision to be tailored more accurately to the specific needs of schools and individuals. These are part of an apparent trend towards more flexibility and responsiveness in PPD programmes. The school-based PPD provision mentioned ranged from delivering specially adapted versions of established courses at a local centre serving one or more schools, to the common practice of requiring a school-based research study on a topic relevant to the participant's or school's needs. There has also been an increasing number of related masters-level school-based projects that has involved collaborative inquiry into different aspects of a common issue identified by a group of teachers in a single school, often linked to some aspect of the school improvement plan.
- 15 In the responses, the following observation on the value of school-based inquiry appears to reflect the views of many: *"The impact on [teachers'] own practice and on their schools ... has been very much related to the fact that the research starts from their own practice and addresses real issues of immediate relevance, drawn from their own professional settings."* One participant seemed to speak for others in writing: *"I don't think school-based practitioner research can be bettered."* Some providers indicate other benefits, for example: *"school-based model of working allows MA staff team to work in ways that are not possible in university-based M-level courses."*
- 16 Providers have also begun to identify what made these more intensive school-based programmes effective. For example, there seems to be growing recognition that this provision was most successful when driven strongly from inside the school and where it involved some element of collaborative inquiry. The commitment of a senior member of staff, acting as facilitator and professional advocate in the PPD programme, appears to be effective in enabling the various research activities to prosper within the constraints of the school. Some providers have formally recognised this role of 'associate tutor'. These individuals also seem valuable in encouraging participants to continue when they feel under pressure to withdraw. For example: *"We have observed that continuation rates [to achieve the full certificate] are higher where there is a member of school staff supporting and encouraging personal study, and where there is an articulated link between study and*

performance management targets. In the long term we will try to ensure that these supporting mechanisms are available to all our participants.”

- 17 There were several references to the problems of sustaining intensive school-based programmes. In some cases, the programme could not be expanded because of a lack of suitably trained and experienced tutors. While there were fewer reports of the difficulties in providing quality tutorial support in remote locations than last year, there seems to be a growing trend towards using suitably trained and qualified external tutors, drawn from schools, local authorities and other agencies, to validate the provision. Several providers outlined quality assurance mechanisms that enabled introductory units in the masters-level programme to be taught by external tutors.
- 18 A few providers reported that teachers who had taken part in PPD had been effective as tutors and consultants to later participants in their schools, and that later groups sometimes built directly on the work of their predecessors. There was also interesting evidence of engaging pupils (in all key stages) overtly in negotiating and conducting PPD projects. The comment of one participant reveals other unusual aspects of impact on pupils: *“My pupils were intrigued by the notion of their teacher being back in school, and when I shared my difficulties with them there was an enhanced sense of empathy between us, and they began to relate to the notion of lifelong learning...”*
- 19 Throughout the responses there were frequent references to participants carrying out school-based research work diligently but being reluctant to present their findings for assessment and accreditation. One provider wrote that *“the challenge of writing up has been problematic”*. This seems to be a widespread problem. Few explanations were offered – other than time pressures or that the desired ‘goal’ for the individual concerned had been achieved with the outcomes from the research. However, several providers suggested that encouragement from a school-based associate tutor made a difference in the number of participants who sought accreditation.
- 20 A significant development since last year has been the number of newly qualified teachers (NQTs) on many of the PPD programmes: one-fifth of providers reported that more than 10 per cent of their PPD registrations were made by NQTs. Special or ‘gateway’ modules have been developed by at least seven providers to meet this need and accredit work done during the induction year. More were planned, *“to provide a ladder of career opportunity”*. One provider drew attention to the importance of making sure that schools can adequately support initial teacher trainees and beginning teachers now they are working towards masters-level credits. Another provider referred to a partnership with a training school *“to accredit and co-teach a PG certificate focused on the induction process”*.

The nature of the impact of PPD

- 21 To secure TDA funding, providers must demonstrate that their PPD provision has “as its main objective the improvement of pupils’ performance through the embedded improvement of teachers’ knowledge, understanding and practice”. In fact, many providers have adopted a variant of this wording as the central objective for their PPD programmes. As last year, providers again pointed out how difficult it is to judge the impact of PPD in schools and to establish a causal link between the provision and improvements in pupils’ attainment, particularly as there are many other initiatives aimed at school improvement. Nevertheless, there are many comments in providers’ responses

indicating confidence that improvements relating to the various aspects of the Every Child Matters agenda can be linked to teachers' engagement in PPD.

22 There also seems to be widespread acknowledgement (noted in quotes from participants) that it is the deep engagement with issues, supported by relevant academic and theoretical study, which makes the PPD effective and personally satisfying – “*mind-broadening and stimulating*”. There is good evidence to indicate that the ‘barrier’ of PPD courses being ‘too academic’ is being broken down through the newer delivery methods, including school-based PPD. One provider observed that “*The longer period of study required to complete major projects/dissertations enables teachers to follow through initiatives and interventions and to evaluate evidence of improvements over time.*” However, it appears that, to engage more teachers in PPD, some providers have constructed programmes made up of small modules, with the consequence, noted by another, that the “*link between enhanced teacher practice and pupil learning is not always explicit in a 30-credit module, that necessarily takes place over a relatively short period of time*”.

23 A major development in the last year has been the increased emphasis on impact from the outset of the provision. It appears that many providers are no longer content to seek evidence of impact after the event but now plan for it and focus on it throughout. The responses include many related references, for example:

- “*From the outset we now require students to maintain an online reflective journal in which they state what they imagine the impact on themselves, their pupils and their schools will be.*”
- “*We embed the focus on impact within our taught sessions ...*”
- “*Participants are ... asked to ensure that assignments and dissertations highlight examples of impact*
 - *on their own professional development and practice*
 - *on the professional development of colleagues*
 - *in raising standards of pupil achievement*
 - *on the school in any other way.*”

24 In comparison with last year, there is a stronger focus on initial needs analysis. It now forms the basis for tracking participants' progress and achievement for an increasing number of providers. Several providers explained how the intended, or hoped for, impact was now being incorporated in this needs analysis, how this was monitored and adjusted as the programme proceeded and how it was used in evaluating the impact of the programme. Some of these models of tracking from initial needs analysis to final outcomes appear quite sophisticated. One provider wrote: “*The initial needs analysis form provides the means of identifying and monitoring individual participants' needs and also identifying two stakeholders willing to evaluate and comment on the impact of their professional development, particularly in relation to classroom practice.*”

25 The previous PPD Impact Evaluation Report (March 2007) stated (in paragraphs 9 and 10):

“Several providers have begun to formulate typologies of the impact of PPD activities for teachers, which had much in common. For example, one provider identified:

- changes in subject/process knowledge base of participants;
- changes in confidence and self-esteem of participants;
- changes in classroom practice of participants and/or the practice of colleagues;
- improved reflection on practice;
- improved motivation of pupils;
- improved achievement of pupils.

“The provider goes on to observe that ‘one of the striking features of this typology is the further down the list, the greater the distance between the PPD activity and the impact, and the greater number of other variables come into play.’”

26 It is clear from this year’s responses that the principles underlying the observations above have been widely accepted and adopted by the PPD providers, though there were, of course, many variants. Across the 63 responses, providers reported extensive evidence of impact in all the above areas, including the wider life of the school and other schools. The following sections summarise this evidence, particularly where it adds to the evidence in the previous report.

Impact on teachers

27 Providers submitted extensive reports of the impact on teachers from their involvement in PPD. Much of this evidence reinforced last year’s evidence, mostly focusing on the impact on teachers working in the classroom. This is widely acknowledged to be the most straightforward aspect of impact to identify – following the typology in paragraph 25 above. Furthermore, when people voluntarily take part in PPD, they are probably more willing to contemplate change.

28 It is again clear that many participants believed that PPD had directly improved their knowledge and skills in their day-to-day work, for example:

- better subject and pedagogical knowledge
- improved planning, teaching and assessing skills
- improved higher order questioning skills
- greater knowledge and understanding of how to manage behaviour
- better leadership skills.

All of these depend, of course, on the aims and focus of the PPD studies.

29 A second group of outcomes relates to teachers’ improved knowledge, understanding and appreciation of the value of educational literature and research – often due to being personally engaged with it – and their ability to use the information to inform their actions.

30 A third group of outcomes derived from both of these. It includes:

- better understanding of the overall educational context
- ability to focus on the causes of problems rather than the symptoms
- greater capacity to challenge viewpoints and policy
- the ability to take a more creative and strategic view of the development of teaching and learning
- recognition of the importance of evidence-based decision-making.

31 However, some of the most frequently reported outcomes were less tangible. Providers and partner stakeholders often noticed that PPD participants became more reflective in carrying out their work. Again there were countless examples of participants citing improved confidence, self-esteem and self-belief as major consequences of the PPD. There were several references to ‘breaking out of a rut’, ‘a professional lifeline’, ‘renewed energy’, ‘feeling professionally stronger’, ‘having more empathy with pupils’, etc. It seems that it was frequently these personal outcomes that empowered participants and led to changes in their professional behaviour. One provider observed that “*more confident teachers ... deliver better lessons*”.

32 Providers frequently reported that the combination of greater knowledge and confidence showed itself in:

- the ability to articulate ideas in meetings and to speak with authority
- greater motivation
- willingness to take measured and controlled risks in innovation at different levels in the classroom or school
- keenness to share ideas through collaborative practice
- the capacity to take on new roles and responsibilities (including seeking promotion)
- willingness to offer guidance and support to other teachers.

This last outcome may also be emerging as a recognisable new form of teacher peer leadership. It may be displayed variously as offering feedback as a critical friend, coaching, mentoring, mediating, motivating, problem diagnosing, problem-solving, liaising etc. One provider reported that: *"In some cases these skills were displayed by relatively inexperienced staff who had no formal leadership role within the school."*

Impact on children and young people

33 It is clear that providers wholeheartedly embrace the improvement of pupils' performance as the core objective of the PPD programme. The detailed responses to the TDA impact template show that most providers now judge the ultimate success of their programmes in terms of achieving this objective, and look for substantive evidence where possible. Even so, providers continued to find it easier to demonstrate beneficial outcomes in relation to pupils' experiences than their academic achievement. They remained cautious about the impact on pupils because of the complexities of linking improvements in pupils' achievements directly with their teachers' involvement in PPD. This is further complicated by the amount of time needed for changes in pupils' attainment to become evident. Providers have drawn much of their evidence of impact from assignments, reports of school-based studies and dissertations. Participants and stakeholders appeared to be keen to offer examples and illustrations of the impact on children and young people in their evaluations and feedback on the PPD provision.

34 The responses cited a lot of evidence of the impact of PPD on children and young people, principally as pupils in school and the classroom, and related closely to the Every Child Matters agenda. The most common examples of impact flow directly from the perceived changes in teachers' attitudes, knowledge, skills and understanding. The majority of responses referred to significant improvements in the quality of the learning environment for pupils. These included creating better conditions for learning through more effective behaviour management, more exciting and stimulating teaching, using a wider range of interventions, responding more effectively to pupils' needs, more use of personalised learning strategies, improved resources including e-learning, more effective use of teaching assistants, greater empathy for pupils, 'focus on how children learn rather than solely on what'. One provider commented that the evidence showed that PPD had *"helped to produce learning contexts for pupils which are richer, more flexible and more adaptive to their needs and aspirations"*. Another reported that: *"We do feel we can point to many examples of improved learning experiences for the pupils and to a greatly enhanced whole-school focus on children's emotional and social well-being."* A third respondent added: *"It is often changes in the intangibles which have the most dramatic effect on pupils."*

35 There were also many reports that these changes in the quality of the pupils' learning environment have led to significant improvements in children's:

- sense of well-being, self-esteem and enjoyment of learning
- confidence in their teacher's knowledge

- opportunities to take responsibility for their own learning
 - skills and knowledge
 - engagement in lessons
 - capacity to study effectively and exercise more autonomy in learning
 - confidence in their ability to perform more effectively, to contribute to lessons and feel successful
 - positive attitudes and good behaviour
 - sense of achievement
 - concentration, interest, involvement and commitment.
- 36 Almost a quarter of the providers' responses included references to 'pupil voice', which is a big increase from last year. A few have research projects in this area: one provider reported that the most direct evidence of PPD's impact came from the pupils themselves. Many of the references to pupil voice related to participants paying much greater attention to pupils' responses in lessons and involving them in shaping their own learning. One provider wrote that several participants had developed the use of pupil voice as a source of critically reflective practice, including negotiating with pupils about the content of their lessons. Others involved pupils more directly in evaluating their teaching and learning experiences, which offered useful evidence of the impact of the PPD. As one participant graphically reported: *"Kids are the best critics going. If you've got the guts to ask them, they will always tell you. They have a right to have involvement in their learning and be able to say whether something has worked for them or not ..."* A third, and as yet minor, aspect arose from directly involving pupils in the teachers' PPD research. For example: *"Pupil voice had increased because the inquiry involved asking their opinions and perceptions."* Some providers have recognised that pupils were aware of school-based PPD projects and were often interested in them, and that making the pupils overtly part of the process could have beneficial outcomes. However, there is quite a thin line between a participant's responsibilities as a teacher and as a researcher, using the pupils as research subjects. Several providers have drawn attention to the associated ethical issues that need to be considered and properly addressed.
- 37 Although providers were reluctant to make unsubstantiated claims about improvements in children's attainment as a result of teachers' involvement in PPD, several cited anecdotal evidence volunteered by participants and schools. Examples included:
- *"Pupils have achieved the highest results in all key stages in the history of the school [since the advent of PPD]"*
 - Provisional marking of pupils' work *"indicates enhanced performance and progress as measured against Advanced Level Information Systems (ALIS) and other predictors"*
 - A teacher reported *"quantifiable evidence that her pupils' SATs results have improved and she attributes this, in part, to the research study she undertook in her dissertation"*
 - *"There was a marked improvement in the achievement of the Y9 pupils taking the module which I re-designed during my research project. A significant amount of pupils gained a higher than expected grade ..."*
 - *"The participating teacher led the design and technology department in raising results by over 20 per cent this year at GCSE"*
 - 88 per cent reported improved learning outcomes for pupils (often backed up by assessment evidence in assignments)
 - a 10 per cent increase in five A* to C grades at GCSE
- 38 It is impossible to know what other factors might have contributed to these improvements in pupils' performance. Also, the significance of this data was not always clear in the responses – for example, what exactly the PPD had contributed to the improvements, over what period of time these improvements had occurred, and whether the improved results could be maintained and consolidated.

39 Teachers' perceptions that the PPD helped them create a more productive learning environment, that they are listening to the 'pupil voice' more, and that their pupils are succeeding as a result are no mean achievements. Together these provide a fertile ground for nurturing further development. As last year, providers' responses indicated that the impact on pupils was often stronger and more sustained when the PPD required participants to address issues and concerns that focused on their own classrooms and schools. Early evidence suggests that these beneficial outcomes were greater and more easily consolidated when several teachers worked together researching related topics, for example through school-based collaborative inquiry. Even so, it is important that fitness for purpose should be considered when planning the style, content and delivery method of PPD programmes. It is also crucial for providers to gather corroborating evidence of the effectiveness of different forms of PPD in improving pupils' learning and achievement, and to try to identify what it is about the content and process of the PPD that contributed to the improvements seen.

Wider impact within and beyond the school

- 40 There were many reports that PPD participants had made an impact outside their own classrooms and departments. This was often the case for people who took management courses, when the studies had a particular cross-curricular emphasis, for example in special educational needs, or when something that began in a single classroom or department spread to the whole school: *"My work on assessment is something the whole school is putting into its action plan."* Several participants wrote about improved relationships with parents and more effective dialogue in the wider workforce. Furthermore, it seems that the greater personal confidence and self-esteem that teachers gained from PPD often enabled them to share their new expertise with others in the school and sometimes with a wider network of schools. There were accounts of teachers supporting colleagues through coaching and mentoring, or presenting their findings at in-service training days and conferences – local, national and international. This element of dissemination is central to the objectives of the PPD programme. It can also help to sustain an individual teacher in moving forward in their professional role and further studies. One provider commented: *"Headteachers noted impact on participants as providing greater enthusiasm where success is celebrated and sustained through daily professional dialogue."*
- 41 The responses included a number of accounts of how school-based programmes had been designed to have an impact on the whole school. This seemed to work well when they were carefully planned to take account of the realities of teachers' professional lives and where there was a common theme, linked to the school improvement plan, throughout the provision – for example, improving the motivation, participation and achievement of pupils from a socially and economically deprived area. Themes of this sort can create a group or school synergy, and enable individuals to undertake a personal study related to their own classroom, level of responsibility and role in the school. They can *"create a strong force for change in their school"*. A few providers reported evidence to show that this approach had proved an effective way to support schools in Ofsted 'special measures', by building the knowledge and skills of the teachers.
- 42 Several providers reported that they had set up a school agreement framework to encourage commitment, and so that the school-based PPD could be a tool for developing the subject teams and the whole school as well as the person who took part in the programme. The associate tutor role (outlined in paragraph 16) can have a significant part in maintaining high visibility and momentum for school-based PPD projects. However, even where there was a semi-formal agreement with the senior management

of the school, it was *“not always easy to have impact on the wider life of the school”*. Several providers noted the frustration of participants who felt that the senior management paid little attention to their efforts. For instance: *“At one partner school, participants have reported that it has taken them three years to get to a point where their voices, calling for and demonstrating critical professional engagement, are being listened to. There has been a gradual movement from a rhetorical recognition of the potential for impact, to a real recognition (and these are senior members of staff).”*

Impact on tutors

- 43 Last year, a few providers reported significant benefits for tutors from engaging in the PPD programme, and more were included in this year’s responses. They focus mainly on tutors’ professional development as a result of working closely with experienced teachers, and appear to be most evident in school-based PPD provision. One provider reported that the *“impact on tutors ... has been substantial ... [and they] have benefited from personal professional development as they engaged with a rich variety of investigations”*. Other providers referred to the benefits for their own initial teacher training programmes – for example: *“Many members of staff in the faculty are involved in delivering and supporting the PPD programme... Their work on the professional development of teachers has enriched their own professional development and their work with trainee teachers on our ITT programmes has benefited as a result.”* Elsewhere, tutors reported finding it *“inspiring”* to work with teachers in this way.

Ethical considerations

- 44 As mentioned in paragraph 36, several providers drew attention to the ethical issues involved in school-based research. Guidance offered by the British Educational Research Association (BERA) is helpful here and has been adopted by a number of providers. However, it is still unclear at what point the ‘research’ carried out by a PPD participant goes beyond their normal legitimate duties and responsibilities as a teacher, and so requires explicit consent from pupils and parents. Tutors need to be mindful of these concerns while not letting them get in the way of legitimate developmental activity in schools linked to PPD. It would be valuable for providers to gather examples of these situations, so that ‘case law’ can be built up.

Sources of evidence of impact

- 45 The previous PPD Impact Evaluation Report (March 2007) included a detailed account of the strategies used by providers to gather evidence of the impact of their PPD provision. Little has changed since last year though more of the responses indicated that they used a wider range of sources. Several providers reported that they have begun to gather impact evidence *“6 months after”*, but that it was too early in the PPD programme to collate this. In contrast, there were few specific references to the use of triangulation or corroboration of evidence of impact. However, this may be implicit in the impact evidence from participants, their assignments and stakeholders. As noted earlier (paragraph 36), there are many more reports of evidence based on ‘pupil voice’.
- 46 One provider made a cautionary comment about the possible negative impact on participants created by *“the number and types of evaluation undertaken during the course of the year”* – described by one participant as feeling *“all evaluated out”*. Another provider was taking steps to mitigate the burden of evaluation. While evidence is vital for the development of the provision and the PPD programme as a whole, it is important to be

prudent in collecting suitable data which can be used efficiently and effectively for a variety of purposes.

Actions following impact evaluation

- 47 Many of the actions taken following impact evaluation are particular to the circumstances of specific providers. For example: actions relating to barriers to participation; making teachers more aware of practice-based PPD opportunities; developing outreach strategies to aid recruitment; improving consistency across the PPD provision; or making adjustments to the timetable, course calendar or delivery methods to take account of the realities of professional life and help maintain a better work-life balance.
- 48 Even so, there were a number of common themes, indicating that providers were following trends already begun elsewhere. For example, many providers seem to be striving for even greater flexibility in their future provision that would allow for more personalised programmes and a quicker response to local schools' and individuals' needs.
- 49 As indicated in paragraph 23, increasing numbers of providers reported that they intended to make impact evaluation central to the programme from the outset and explicit at all stages, for example by implementing a 'planning for impact cycle'. One provider outlined an instructional design policy shift towards considering "*impact for learning*" rather than "*summative impact as a passive outcome from the PPD*". A second wrote that, in future, "*engagement with impact evaluation will form an integral part of the learning process*". Others were preparing guidance for participants on how to incorporate and report impact in their assignments, and providers' plans show a clear trend towards making reporting in this way a requirement in all assessed work. Many wrote about the need to link their provision more closely to the professional standards for teachers, to "*assist partners and participants in the performance management process*".
- 50 Several providers had looked more closely at the reasons why participants did not always submit work for assessment even though they had engaged fully in the programme of study. As a consequence, they were planning more detailed support procedures to help teachers complete the written assignments, including more face-to-face sessions and tutorials as well as e-learning and online support. Elsewhere, providers had recognised the value of the support that could be offered by other teachers, acting as in-school tutors, and were aiming to promote this. A few said they were looking at ways of reducing the burden of assessment or were considering alternatives to formal written assignments and essays "*that some find difficult to write*", such as reflective portfolios and academic presentations. One provider wrote of a "*commitment to provide assessment tasks that are more appropriate to work-based / practitioner learning*".
- 51 Impact evaluations that pointed to beneficial outcomes from school-based PPD seemed to be leading many providers towards making this a more major part of their provision. These included moves towards involving more whole departments and schools in the programme, and possibly using a secondary school as a hub for feeder primary schools. More providers said they were planning flexible 'shell' modules that could accommodate and provide a ready and quick response to emerging school, local and national priorities. Others reported plans to recognise and accredit prior experience and learning (APL/APEL) where this was relevant to the PPD objectives. Although school-based PPD seems to be meeting the needs of an increasing number of participants, it is still important to make sure good PPD is available for teachers who work in schools that cannot currently support them in school-based PPD.

- 52 The involvement of more NQTs in the PPD programme, and the evaluation of their needs, has led several providers to plan special bridging modules that could take account of prior credit gained at masters-level in the PGCE as a step towards a masters degree. However, some providers have needed to reconsider the modular structure of their PPD programmes to accommodate NQTs with fewer than 60 masters-level credits.
- 53 There were several references to opening up PPD provision to the wider workforce in schools. Although providers recognise that TDA funding cannot be used for graduates without QTS, and other sources of finance had to be found to support them, there are cogent comments about the overall benefits of including graduate teaching assistants, technicians, librarians and others in the programme.

Summary of the main findings

- 54 The overall quality and usefulness of providers' responses to the questions in the TDA template were significantly better than last year – the best providing carefully constructed analytical commentaries, supported by convincing examples and quotations from their detailed evaluations. Many of the themes that emerged in the March 2007 report remain relevant this year, including the understandable reluctance of providers to ascribe improved attainment by pupils to their teachers' PPD. Nevertheless, many providers gave useful indicators and proxies, particularly in relation to increased motivation, better behaviour, and judgements **by the school** that improved test and examination results could be attributed to the PPD.
- 55 The main themes and issues that emerged this year include:
- i More evidence that 'impact' is being considered from the outset and throughout PPD programmes, including giving guidance to participants on reporting impact in their assignments
 - ii Increasing evidence that emphasis on school-based, sometimes school-initiated, PPD has significant impact on teachers and schools
 - iii More school-based PPD involves classroom research, increasingly as part of collaborative inquiry, and linked to school improvement priorities
 - iv Greater clarity about the nature and criteria for success in school-based masters-level provision, plus evidence that teachers are willing to 'share risks' associated with trying out new approaches and support one another in their enquiries
 - v Recognition of the importance of in-school leadership and advocacy for PPD to encourage participation and retention
 - vi Examples of former PPD students supporting and coaching later school-based groups (for example, by building on earlier work)
 - vii Increased emphasis on the significance of pupil voice in teaching and learning
 - viii Some evidence of involving pupils overtly in PPD projects
 - ix More reports of teachers gaining confidence and capacity to make sound professional judgements based on individual and group enquiries supported by relevant academic and theoretical study
 - x Reported evidence of teachers having greater empathy with pupils
 - xi Emergence of confident peer leadership and support for other teachers, sometimes by relatively junior staff, as an outcome of PPD
 - xii PPD provision and its intended outcomes more clearly related to Every Child Matters
 - xiii Better articulation of the value of PPD for schools in special measures, with providers beginning to explain the benefits more clearly
 - xiv Emerging value of PPD in addressing the specific identified needs of learning communities and networks across schools

- 56 Despite the many positive features and outcomes from the PPD programme, there are several aspects to be addressed:
- i There are still significant variations in the levels of recruitment and retention of PPD participants, regardless of the target numbers proposed by providers
 - ii PPD continues to involve only a small proportion of the teaching workforce
 - iii Not all teachers receive the wholehearted support and encouragement of their schools when they take part in PPD
 - iv Taking part in PPD can disrupt the work-life balance of some participants
 - v Many providers are still concerned about the number of participants not submitting work for accreditation although they diligently attended and participated fully in the PPD programme
 - vi Providers should aim to gather corroborative evidence of the impact of PPD without placing an unacceptable burden on individuals
 - vii To develop the PPD programme further, it would be helpful to have examples and accounts of aspects of provision that did not achieve the intended outcomes and impact

Conclusion

- 57 The following statements from one provider seem to encapsulate the ways in which many other providers appear to be moving forward in evaluating impact:

“The requirement to evaluate impact for the TDA has led to a greater recognition [of the need] for a tighter focus on obtaining evidence from participants [and] partners as well as university tutors. In future the PPD course leader/partnership manager will have a role in bringing together evidence from different sources and triangulating material between the teacher, the school/LA, and the HEI to corroborate impact. More emphasis will be placed on obtaining pupil voice as part of the evaluation process. Impact evaluation will be discussed in a formative way with participants from the outset, rather than relying heavily on summative written evaluation. There will be more direct reference to impact throughout the course handbook that participants receive at the outset.”

“Impact statements will be required as one of the criteria for submission of assignments from 2008/9, to ensure that evidence of impact is made explicit and directly related to the PPD programme, and to substantiate the more inferred and indirect evidence that can be acquired from other sources.”

Annex A

PPD Impact evaluation summary report

Introduction

PPD criterion 7 states that providers should:

'Show how provision delivers postgraduate professional development which meets priority areas identified by the TDA'.

This information is required by TDA by Friday 31 October 2008. The evaluation of the programme's impact on practice in schools should be sent in summary form using this template.

PPD partnerships have already specified their approach to impact evaluation in their application. Please note that TDA welcomes different approaches across the partnerships.

The purposes of this summary template are as follows:

- To support providers and ensure that the process of reporting is not unduly burdensome
- To achieve consistency in how this information is reported
- To enable TDA to disseminate effective practice across providers
- To inform the future development of the PPD programme

We are interested in how you have evaluated impact, what conclusions your evaluation has led to and how this evaluation will inform your future provision. Please note that these summaries will be made available for the external quality assurance of PPD that we have commissioned. We will not use this information to make judgements which affect existing funding arrangements but we may wish to contact providers for further detail in cases where the summary is unclear.

Guidance

Further guidance on completing this form is provided. You may also find it helpful to review the TDA's report on PPD impact evaluation and the examples of effective practice provided on our website http://www.tda.gov.uk/partners/cpd/ppd/evaluating_impact.aspx.

The boxes will expand if additional space is needed. However, we would urge providers to be as concise as possible. For the purposes of this summary report, we are interested in your approach to evaluating impact, outcomes and your appraisal of provision this year, rather than in the detail and the methodology which lies behind the findings. Please note, however, that TDA's quality assurance of the programme may involve further discussion based on the evidence which supports providers' evaluation of impact. This evidence should therefore be available on request.

Section A of the template relates specifically to impact:

- 1: Part 1: What kinds of impact have you discovered on participants, pupils, schools and others?
- 2: Part 2: How do you know this has been an impact of PPD? How did you approach this exercise?
- 3: Part 3: What are the implications of your findings for your current and future provision?

Section B relates to collaborative funding. We are interested in the impact you believe collaborative funding has had on your provision. We are also interested in how this funding has been used. This will enable us to monitor the effectiveness of collaborative funding and also to disseminate to other providers how this funding has been used to good effect.

Provider name:

Section A: Evaluation of impact

Part one: What kinds of impact?

Q1a: What kinds of impact has the provision had on participants?

Q1b: What kinds of impact has the provision had on pupils?

Q1c: What kinds of impact has the provision had on the wider life of the school/other schools?

Q1d: (optional) Has your provision had other forms of impact not covered by the questions above?

Part two: How do you know?

Q2: How do you know that these are areas of impact related to PPD? What evidence did you collect? Whom did you consult? What strategies did you use?

Part three: Implications for your provision

Q3a: How have you already responded to your evaluation of impact in the current academic year (2007/08)?

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Q3b: What are the implications of your evaluation of impact on your provision in the longer term?

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Section B: Collaborative Funding

Q4a: Please provide a breakdown of how the collaborative funding for 07/08 was used.

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Q4b: How did the collaborative funding benefit your provision in 07/08?

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Thank you for completing this evaluation form please return it electronically to:
ppd@tda.gov.uk

Or by post to:
Saerah Chaudhri
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