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

Annual summary (Year 2)

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Glossary

Acronym	Full wording
AB	Appropriate Body
BPN	Best Practice Network
CPD	Continuing Professional Development
CCF	Core Content Framework
DP	Delivery Partner
DfE	Department for Education
ECF	Early Career Framework
ECT	Early Career Teacher
EDT	Education Development Trust
ERO	Early Roll-Out
IOE	Institute of Education
LP	Lead Provider
LA	Local Authority
MAT	Multi-Academy Trust
NIoT	National Institute of Teaching
NPQ	National Professional Qualification
NQT	Newly Qualified Teacher
NRO	National Roll-Out
PPA	Planning, Preparation and Assessment
SEND	Special Educational Needs and Disabilities
TSH	Teaching School Hubs
UCL	University College, London

Summary

The Department for Education (DfE) commissioned a process evaluation of the national roll-out (NRO) of the Early Career Framework-based induction for Early Career Teachers (ECTs), to follow participants (induction tutors, mentors and ECTs) in the 1st cohort over the 2 years of their induction programme.

The vast majority of ECTs in the 1st cohort (Cohort 1) (almost 27,000 individuals, accounting for 95% of all ECTs) were in schools that chose to follow a **provider-led** induction programme with training directed by one of 6 lead providers and delivered by one of 146 local delivery partners. These were supported by almost 25,000 mentors who were training alongside their mentees. Two-years into the implementation of the ECF reforms[1], the key findings for those who started their provider-led induction programmes in September 2021 and were coming to the end of their induction programme include:

- The 2nd year of the implementation of the ECF reforms saw increasing complexity in schools in coordinating and supporting the ECF-based induction programme. There was the addition of a new cohort of ECTs (Cohort 2) and schools were often managing multiple ECTs at various stages of their induction journey. There was also some degree of change and churn in mentoring arrangements, with different staff members taking on the mentor role and ECTs reporting having a different mentor, mentors taking on new or different ECTs during the 2nd year (often alongside their original ECT mentees), or (less common) mentors no longer in the role. Also, some participants had dual roles as both induction tutor and mentor[2], and this was more common in primary schools.

- The increasing complexity of arrangements increased the workload of induction tutors, but most felt able to cope. They were getting more familiar with the programme and what was required, and some adjusted their activities to better accommodate their induction tutor responsibilities. Around three-quarters felt the workload expected of them was about right, they were able to manage mentor allocation, found overall administration of the programme easy and many (though slightly fewer) also found the DfE digital service for registration easy to use and easier over time. However almost one-quarter were experiencing challenges, particularly those dealing with more ECTs, multiple cohorts and the dual induction tutor and mentor role.

- Induction tutors tended to feel more confident in their understanding of the commitment required of participants in the 2nd year of induction than of the detailed content of the training being delivered. However, they were less clear

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[1] Formerly referred to as the National Roll-out or NRO. Note this was the terminology used in the previous reports from the evaluation.

[2] This was also present in the 1st year as indicated by analysis of DfE statistics. However, the baseline and mid-point surveys did not specifically ask about dual roles.

about what the 2nd year entailed compared to the 1st year. Generally, induction tutors as well as mentors felt the 2nd year, the additional year of training and support introduced with the ECF-based induction, was beneficial. Induction tutors felt the additional year brought greater familiarity, greater confidence and allowed for learning to be embedded, enabled a focus on building independence and the ability to specialise.

- There was increasing contact with appropriate bodies over the ECF-based induction programme, but for mentors and ECTs this tended to be light-touch. Induction tutors rated communications from their lead providers positively and this increased in Year 2. Mentors and ECTs were similarly positive about communications from their delivery partners.

- Towards the end of the 2-year ECF-based induction programme ECTs were mainly positive about their training. A larger proportion of ECTs continued to rate the elements of their training as good than rated them poorly. Most aspects saw an improvement in ratings after a dip at the end of the 1st year. ECTs were most positive about ease of digital access (and online training activities were common), opportunities to practise their skills and monitoring their progress. Mentors and induction tutors also rated the training for ECTs positively and were more positive than ECTs.

- Expectations increased over the period of induction and by the end were more likely to be met (at least to some extent). There were increases in all areas reporting that their expectations for the training had been completely met. Some expectations changed for ECTs, shifting over time to focus more on careers and progression and interaction with peers including observing other teachers than at the start. But improving their skills in adaptive teaching and behaviour management remained the main focus for ECTs throughout their induction and into their 2nd year along with improving their subject knowledge. Mentors frequently hoped they would be better able to support ECTs, improve their mentoring skills and their teaching practise.

- There continued to be some frustrations about the lack of tailoring to school context and learner needs for ECT training in provider-led ECF-based induction. Ratings on tailoring in training delivery and in meeting expectations did improve in the 2nd year but gaining experience specific to the school (in terms of context) was an area where some ECTs felt their expectations had not been met at all. There were sustained levels of poor ratings for tailoring in ECT training among ECTs and induction tutors. Lack of tailoring or specificity was also given as a reason by the small proportion of ECTs who did not feel well prepared for moving off induction and taking on a full teaching load. Additionally, some ECTs and mentors called for more flexibility in the content of the training (largely around the depth of coverage) and sequencing of training for ECTs, in order to focus in a timely fashion on ECTs learning needs, wider school priorities and ECTs interests.

Together these findings suggest that in some schools tailoring is working well and improving but not in others. Given this feedback, DfE has worked with providers to introduce more exemplification materials and greater flexibilities to better meet the needs of ECTs. [3]

- A high workload was another frustration for some ECTs in Year 2 with the ECF-based induction activities adding to their workload (despite a fall in actual time spent and some easing of induction workload). They felt they received little advice on workload management and were less confident in managing their own workload and wellbeing. Other frustrations concerned a repetition of previous content covered in their ITT and learning nothing new and feeling ready to move on before the end of the 2-year period.

- Challenges and frustrations for mentors also included a perceived lack of tailoring of their mentor training particularly to their phase. Other frustrations were that the mentor training was overly prescriptive, there were a lack of networking opportunities to share experiences and insights (mentors often felt quite isolated), a lack of recognition of their commitment and expertise, and the high workload. Mentors tended to already have a high workload which was exacerbated by the requirements of the mentoring role and volume of training content to cover (both of which were greater than anticipated) and not getting the time they felt they needed to carry out the role properly. DfE expectations and programme design meant the hours required for training and for mentoring reduced in Year 2, however overall mentors' workload was likely to increase as mentors pick up additional ECTs and other mentees (trainee teachers and wider staff) and potentially continue to provide informal support to their current ECTs once they complete their induction period (all of which the majority of mentors believe they will do).

- ECTs felt well prepared for their induction by their Initial Teacher Training, and ECTs, mentors and induction tutors felt the ECF-based induction programme built on and extended topics covered in ECTs' ITT, and to some extent provided ECTs with new knowledge and training content not encountered before. However, around one third of ECTs felt their induction didn't expose them to new knowledge and this is reflected in their frustrations about repetition of content from their ITT.

- Mentoring is critical to the ECF-based induction. It is highly valued, ECTs continued to feel very supported and were confident in their mentors' abilities and mentors remained a key source of advice for ECTs despite ECTs growing in confidence and independence. ECTs rated their mentor support most highly for general listening, offering support and helping them understand their own role and responsibilities.

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[3] See Outcomes of the review of the initial teacher training core content framework and early career framework

- Those taking on the mentoring role as the first cohort of mentors following the implementation of the ECF reforms tended to be very experienced teachers with a leadership role and prior mentoring experience (though many were keen to learn more) and already tended to have a high workload. Most had a full teaching timetable (when not mentoring) alongside their mentor responsibilities. As the programme embeds, schools may be looking to expand their mentor pool over time to involve more junior staff, to meet increasing demand and reduce the burden on current mentoring staff. Mentors were generally confident in their abilities to mentor their ECTs in a range of areas. Their confidence increased from the levels reported at the start of the programme, particularly in giving useful feedback, helping ECTs with critical reflection and to set developmental actions. Mentors were least confident in helping ECTs to manage their workload and wellbeing and felt more guidance in this area would be useful.

- All groups continued to be more positive than negative about their ECF-based induction experience in terms of helpfulness and overall satisfaction, and overall satisfaction increased in Year 2. ECTs were most positive about the time spent with their mentor, and the mentor meetings and mentor support worked particularly well for them. This highlights how the mentoring aspect to the ECF-based induction stands out as a well-regarded and supportive element of the programme. However, ECTs enthusiasm fell over time reflecting their greater confidence and readiness to move on. In contrast, mentor engagement and enthusiasm for their mentor role remained high.

- ECT confidence had grown over the course of their ECF-based induction, increasing in all areas and suggesting all-round growth. They started their induction feeling most confident about setting and demonstrating high expectations, planning, and managing behaviour, and remained most confident in these areas. The greatest perceived gains in confidence were in assessment, adaptive teaching practice, planning and promoting pupil progression. At the end of the 2nd year and, for most, the end of their induction programme, ECTs tended to be positive about how well the provider-led ECF-based induction programme had prepared them for their next step. However, induction tutors, mentors and ECTs themselves felt they would need some further support as ECTs transitioned from their induction programme and over the following few years, particularly in the form of supportive line management, peer support and continued informal mentoring and this could focus on managing workload and wellbeing. A key message is the need for strong and supportive line management and continued informal mentoring support beyond the induction period which is likely to add further to the workload of mentors.

- Towards the end of the first complete induction period, most schools intended to continue with the provider-led approach and their current lead provider and felt this was working well for them. Despite increasing complexity in coordinating and

supporting the ECF-based induction programme, very few induction tutors or mentors expected to give up their role and instead many expected to expand their role. The vast majority of ECTs intended to stay on in teaching beyond their induction and to stay on in their current school.

- Those in primary schools remain consistently more positive about their provider-led ECF-based induction programme than those in secondary schools.

DfE has learned from the feedback through the evaluation process and has looked to address these issues both as part of continuous improvement of the current delivery of ECF-based training, and through the review of the ITT Core Content Framework and ECF and the ECF delivery model.[4] From September 2023, more flexibilities have been introduced to the programmes to ensure they better meet the needs of ECTs, including introducing stretch materials and the mentor programmes have been reviewed and streamlined as much as possible. From September 2025 all provider-led programmes will include diagnostic tools to enable more tailoring of learning for ECTs, supporting them to focus more on areas they most need to develop. The training for new mentors will be condensed down to one year and all mentors will be equipped with materials to use in their sessions with their ECTs.

Although the vast majority of ECTs started their induction in the 1st term of the 2021 to 2022 academic year, some ECTs joined the first cohort of ECTs later in the 2nd or 3rd terms. These later registering ECTs had a different profile and were more likely than those who started in the 1st term to be working in primary schools and in schools with fewer other ECTs, to have prior work experience, to be working part-time or to be older. In terms of their experience of provider-led ECF-based training, later registering ECTs appeared more reliant on online training and were less likely to have taken part in live in-person training and peer networking events and this impacted on their opportunities to connect to ECTs in other schools.

A small proportion of ECTs (4%), mentors and induction tutors were involved in ECF-based induction programmes that were delivered by their School or Trust using free DfE accredited materials (referred to in this study as a school-led approach). In Year 2, of the implementation of the ECF reforms the school-led approach continued to be more common among schools located in London and the South-East, and in secondary schools. Participants had similar ambitions for the ECF-based induction to those in schools with a provider-led approach but were more likely to feel they had been met, and they were more positive about the helpfulness of their ECF-based induction and had higher satisfaction levels. Those on school-led programmes had higher levels of live in-

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[4] See Outcomes of the review of the initial teacher training core content framework and early career framework and the Initial teacher training and early career framework (a combined framework which will replace the separate frameworks from September 2025)

person training and generally gave higher ratings for training delivery than those in schools with a provider-led approach. The exception was for opportunities for ECTs and mentors to network with their peers, where this was rated lower than in schools with a provider-led approach (continuing the pattern noticed in the 1st year). ECTs reported less time on average on training and self-directed study in Year 2 than ECTs in provider-led schools.

Introduction

This research briefing presents key findings drawn from the experiences of the first cohort of Early Career Teachers (ECTs) and mentors across their 2-year Early Career Framework (ECF) based induction programme plus the experiences of their induction tutors. It reflects on findings gathered from these participants in Year 2 collected through:

- A survey conducted in April and May 2023 towards the end of the 2nd year, referred to as the end-point survey.[5]

- Case study interviews in 8 schools[6] and interviews with senior leaders and induction tutors in a further 14 schools, with fieldwork taking place between March and July 2023.

- Discussions with the 6 lead providers[7] supporting the ECF-based induction programme in the 2021 to 2022 and the 2022 to 2023 academic years, undertaken between February and April 2023.

- Two virtual workshops with mentors, in March 2023 and July 2023.

It also builds on and provides comparisons to earlier findings presented in the Year 1 research briefing[8] published in March 2023 and draws on published data and analysis from the Department for Education's (DfE) teacher continuing professional development digital service.[9] It focuses on how the ECF-based induction programme has evolved in the 2nd year of its implementation, participant experiences of and engagement with Year 2 of the programme, and reflections across the 2 years.

The research aims to help the DfE understand how well the ECF-based induction programme is working and where it is working well, the challenges encountered, and how the ECF-based induction programme can be improved. The Department has already taken account of findings from Year 1 and is continuing to work to make changes to guidance and support.[10]

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[5] The survey was sent to all ECTs, mentors and induction tutors who responded to the baseline survey (which was sent to all those registered on the DfE teacher CPD digital service as at November 2021), and all those ECTs, mentors and induction tutors who responded to the mid-point survey (which was sent to baseline respondents but also anyone registered on the DfE teacher CPD digital service between December 2021 and April 2022).

[6] Across the 8 schools, 33 individuals were interviewed including induction tutors, senior leaders, mentors, ECTs (from Cohort 1 and also Cohort 2), representatives from appropriate bodies, delivery partners and school governing bodies.

[7] The 6 lead providers during 1st and 2nd year of the implementation of the ECF reforms were: Ambition Institute, Best Practice Network, Capita, Education Development Trust, Teach First, and UCL Institute of Education.

[8] See Evaluation of the national roll-out of the early career framework induction programmes: Annual summary (Year 1).

[9] The teacher CPD digital service is known as the Manage Training for Early Career Teachers service. See the statistical release Teacher and Leader development: ECF and NPQs.

[10] See the section 'Responding to feedback'.

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 train mentors on how to support ECTs. These schools can decide which provider-led programme they want to follow.

- Schools can use freely available DfE-accredited materials to deliver their own ECF-based induction programme (school-led approach[11]). These schools decide which of the 4 available sets of training materials to use.[12]

- Schools can design and deliver their own induction programme based on the Early Career Framework (design and delivery approach[13]).[14]

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[11] The definition 'School-led' is consistent with the Year 1 report but differs slightly from the definitions used in the DfE statistical release: Teacher and Leader development: ECF and NPQs. The release groups schools who deliver materials designed by lead providers with those who design and deliver their own programme. In this research, these are separated and thus given different labels. This research does not include schools who design and deliver their own programme.

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

[13] Schools and individuals following this approach are not required to register with the DfE Teacher CPD digital service, so data on this group have not been captured or reported.

[14] The definition is consistent with the Year 1 report but differs slightly from the definitions used in the DfE statistical release: Teacher and Leader development: ECF and NPQs. The release groups schools who design and deliver their own programme with those who deliver materials designed by lead providers. In this research, these are separated and thus given different labels, and this research does not include schools who design and deliver their own programmes.

A: Provider-led ECF-based induction

The 1st part of this briefing focuses on the largest groups, which are schools and individuals engaging with the provider-led ECF-based induction.[15]

Exploring participation

ECTs

The DfE's published statistics[16] show that most participants were in schools that had chosen to take the provider-led approach to ECF-based induction. This group includes 96% of ECTs (95.7% of those starting their induction in the 2021 to 2022 academic year, and 96.1% of those starting in 2022 to 2023 academic year). The number of ECTs starting a provider-led ECF-based induction in the 2021 to 2022 academic year was 26,648[17], and these were Cohort 1 in the implementation of the new ECF-based induction programme. The number starting in the 2022 to 2023 academic year was 26,291[18] and these are referred to as Cohort 2.

DfE statistics show that the take-up of provider-led ECF-based induction (rather than school-led) for Cohort 2 was highest in Yorkshire and the Humber and in the East Midlands and lowest in London, highest in special schools, and highest in primary rather than secondary schools. These follow the patterns found for Cohort 1.

The profile of ECTs on a provider-led programme was similar for Cohort 1 and Cohort 2.[19] Most ECTs in both cohorts were: less than 30 years old (41% for Cohort 1 and 42% for Cohort 2 under 25; and 31% for Cohort 1 and 30% for Cohort 2 between 25 and 29), working full-time (75% and 75%), female (75% and 75%) and white (85% and 84%). Most ECTs on a provider-led ECF-based induction programme were in an Academy (60% in Cohort 1 and 59% in Cohort 2) or a Local Authority maintained school (32% and 33%). The profile of Cohort 2 changed slightly in terms of phase, with 51% of Cohort 1 ECTs in secondary schools falling to 47% in Cohort 2, conversely there was a rise in the proportion in primary settings (from 44% to 48%). This reflects participation in the previous year's ITT. There was also a change in the profile in terms of appropriate

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[15] Unless other specified, where comparisons are made between survey findings towards the end of the 2nd year (in the end-point survey) with those towards the end of the 1st year (in the mid-point survey) or the end of the 1st term at the start of the induction (the baseline survey), these are made in aggregate and not just for those responding to all 3 surveys.

[16] See Teacher and Leader development: ECF and NPQs

[17] This is a revised figure from the provisional figures published in 2023 and reported in the Year 1 annual report.

[18] This figure should be treated as provisional.

[19] The proportions quoted have been rounded to the nearest whole percent and are calculated based on known data only. The DfE note that where relevant data is unknown or absent, this may indicate that either the teacher could not be matched in the School Workforce Census or that the information is missing from the School Workforce Census.

bodies, with 50% of ECTs in Cohort 1 supported by a Local Authority as their appropriate body falling to 39% in Cohort 2. This reflects the change from September 2023 onwards when Local Authorities would no longer be able to provide those services, and suggests that some schools were switching ahead of the deadline or that their Local Authority had already withdrawn from offering appropriate body services.

The profile of ECTs responding to the surveys had a similar demographic composition as the ECT population (captured in the DfE statistics) and there was little change in profile across the 3 surveys:

- the baseline survey at the end of the 1st term in the 1st year of the implementation of the ECF reforms (completed by 7,572 ECTs on provider-led programmes);

- the mid-point survey at the end of the 1st year of the implementation of the ECF reforms (completed by 2,981 ECTs on provider-led programmes and who had registered during the 1st term and had completed the 1st survey); and

- the end-point survey at the end of the 2nd year of the implementation of the ECF reforms and thus at the end of the induction period for the majority of Cohort 1 ECTs (completed by 2,755 Cohort 1 ECTs on provider-led programmes who had registered during the 1st term).

The surveys provided additional insights and indicated that just under one-half of ECTs on provider-led programmes were in schools in a multi-academy trust (MAT) (47%) and just over one-half were in single-academy trusts or were not academies (53%), and 52% were in secondary schools and 46% in primary schools.[20] School type and phase are related, with secondary schools more common in MATs than primary schools.

Mentors

The DfE's published statistics[21] show the number of mentors starting their provider-led ECF-based mentor training in the 2021 to 2022 academic year was 26,713, and the number starting in the 2022 to 2023 academic year was 19,368. This represents a decrease in mentor trainee starts from the 1st to the 2nd year of the implementation of the ECF reforms. This contrasts with ECT numbers which remained largely static from the 1st to the 2nd year and, as to be expected, suggests that many mentors (from the 1st cohort of mentor trainees) were taking on additional ECTs.[22]

The profile of mentors trained through the provider-led ECF-based induction programme was similar for the 1st and 2nd years.[23] The vast majority of mentors trained were in their 30s and 40s (42% in their 30s and 27% in their 40s in the 1st year, and 42% in their 30s

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[20] 2% were working across primary and secondary phases.
[21] See Teacher and leader development: ECF and NPQs.
[22] Trained mentors can support ECTs as well as mentors in training.
[23] Please note that the percentages have been calculated for those giving a response, so based on the total known (and excludes not known).

and 28% in their 40s in the 2nd year), were white (90% and 90%), female (76% and 75%), and worked full-time (85% and 83%). As found in the Year 1 analysis, relative to the ECT population fewer mentors were from ethnic minority backgrounds, a greater proportion worked part-time relative to ECTs which could cause challenges with scheduling mentoring sessions, and most mentors were in their 30s or older (reflecting their greater teaching experience).

The profile of mentors responding to the surveys had a similar demographic composition as the mentor population and there was little change in profile across the 3 surveys:

- the baseline survey at the end of the 1st term in the 1st year of the implementation of the ECF reforms (completed by 7,028 mentors on provider-led programmes),

- the mid-point survey at the end of the 1st year of the implementation of the ECF reforms (completed by 2,740 mentors who were registered in the 1st term),

- the end-point survey at the end of the 2nd year of the implementation of the ECF reforms and thus at the end of the mentor training period for the majority of surveyed mentors and at the end of the formal mentoring period for most of their Cohort 1 ECTs (completed by 1,946 mentors who registered in the 1st term).

Table 1: ECT profile and mentor profile for those on provider-led programmes, 2021/22 starts (Cohort 1) and 2022/23 starts (Cohort 2)

Characteristic	Group	2021/22 ECTs*	2022/23 ECTs*	2021/22 mentors*	2022/23 mentors*
Age category	Under 25	41.1%	42.1%	1.2%	0.7%
Age category	25 to 29	31.1%	30.4%	17.1%	16.0%
Age category	30 to 39	17.3%	16.9%	41.5%	41.5%
Age category	40 to 49	7.9%	8.1%	27.3%	27.8%
Age category	50 to 59	2.4%	2.3%	11.9%	13.0%
Age category	60 and over	0.1%	0.1%	0.9%	1.0%
Age category	Unknown (N)	2,086	4,799	1,146	876
Age category	Total known (N)	24,562	21,492	25,567	18,492
Ethnicity	Other ethnic group	1.1%	1.2%	0.6%	0.7%
Ethnicity	Other mixed	2.4%	2.7%	1.7%	1.6%
Ethnicity	Asian/Asian British	7.7%	8.3%	5.0%	5.4%
Ethnicity	Black/Black British	3.6%	3.3%	2.3%	2.4%
Ethnicity	White	85.2%	84.4%	90.5%	89.9%
Ethnicity	Unknown (N)	5,393	7,918	3,381	2,442

Characteristic	Group	2021/22 ECTs*	2022/23 ECTs*	2021/22 mentors*	2022/23 mentors*
Ethnicity	Total known (N)	21,255	18,373	23,332	16,926
Gender	Female	74.7%	75.1%	75.6%	75.4%
Gender	Male	25.3%	24.9%	24.4%	24.6%
Gender	Unknown (N)	2,137	4,821	1,187	88
Gender	Total known (N)	24,511	21,470	25,526	18,484
Working pattern	Full-time	94.7%	95.0%	84.6%	83.4%
Working pattern	Part-time	5.3%	5.0%	15.4%	16.6%
Working pattern	Unknown (N)	2,085	4,799	1,146	876
Working pattern	Total known (N)	24,563	21,492	25,567	18,492

*percentage calculated for known groups only

Base: Total number of ECTs confirmed to have started the provider-led induction (England 2021/22 and 2022/23)

Source: DfE Digital Service Platform, 2021/22 and 2022/23 starts and trainees

Table 2: ECT and mentor school profile for those on provider-led programmes, 2021/22 starts (Cohort 1) and 2022/23 starts (Cohort 2)

Characteristic	Group	2021/22 ECTs*	2022/23 ECTs*	2021/22 mentors*	2022/23 mentors*
Phase	Other	4.9%	5.1%	4.5%	4.6%
Phase	Primary	44.2%	47.7%	43.2%	45.4%
Phase	Secondary	51.0%	47.2%	52.3%	50.0%
Phase	Unknown (N)	1	1	0	0
Phase	Total known (N)	26,647	26,290	26,713	19,368
School type	Academies	60.3%	59.3%	60.7%	60.0%
School type	Free schools	5.2%	5.1%	5.2%	4.7%
School type	LA maintained	31.7%	32.6%	31.5%	32.8%
School type	Other types	0.5%	0.5%	0.5%	0.5%
School type	Special schools	2.4%	2.5%	2.1%	2.1%
School type	Unknown (N)	1	1	0	0
School type	Total known (N)	26,647	26,290	26,713	19,368
AB	ISTAP	0.2%	0.0%	NA	NA
AB	Local Authority	49.7%	39.2%	NA	NA

Characteristic	Group	2021/22 ECTs*	2022/23 ECTs*	2021/22 mentors*	2022/23 mentors*
AB	NTA	3.2%	2.8%	NA	NA
AB	TSH	46.8%	57.9%	NA	NA
AB	Total known	26,648	26,291	NA	NA

*percentage calculated for known groups only

Base: Total number of ECTs confirmed to have started the provider-led induction (England 2021/22 and 2022/23)

Source: DfE Digital Service Platform, 2021/22 and 2022/23 starts and trainees

Increasing complexity

Over the first 2 years of the implementation of the ECF-based induction, the number of ECTs in schools increased. By the end of the 2nd year, most schools with ECTs had more than 1 ECT (just 17% of induction tutors reported their school had only 1 ECT) – with ECTs joining later in the 2021 to 2022 academic year (later registrations for Cohort 1) and joining in the 2022 to 2023 academic year (Cohort 2). This has implications for delivery of the induction programme as many schools are managing multiple ECTs who are at various stages of their induction. The average (mean) number of ECTs in schools with the provider-led approach (as reported by induction tutors) was 4.8 (up from 2.6 at the start and 2.7 at the end of the 1st year). Secondary schools tended to have more ECTs than primary schools, with an average of 8.4 during the 2nd year compared to an average of 2.8 in primary schools.

Schools also increased the numbers of mentors supporting ECTs. Towards the end of the 2nd year, 71% of schools had more than 1 mentor supporting their ECTs (which could include ECTs from Cohort 1 and Cohort 2), up from 53% at the end of 1st year. The average number of mentors in schools with a provider-led approach to the ECF-based induction was 3.9 mentors at the end of the 2nd year (up from 2.5 at the end of the 1st year). Secondary schools tended to have more mentors than primary schools, with an average of 7.3 during the 2nd year compared to an average of 2.2 in primary schools. Across all provider-led schools, on average there were 1.21 ECTs for each mentor. Schools also saw some mentors leaving, stepping down from mentoring or changing or reducing their ECT caseload (this change and churn is explored in the section on mentoring and on mentor workload).

Understanding of the programme

Organisations involved in delivering and supporting induction

There are various types of organisations involved in delivering and supporting the provider-led ECF-based induction.

- In the 1st and 2nd year of the implementation of the ECF reforms there were 6 lead providers who developed and coordinated the provider-led ECF-based induction training: Ambition Institute, Best Practice Network, Capita, Education Development Trust, Teach First, and UCL Institute of Education.[24]

- In November 2021, at the start of the implementation of the ECF reforms, there were 146 delivery partners who delivered the training on behalf of each of the lead providers, half of these were Teaching School Hubs or Alliances, and the other half were universities, multi-academy trusts or specialist training providers.

- There were also appropriate bodies, who independently quality assure ECF-based induction including checking that ECTs receive their statutory entitlements around induction. In the academic years 2021 to 2022 and 2022 to 2023 both teaching school hubs and local authorities could act as appropriate bodies, and the surveys in the 2nd year found that 41% of induction tutors reported their schools worked with local authorities as their appropriate body. From September 2023 reforms were introduced making teaching school hubs the main provider of appropriate body services, meaning local authorities could no longer provide appropriate body services to new ECTs.[25] This meant some schools (particularly those not in a MAT, where working with their local authority was more common) needed to transfer to using a teaching school hub as their appropriate body.

Understanding and contact with the key organisations

Understanding of and engagement with the key organisations involved in delivering and supporting the ECF-based induction programme continues to be strong.

Lead providers: Nearly all induction tutors (99%) knew who their lead provider was and for nearly all (99%) this was the same lead provider that they started with. Induction tutors rated their lead providers highly and ratings increased over the 2-year period. Those in primary schools and in MATs were more positive about their lead provider's communication and information provision than those in secondary schools and those not in MATs. Induction tutors were most satisfied with communication of any changes and

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[24] From September 2023 Capita no longer acted as a lead provider, and the National Institute of Teaching (NIoT) became a lead provider.
[25] As set out in the sections on determining the appropriate body and what's new from April 2023 of the Induction for early career teachers (England): Statutory guidance for appropriate bodies, headteachers, school staff and governing bodies.

keeping them up to date (76% rated this as good), but the greatest positive changes over the period were in providing information at the right time (73%) and communicating clearly (73%). However, the school interviews indicated some challenges when trying to arrange for adaptions or reduced induction with their lead provider.
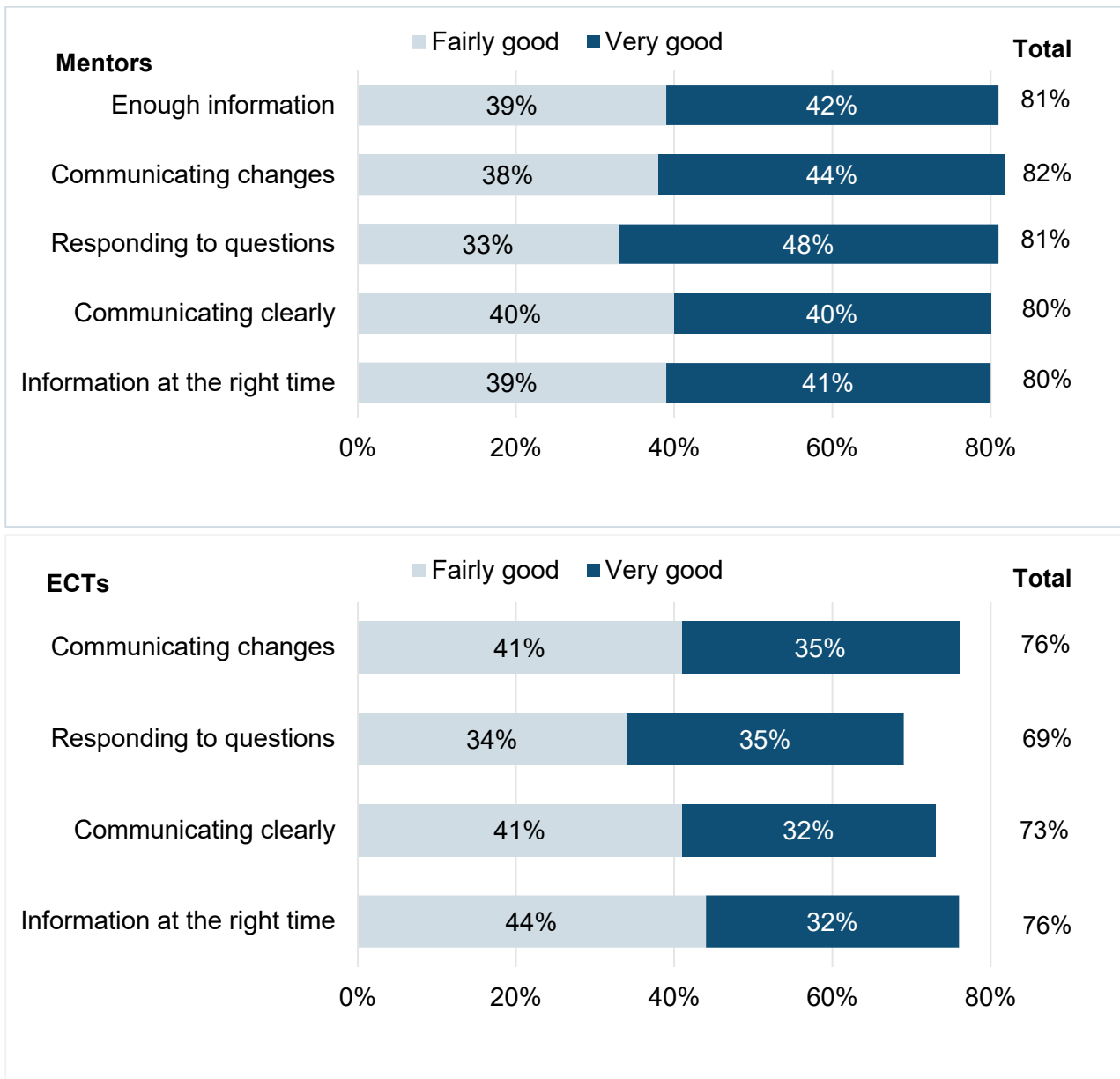
Delivery partners: Towards the end of their 2nd year of induction, most ECTs (92%) and many mentors (80%) reported having direct contact with their school's delivery partner. Direct engagement increased from Year 1. Delivery partners were rated highly for information provision and general communication, particularly communicating changes, and for mentors also responding to questions. There was little change in these ratings from Year 1. Mentors tended to rate their delivery partners more highly than ECTs did, and among ECTs and mentors those in primary schools were more positive about the information and communication from their delivery partners than those in secondary schools. Delivery partners also acted as a source of information and advice for approximately one-third of ECTs (32-34%[26]), and one-half of mentors (46%).

Appropriate bodies: Awareness of appropriate bodies was generally high, and engagement had increased over time. Towards the end of the 2nd year, virtually all induction tutors (98%) had engaged with their appropriate body in relation to supporting their Cohort 1 ECTs (i.e. those starting their induction in the 2021 to 2022 academic year). Induction tutors in the case studies and interviews reported good relationships with their appropriate bodies and they felt their appropriate bodies were supportive, communicated well and were adaptive to the needs of their school. The communications reported included regular emails, regular meetings (from weekly to termly), and speedy response to messages. Induction tutors contacted their appropriate bodies to register their ECTs (and get support for registration) and as part of monitoring ECTs, but (for some) also around providing additional support for struggling ECTs, to agree a reduced programme for experienced ECTs, and to discuss workload concerns.

Most mentors (93%) knew who their appropriate body was, and towards the end of the 2nd year 94% of these mentors had engaged with their appropriate body. Mentors' contact with appropriate bodies tended to be light, and was most likely to involve attending an introduction, receiving an induction handbook or induction information, or being given a named contact. Awareness of appropriate bodies was lower among ECTs, but still approximately three-quarters of ECTs (73%) knew who their appropriate body was. Among this group, most ECTs (91%), as they approached the end of their 2nd year, reported having some direct contact with their appropriate body. This represented a large increase on the 1st year, when this was approximately half of ECTs. As with mentors, ECTs contact with their appropriate body also tended to be light touch.

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[26] 32% of ECTs would go to their delivery partner if they had questions or concerns about the quality of their induction programme, and 34% would go to their delivery partner if they had concerns about the support they were receiving.

Figure 1: Positive ratings of delivery partners information provision and communication from ECTs and mentors in the end-point survey

Mentors

	Fairly good	Very good	Total
Enough information	39%	42%	81%
Communicating changes	38%	44%	82%
Responding to questions	33%	48%	81%
Communicating clearly	40%	40%	80%
Information at the right time	39%	41%	80%

ECTs

	Fairly good	Very good	Total
Communicating changes	41%	35%	76%
Responding to questions	34%	35%	69%
Communicating clearly	41%	32%	73%
Information at the right time	44%	32%	76%

Base: ECTs on provider-led ECF-based induction programmes who reported having direct contact with their school's delivery partner, and mentors in schools with a provider-led approach to ECF-based induction who reported having direct contact with their school's delivery partner

Source: ECF induction survey W3 – Provider-led ECTs and mentors

Table 3: Change in 'very good' ratings of delivery partners information provision and communication over time for ECTs and mentors

Participant type	ECTs	ECTs	ECTs	Mentors	Mentors	Mentors
Survey	Baseline	Mid	End	Baseline	Mid	End
Providing information at the right time	29%	32%	32%	29%	38%	41%
Communicating clearly	29%	32%	32%	32%	41%	40%
Providing enough information	NA	NA	NA	32%	42%	42%
Responding to questions or concerns I have	33%	37%	35%	43%	50%	48%
Communicating changes and keeping me up to date	NA	34%	35%	NA	44%	44%
Base (N)	7,572	2,981	2,755	7,028	2,740	1,946

Source: ECF induction survey W3, W2 and W1 – Provider-led ECTs and mentors

Understanding of the programme

Induction tutors (only) were asked about their understanding of the provider-led ECF-based induction programme in the 2nd year. Three-quarters (78%) felt they knew at least quite a lot (including 29% who knew a lot) about the content of the programme being delivered to their ECTs in their 2nd year. However, almost one-quarter (23%) felt they knew only a little or nothing about the programme content for Year 2. This suggests some disconnect between induction tutors and the delivery and experience of training. Those in secondary schools were more confident in their knowledge of the 2nd year programme content than those in primary schools. Also, those who had taken on the mentoring role alongside their induction tutor responsibilities felt more confident of their understanding, which is likely to reflect their greater involvement in the day-to-day delivery of induction.

Induction tutors appeared more confident in their understanding of the commitment required from participants during the 2nd year than about the content of the 2nd year of training. Half of induction tutors felt they knew a lot (47% to 49%), but this represented a fall from the findings at the end of the 1st year which suggests they were less clear about

what the 2nd year entailed compared to the 1st year.[27] Again, those in secondary schools were more confident than those in primary schools.

Meeting expectations

In the 2nd year of induction, ECTs continued to have broad expectations for their induction and expectations were higher in the 2nd year than at the start of the 1st year. The most common expectations for the 2nd year were:

- to gain or improve skills in adaptive teaching (81%) and in behaviour management (71%);

- to improve subject and pedagogical knowledge (79%); and

- have constructive and non-judgemental guidance and support (75%).

These echoed the most common expectations noted for the 1st year. However, in the 2nd year, ECTs were much more likely than in the 1st year to hope their induction would help their career progression (74% up from 59% at the baseline), and that they would have opportunities to observe other teachers (70% up from 57%[28]).

The majority of ECTs felt their experiences had delivered against their hopes at least to some extent, and in all areas there was an increase in the proportion reporting the ECF-based induction training had completely fulfilled their expectations. Aspects where expectations were most likely to be completely met were in having constructive and non-judgemental guidance and support (39% felt this ambition was completely met), having time to reflect on learning and experiences (32%), and gaining experience related specifically to their school (30%).

Areas where some ECTs felt their expectations had not been met at all in their 2nd year included gaining experience specific to their school which is likely to reflect concerns about tailoring to their phase, subject or local context, 12% felt this expectation had not been met at all suggesting that in some schools this is working well but not in others.[29] Other areas with higher levels of unmet expectations were helping with career progression (21%), observing other teachers (14%) and connecting to ECTs in other schools (12%).

Expectations of induction tutors were focused on building ECTs' practical skills, and they felt it was particularly important in the 2nd year of induction to build on subject and pedagogical knowledge and improve adaptive teaching skills. This follows the key

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[27] In terms of perceived knowledge of the commitment required: 49% reported they knew a lot about the commitment required of induction tutors (down from 64% at the end of the 1st year), 47% knew a lot about the commitment required of ECTs (down from 62%), and 48% knew a lot about the commitment required of mentors (down from 62%).

[28] These figures are based on those responding to both the baseline and end-point surveys.

[29] Delivery partners but also mentors have a role to play in contextualising the training for the ECT.

ambitions expressed by ECTs themselves. Approximately one-quarter of induction tutors felt their expectations in these areas had been completely met by the provider-led training.[30] However, the programme appeared particularly successful in wider ambitions such as providing better support for ECTs, raising the importance and profile of mentoring for ECTs and improving the effectiveness of mentors.[31] The interviews and case studies also identified wider benefits from the ECF-based induction programme, with some interviewees noting that it encourages reflection on the school approach to staff development.

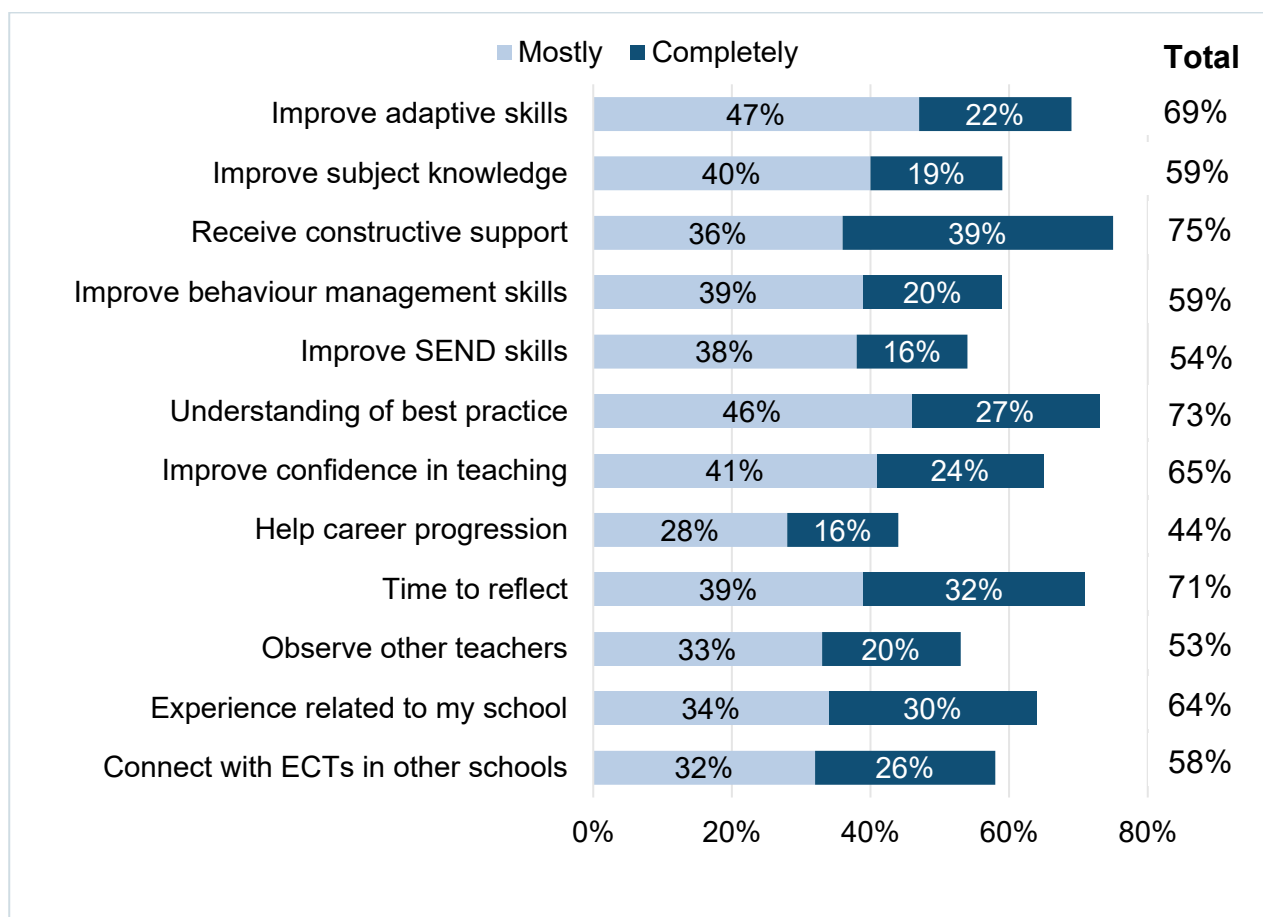## Benefits of the additional year

Generally, induction tutors and mentors felt the additional year of training, support and protected time for ECTs through the ECF-based induction programme (making it a 2-year programme) was beneficial (79% for induction tutors and 77% for mentors). They felt it offered continued support for personal development, growth and progression, it allowed time to develop, consolidate, embed and practice skills, and provided opportunities to learn from experienced teachers through the mentoring element. Feedback from the case studies and interviews was that it also brought greater familiarity, greater confidence and allowed for learning to be embedded, enabled a focus on building independence and the ability to specialise.

One-in-five induction tutors and mentors felt the additional year was not beneficial to ECTs, largely due to added workload and the perceived additional pressure and stress this brings. Other reasons noted were a lack of tailoring to needs, repetition of work already covered and the view that ECTs are already competent after the 1st year.

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[30] Improving confidence in teaching (28% completely met), improving ECTs subject and pedagogical knowledge (27% completely met), improving adaptive teaching skills (24% completely met), improved skills in behaviour management (22% completely met).
[31] With 39%, 34% and 30% respectively reported as completely met.

Figure 2: Whether ECTs' expectations were met at the end-point survey

Legend: Mostly, Completely, Total

Question	Mostly	Completely	Total
Improve adaptive skills	47%	22%	69%
Improve subject knowledge	40%	19%	59%
Receive constructive support	36%	39%	75%
Improve behaviour management skills	39%	20%	59%
Improve SEND skills	38%	16%	54%
Understanding of best practice	46%	27%	73%
Improve confidence in teaching	41%	24%	65%
Help career progression	28%	16%	44%
Time to reflect	39%	32%	71%
Observe other teachers	33%	20%	53%
Experience related to my school	34%	30%	64%
Connect with ECTs in other schools	32%	26%	58%

Base: ECTs who were registered on the provider-led training in the 1st term of the 1st year (Cohort 1) and who reported their expectations in the baseline, mid-point or end-point survey.

Source: ECF induction survey W3 – Provider-led ECTs

Table 4: Changes in ECTs expectations and extent to which these were met over time

Question focus	Expect	Expect	Met	Met	Completely met	Completely met
Survey	Baseline	End	Mid	End	Mid	End
Improve adaptive teaching	72%	81%	67%	69%	18%	22%
Improve subject knowledge	66%	79%	54%	59%	14%	19%
Receive constructive support	66%	75%	76%	75%	38%	39%

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Question focus	Expect	Expect	Met	Met	Completely met	Completely met
Survey	**Baseline**	**End**	**Mid**	**End**	**Mid**	**End**
Improve behaviour management skills	63%	71%	59%	59%	17%	20%
Improve SEND skills	59%	70%	50%	54%	13%	16%
Understanding of best practice	60%	69%	69%	73%	23%	27%
Improve confidence in teaching	60%	69%	62%	65%	21%	24%
Help career progression	59%	74%	41%	44%	12%	16%
Time to reflect	56%	66%	73%	71%	30%	32%
Observe other teachers	57%	70%	49%	53%	19%	20%
Experience related to my school	45%	55%	64%	64%	29%	30%
Connect with ECTs in other schools	42%	51%	53%	58%	21%	26%
Base (N)	7,572	2,755	varies	varies	varies	varies

Figures for expectations ('expect') are based on those who responded to both the baseline and end-point surveys. Figures for whether expectations were met ('met') includes mostly met and completely met and for mid-point were based on those who indicated hopes for the ECF-based induction programme in each area in the baseline survey, and for the end-point were based on those who indicated hopes in each area at any point, in the baseline, mid-point or end-point survey.

Source: ECF induction survey W3, W2 and W1 – Provider-led ECTs

Training delivery

The case studies and interviews found that ECF-based induction training was generally well-received, and the activities appreciated. Induction tutors appreciated the detailed and structured nature of the programme (emphasising the importance to take time to participate and allocating time to do so) along with its evidence-base, the focus on pedagogy, the high quality of the training materials, and the mix of delivery methods. They felt the time set aside for training and induction activities helped to create a culture that recognises the importance of professional development. However, they also recognised that the programme did increase the workload for ECTs and mentors.[32] They

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[32] Workload for ECTs and mentors as well as induction tutors is explored further in the section on workload.

felt ECTs engaged well and, although the programme had taken time to embed, ECTs were generally happy with it.

ECTs in the case studies were also largely positive about the training activities and materials, particularly in the 1st year. Mentors too viewed the structure and content of their mentor training broadly positively, and valued being at the forefront of new knowledge and evidence which could help their own practice and were generally positive about the value of the ECF-based induction programme overall.

Reflections on ECT training

The provider-led ECF-based induction training designed by lead providers involves a wide range of activities. By the end of the 2nd year, virtually all ECTs (99%) on the provider-led ECF-based induction had been able to attend in-person (face-to-face or virtual) training elements. This included 72% of ECTs who attended live in-person training (up from 62%) and continued the shift towards more interactive elements as the legacy of COVID restrictions fade. The feedback from the case studies and interviews highlighted how in-person events were viewed positively by many as they allowed for networking, developing practice, confidence building and supported positive wellbeing. However, they could be challenging to attend for some, for those working part-time, those with childcare commitments, if the sessions were located some distance away or took place after school hours.

- Online delivery remained common, with 76% reporting accessing live training online, 72% accessing online materials, and 59% watching recordings of training delivered online.

- By the end of the 2nd year, large group events were still less common: 38% had participated in peer networking events, 34% had participated in conferences.

Towards the end of their 2-year ECF-based induction programme, ECTs reflected on the training elements and were mainly positive. A larger proportion of ECTs continued to rate the elements as good (fairly good or very good) than rated them as poor (fairly poor or very poor). Most aspects saw a slight improvement in ratings from those reported at the end of the 1st year (which in turn had dipped from the initial ratings at the start of programme) although they still tended to be lower than rated at the very start of the programme. The exceptions were for accessing platform and digital materials, flexibility in training dates and times and opportunities to network which all saw a gradual increase over the induction period. ECTs in primary settings continued to be more positive than those in secondary schools.

- Overall, the most highly rated elements were ease of access to platform and digital materials (69% of ECTs rated this as good which was similar to the rating at the end of the 1st year of 70%), opportunities to practise their skills (68%, up slightly from the end of the 1st year 66%), and monitoring their progress (65%, up
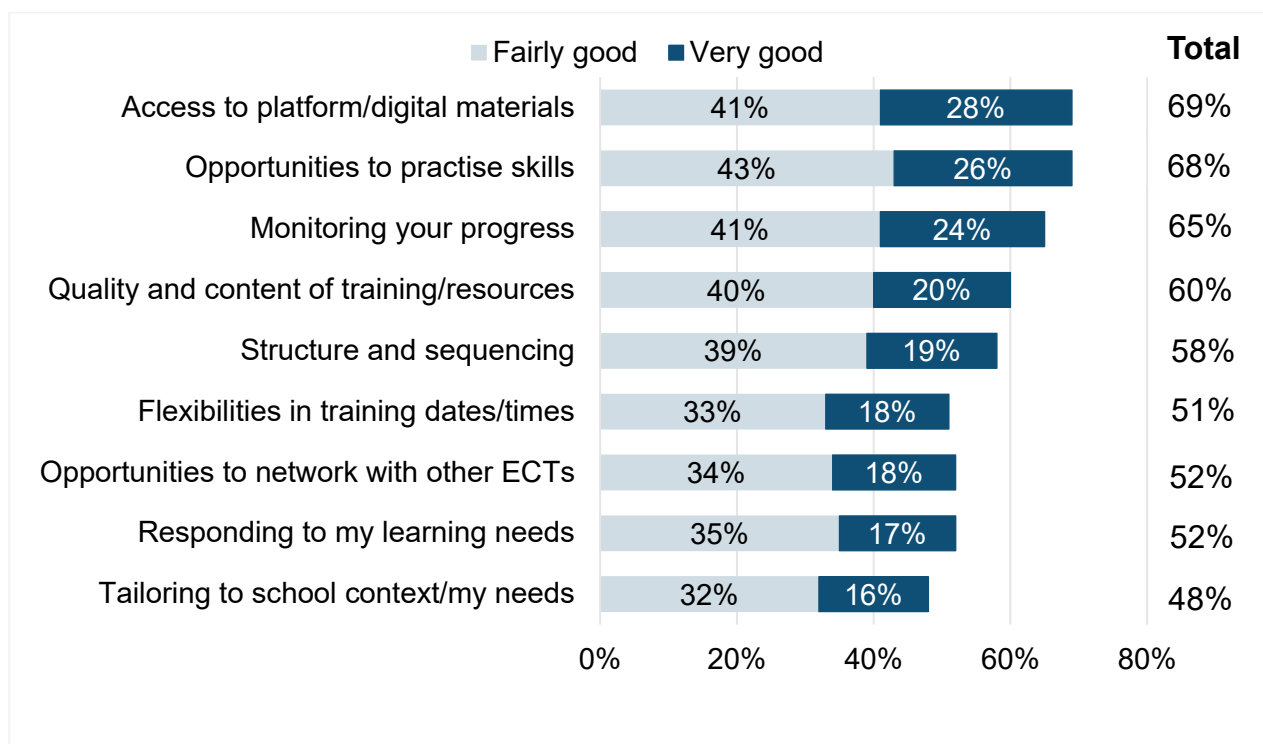
from 61%). These aspects were rated positively by approximately two-thirds of ECTs.

- This was followed by the perceived quality and content of the training and resources (60% of ECTs rated this as good, which was similar to the rating at the end of the 1st year of 61%), and structure and sequencing (58%, again similar to the rating of 57% at the end of the 1st year). These aspects were rated positively by approximately three-fifths of ECTs.

- Approximately half of ECTs rated opportunities to network (52%), responding to learning needs (52%), flexibility in training dates and times (51%), and tailoring to school context and needs (48%) positively.

Mentors and particularly induction tutors also rated the provider-led ECF-based training for ECTs positively in Year 2 and tended to be more positive than ECTs themselves. Induction tutors were more positive at the end of the 2nd year than at the end of the 1st year, with the largest increases noted for tailoring, networking opportunities, and flexibility (suggesting perceived improvements). However, ratings of mentors declined slightly between the 1st year and 2nd year. Induction tutors and mentors were most positive about opportunities to practise skills, quality and content of resources and monitoring progress. These have been the most highly rated aspects of the ECT training throughout the induction period, and they largely echo the feedback from ECTs. Also, induction tutors and mentors in primary schools and those in MATs were more positive about the provider-led training for their ECTs than those in secondary schools or non-MATs.

Reflecting on their 2nd year of training, around half of ECTs (51%) felt the balance between theory and practical content had been about right but a sizeable group (38%) felt there had been too much theory and too little applied content. These views were largely unchanged from their reflections on the 1st year (50% felt it was about right and 37% felt there was too much theory).

Figure 3: ECTs' positive ratings of training delivery in the end-point survey

Legend: Fairly good ■ Very good — Total

Category	Fairly good	Very good	Total
Access to platform/digital materials	41%	28%	69%
Opportunities to practise skills	43%	26%	68%
Monitoring your progress	41%	24%	65%
Quality and content of training/resources	40%	20%	60%
Structure and sequencing	39%	19%	58%
Flexibilities in training dates/times	33%	18%	51%
Opportunities to network with other ECTs	34%	18%	52%
Responding to my learning needs	35%	17%	52%
Tailoring to school context/my needs	32%	16%	48%

Base: ECTs on provider-led training and were registered in the 1st term of the 1st year who provided a response to the survey question (based on all responses, includes don't knows)

Source: ECF induction survey W3 – Provider-led ECTs

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

Rating	Good*	Good*	Good*	Very good	Very good	Very good
Survey	Baseline	Mid	End	Baseline	Mid	End
Access to platform/digital materials	66%	70%	69%	29%	28%	28%
Opportunities to practise skills	72%	66%	68%	30%	23%	26%
Monitoring your progress	66%	61%	65%	26%	21%	24%
Quality and content of training/resources	66%	61%	60%	26%	20%	20%
Structure and sequencing	65%	57%	58%	25%	18%	19%

Rating	Good*	Good*	Good*	Very good	Very good	Very good
Survey	Baseline	Mid	End	Baseline	Mid	End
Flexibilities in training dates/times	50%	48%	51%	18%	16%	18%
Opportunities to network with other ECTs	48%	49%	52%	17%	15%	18%
Tailoring to my school context/my needs	51%	44%	48%	20%	15%	16%
Base (N)	7,572	2,981	2,755	7,028	2,740	1,946

*includes very good and fairly good

Base: ECTs on provider-led training and were registered in the 1st term of the 1st year who provided a response to the survey question (based on all responses, includes don't knows)

Source: ECF induction survey W3, W2 and W1 – Provider-led ECTs

Preparation for entry to and exit from induction

The ECF-based induction programme is designed to flow on from Initial Teacher Training (ITT) and as such there is a relationship between the content covered in the ITT and that covered during induction. At the end of their induction, ECTs tended to feel that their ITT had prepared them well for their induction programme: 89% felt well prepared including 52% who felt their ITT had prepared them very well. Induction tutors agreed, with 86% feeling the ITT had prepared ECTs well. Less than one-in-ten ECTs (7%) felt their ITT had not sufficiently prepared them. Induction tutors and to a lesser extent ECTs felt this was due to a lack of practical experience in their ITT and perceptions that their ITT was too academic, and ECTs felt this was due to a lack of relevant or specific training in their ITT. These findings may reflect the negative impact of COVID restrictions on ITT for this cohort of ECTs and so could be a temporary issue rather than a long-standing theme.

In the 2nd year, the survey gathered views on how well, if at all, the ECF-based induction programme built on and extended topics covered in ITT, and provided new knowledge and training content that ECTs had not encountered before. The majority of participants were positive about the induction in both these areas – building on but also providing new knowledge – for ECTs. Generally, induction tutors and mentors were more positive than ECTs. All groups were more positive about the induction programme building and extending topics covered in ITT than about it providing new knowledge and training content. Over half of ECTs (60%) felt their induction did build and extend on topics covered in their ITT (compared with 69% of induction tutors and 64% of mentors). Whereas under half of ECTs (45%) felt their induction was good at providing them with

new knowledge (compared with 58% of induction tutors and 55% of mentors), and one-third (36%) rated it as poor.

At the end of the 2nd year (and thus end of the induction programme for most ECTs), induction tutors, mentors and ECTs tended to be positive about how well the ECF-based induction programme prepares ECTs for the next step: 84% of induction tutors, 80% of mentors and 73% of ECTs felt it prepared ECTs for a full teaching load at least quite well. One-in-five ECTs (21%) did not feel their induction had prepared them for a full teaching load.[33] This tended to be related to workload (programme adding to workload, being time consuming, and providing little advice on workload management), perceived repetition of previous content, and lack of specificity. However, many ECTs couldn't say why they felt they were not prepared to move on.

Generally, induction tutors felt that ECTs would need some further support as they transitioned from their induction programme to a full teaching load. Most (86%) felt ECTs would need supportive line-management, 73% felt that continued informal mentoring would be necessary (particularly in primary schools), and 61% thought access to CPD such as NPQs would be needed to move forward successfully. Mentors held similar views about the support needed for ECTs beyond the formal induction period including 72% who felt ECTs would need continued informal mentoring, but they were more likely than induction tutors to consider support from fellow ECTs would be needed, recognising the importance of sustained networks. Fewer ECTs, though still half, felt they would need further support over the next few years in terms of supportive line management (53%) and continued informal mentoring (51%). Just 14% felt they needed no further support.

Thus, a key message is the need for strong and supportive line management but also the need for further informal mentoring support beyond the induction programme (generally 2 academic years) which is likely to further add to the workload of mentors. Most mentors felt it likely they would continue to support their ECTs beyond their induction period, at least on an informal basis. Just one-in-ten felt that ongoing informal support was unlikely largely because they felt their ECTs didn't need it or because of time or workload constraints.

Table 6: Ratings of how the provider-led induction programme is building and extending on ECTs' ITT and providing new knowledge and content not encountered before by participant group

Participant type	IT	IT	Mentor	Mentor	ECT	ECT
Question focus	Build	New	Build	New	Build	New
Very good	20%	16%	17%	15%	19%	14%

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[33] This includes 16% reporting not very well and 5% not at all.

Participant type	IT	IT	Mentor	Mentor	ECT	ECT
Question focus	**Build**	**New**	**Build**	**New**	**Build**	**New**
Fairly good	49%	42%	48%	40%	41%	31%
Neither good nor poor	16%	21%	20%	21%	19%	18%
Fairly poor	9%	14%	7%	14%	11%	19%
Very poor	2%	4%	3%	6%	8%	17%
Don't know	4%	4%	5%	5%	1%	1%
Sample bases	1,048	1,048	1,946	1.946	2,755	2,755

Source: ECF induction survey W3 – Provider-led ECTs, mentors and induction tutors

ECTs potential frustrations

As noted, ECTs were largely positive about their training and ratings improved from the mid-point at the end of their 1st year, however the ratings for some aspects declined slightly over time. The largest falls in positive ratings of training among ECTs since the start of the ECF-based induction programme were found for quality and content of the training and resources and for the structure and sequencing of the programme. The feedback from the case studies highlighted how training materials could sometimes be hard to digest or were focused on the wrong phase for their setting. The surveys also found sustained levels of poor ratings for tailoring and flexibility among ECTs (31% and 26% respectively rated these as poor), and a substantial minority of induction tutors (30%) also rated the tailoring of ECT training as poor. These indicate areas that may still be problematic or causing frustrations for some ECTs, where expectations were particularly high for their 2nd year or where what is provided diverges from what they feel they need as they move through their induction.

The survey results showed ECTs were less positive in their 2nd year and the case studies and interviews provided further insights into the challenges and frustrations encountered in the 2nd year with the induction programme and training in particular.

- **Lack of flexibility** was an issue, with some ECTs calling for more flexibility around the content of the training – both in terms of when it is delivered (thus relates to sequencing) and what is delivered (thus relates to tailoring to ECTs needs). They wanted more choice and control so they could focus or spend more time than they felt the programme allowed for on areas most useful to them, such as areas for improvement or interest. They felt more control would also allow them to better juggle competing demands on their time. Mentors felt that additional flexibilities around the timing and ordering of sessions or modules would allow them to focus more on what their ECTs needed at that moment or fit in with wider school priorities and allow for unforeseen demands to be accommodated.

The DfE and lead providers have introduced flexibilities including stretch and challenge content (for those who started their ECF-based induction from the 2023/24 academic year i.e. from Cohort 3). Further changes are planned for delivery from 2025, with greater scope for differentiation and tailoring using diagnostic tools that ECTs and mentors can use to focus on aspects of self-study most needed by ECTs, and extension materials to deepen expertise.[34] Also, the design of the Year 2 of provider-led ECF-based induction tends to involve an enquiry-based personal project component providing the opportunity to focus on an area of interest. This suggests that flexibility is improving by design but also as the programme embeds and participants become more confident and familiar with it.

- **Training period too long** – some ECTs felt ready to move on from induction before the end and had hoped to shorten their ECF-based induction and complete sooner than the usual 2 years. Induction tutors also noted that ECTs with more classroom experience or high competency levels might not need 2 years of training. Although not a frequent occurrence, some had explored a shorter or reduced induction with their appropriate body but it was felt that many were unaware of this as an option in exceptional circumstances for ECTs who start induction having significant prior teaching experience.

This was the first cohort that received a second year of induction since the induction reforms were introduced in September 2021. Although some teachers already have significant teaching experience when they enter the maintained sector for the first time, they are still required to serve statutory induction. The DfE guidance notes that the length of induction period ECTs are required to serve is the full-time equivalent of 2 school years (usually 6 school terms). In some exceptional circumstances the length of an induction period may be reduced. The appropriate body has the discretion to reduce the length of the induction period (which must be a minimum of one term) based on previous teaching experience. They take account of advice from the headteacher and must get agreement from the ECT. Reductions should only be considered where an ECT has extensive prior experience of teaching whole-classes to the Teachers' Standards. Additionally, ECTs serving induction on a part-time basis may apply to have their induction period reduced, on completion of a minimum period covering 2 school years and when enough evidence has been gathered on their satisfactory performance against the Teachers' Standards. See Induction for early career teachers (England): Statutory guidance for appropriate bodies, headteachers, school staff and governing bodies.

As part of implementing the Outcomes of the review of the Initial Teacher Training Core Content Framework and Early Career Framework and new training for ECTs from September 2025, the DfE will be updating the statutory guidance on induction. As part of this the DfE will ensure that school leaders are clear that it may be possible to agree reduced induction periods with their Appropriate Body for those ECTs who have relevant

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[34] See Outcomes of the review of the initial teacher training core content framework and early career framework.

previous experience. The DfE will also work closely with Teaching School Hubs to ensure they are clear on their role as Appropriate Bodies to consider these requests.

- **High workload** – juggling induction activities (training, additional reading, self-directed learning, preparation time, mentoring) alongside other school demands was challenging for some ECTs even with the dedicated ECT time off-timetable, and the workload for mentors was also felt to be high.

The DfE has continuously worked with training providers to introduce greater flexibility to the programme to ensure it better meets the needs of ECTs, including developing additional materials   and identifying areas of individual strength to create a more personalised programme. This was introduced from Sept 23, for the third year of implementation.

The DfE has reviewed the mentor programme and worked with lead providers to streamline the mentor programme as much as possible; and ensure it supports mentors transitioning into the programme part-way through. These changes were introduced from Sept 23 for the 3rd cohort of mentors**.**

The DfE will also make a number of changes to ECF mentoring from September 2025 to reduce the workload for mentors while ensuring they continue to receive high quality support. ECF mentors will continue to provide support to ECTs throughout their two-year induction, but training for mentors will be shortened to one year. A new ECF provider-led training programme for ECF mentors will bring together all the training elements mentors said they found most valuable and remove any unnecessary workload. It will also allow more flexibility in how training for new mentors is delivered.

From 2025, ECF lead providers will support mentors with more detailed resources for use in preparing and delivering one-to-one sessions with ECTs. This will ensure mentors use their time to support their ECT without having to create materials. These resources will include content on how to support ECTs who need extra help to master a topic, and how to effectively contextualise the learning for their ECT. Mentors who have already undertaken ECF mentor training will have full access to these resources and live sessions will be held for new mentors to cement and deepen their understanding in their first year in the role. These changes will continue to place mentors at the centre of these reforms to teacher development and build the role of mentoring as integral within the profession.

- **Frustrations with repetition from ITT** – many ECTs felt their induction training repeated aspects they had covered in their ITT, and those in their 2nd year tended to be more critical. ECTs who felt this way wanted to learn new ways of furthering their teaching practise and felt this came from discussions with mentors and peers and through in-classroom experiences.

As outlined in the Outcomes of the review of the Initial Teacher Training Core Content Framework and Early Career Framework – from September 2025 the DfE is moving to a single combined framework, the Initial Teacher Training and Early Career Framework

(ITTECF). This recognises that there is now a 3 or more-year introduction to the core body of knowledge, skills and behaviours that define great teaching, and that the role of ITT and ECF providers is to appropriately support all new teachers to build their expertise across all aspects of the framework.

The CCF and ECF's similar but separate nature sometimes meant that there was unintentional repetition of ITT elements in ECF-based training. The ITTECF includes new wording on progression, setting out how knowledge and skills should develop across ITT and through ECF-based induction, to reduce unnecessary repetition. The DfE knows that a teacher's understanding and confidence with the elements of teaching develops as they grow in experience, and that they require less expert support over time. But the DfE also knows that this is not a linear process and ECTs should purposefully revisit the components of great teaching throughout their training to strengthen and deepen their expertise. ECF programmes will be consciously designed to build on prior learning, with delivery tailored to what each ECT needs to develop their expertise.

Alongside the move to a combined framework, the DfE will ensure ECF lead providers pitch their programmes in recognition that most ECTs will begin induction with a greater understanding of the framework, having completed ITT courses that incorporate it. The DfE will introduce a new requirement for ECF lead providers to create diagnostic tools that ECTs will use alongside their mentors to appraise their expertise. The DfE will give ECF mentors greater flexibility to focus on the aspects of self-study most needed to support their ECT's development while continuing to cover all areas of the training curriculum in sequence. ECF lead providers will develop high quality resources to support this tailored delivery, such as extension materials to deepen expertise and resources to support mentors to break down teaching skills further for ECTs to practice.

Procurement for the updated training is due to commence in March 2024, with delivery of the updated training from September 2025

- **Practical challenges** – participants also noted practical challenges such as arranging cover for short periods and inconvenient timing and location of training especially for those working part-time.

As part of implementing the Outcomes of the review of the Initial Teacher Training Core Content Framework and Early Career Framework and new training for ECTs from September 2025, the DfE will be updating the statutory guidance on induction. As part of this we will ensure that school leaders are clear on their responsibilities for ensuring that ECTs and mentors receive the time off timetable they are entitled to which is funded by the department. The DfE will also continue to work closely with Teaching School Hubs to ensure they are clear on their role as Appropriate Bodies to hold school leaders to account for this.

As the report shows, the DfE has introduced several changes in response to the research findings to continuously improve and iterate the programme and tackle frustrations and challenges, and continuous improvement has also been driven by lead providers and

delivery partners. These include changes introduced from September 2023 and further changes planned from 2025 onwards (and thus after the end-point surveys and interviews and case studies).

Reflections on mentor training

Mentors in schools following the provider-led approach to ECF-based induction for ECTs are required to undertake 36 hours of mentor training (with time off-timetable to attend) over the 2 years which is funded by the DfE.

Mentors in schools with provider-led ECF-based induction training were largely satisfied with their training, and ratings increased or remained at a similar level towards the end of the 2nd year compared to those at the end of the 1st year or at the start. Following wider patterns, those in primary schools and those in MATs rated their training more positively. Mentors continued to be most satisfied with the knowledge and expertise of their trainers (72% rated this as good), access to platform and digital materials for mentors (68%), and quality and content of the training and resources (63%).

Mentors were least satisfied with the tailoring of mentor training to their school context and their individual needs as mentors (38% rated this as good, 32% rated this as poor). This was echoed in the views of induction tutors in their ratings of mentor training. Feedback from the case studies highlighted how mentors were sometimes frustrated by the lack of training to their phase, and how concerns and issues of mentors in primary schools would be different to those in secondary schools (and vice versa). Mentors were also relatively less satisfied with their opportunities to network and interact with other mentors (44% rated this as good, 24% rated this as poor), and again this was an area that induction tutors rated less positively. Mentors in the community of practice noted how mentors found it useful to talk to other mentors to share experiences, ideas and insights and see how things are different or similar in other schools.

At the end of the 2nd year of mentor training, half of the mentors (48%) felt the balance between theory and practical content in their training was about right, but one-third (36%) considered there to be too much theory and too little applied content.

Table 7: Change in positive ratings of mentors for their training delivery over time

Rating	Good*	Good*	Good*	Very Good	Very Good	Very Good
Aspects of training delivery	Baseline	Mid	End	Baseline	Mid	End
Knowledge/expertise of trainers	67%	69%	72%	29%	30%	32%
Ease of access to platform and digital materials	59%	67%	68%	21%	28%	29%
Quality and content of the training and resources	60%	60%	63%	20%	21%	22%
The structure and sequencing of the programme	54%	55%	57%	16%	18%	18%
Opportunities to practise skills	51%	53%	55%	13%	15%	15%
Providing me with new knowledge and training content not encountered before**	NA	53%	56%	NA	17%	18%
Flexibility in training dates and times	40%	42%	48%	11%	13%	15%
Opportunities to network and interact with other mentors	37%	41%	44%	8%	11%	11%
Respond to my training needs**	NA	40%	44%	NA	12%	13%
The tailoring of training to my school context and my needs	35%	34%	38%	9%	10%	11%
Base (N)	7,028	2,740	1,946	7,028	2,740	1,946

*Good includes fairly good and very good.

**Not asked in wave 1 survey.

Base: Mentors on provider-led training and were registered in the 1st term of the 1st year who responded to the question (based on all responses, includes don't knows).

Mentoring

Formal mentoring is a key new entitlement in the ECF-based induction programme and schools identify a person to act as a mentor for each ECT and provide them with regular mentoring. Those taking on this mentoring role to support the first cohort of ECTs on the provider-led ECF-based induction programme tended to be experienced teachers (an average of 14.5 years teaching, and 40% had been at their school for at least 10 years) with a leadership role, and with prior mentoring experience (including experience of mentoring newly qualified teachers NQTs in previous years or ECTs in the early roll-out). In the main, mentors were matched to their ECTs by subject or by key stage (which could lead to a heavy reliance on heads of department at least in the early stages of the implementation of the ECF reforms). Generally, each ECT has 1 mentor, but during their 1st year 22% of ECTs reported having more than 1 mentor and in their 2nd year this dropped to 13%.

There was some degree of change and churn in mentors by the 2nd year of the implementation of the ECF reforms:

- 40% of induction tutors reported that different people were acting as mentors to ECTs in their school.

- 27% of mentors themselves reported that they had taken on new or different ECTs during the 2nd year, and 11% reported they were no longer a mentor to an ECT. This was generally because their ECT had left the school but a small number had had to prioritise other responsibilities.

- 31% of ECTs reported having a different mentor or mentors in their 2nd year of ECF-based induction. This was largely due to their mentors leaving the school (permanently or on maternity or paternity leave or on long-term absence due to illness) or, less commonly, because someone else was deemed a better fit in terms of key stage or subject. Very few ECTs reported that their mentor did not have time to provide the support needed or that their mentor decided to step down from the role.

Feedback from the case studies and interviews suggest that schools may be looking to expand and diversify their mentor pool over time but involving more junior and less experienced staff, so this could lead to more change and churn over time. It was noted how, initially, schools had involved senior staff in the ECF-based induction programme to

support its roll-out and embedding, but as schools become more confident and familiar with the programme, they may feel able to shift the mentor role to a different staff group to share the opportunities and reduce the burden on those in leadership roles.
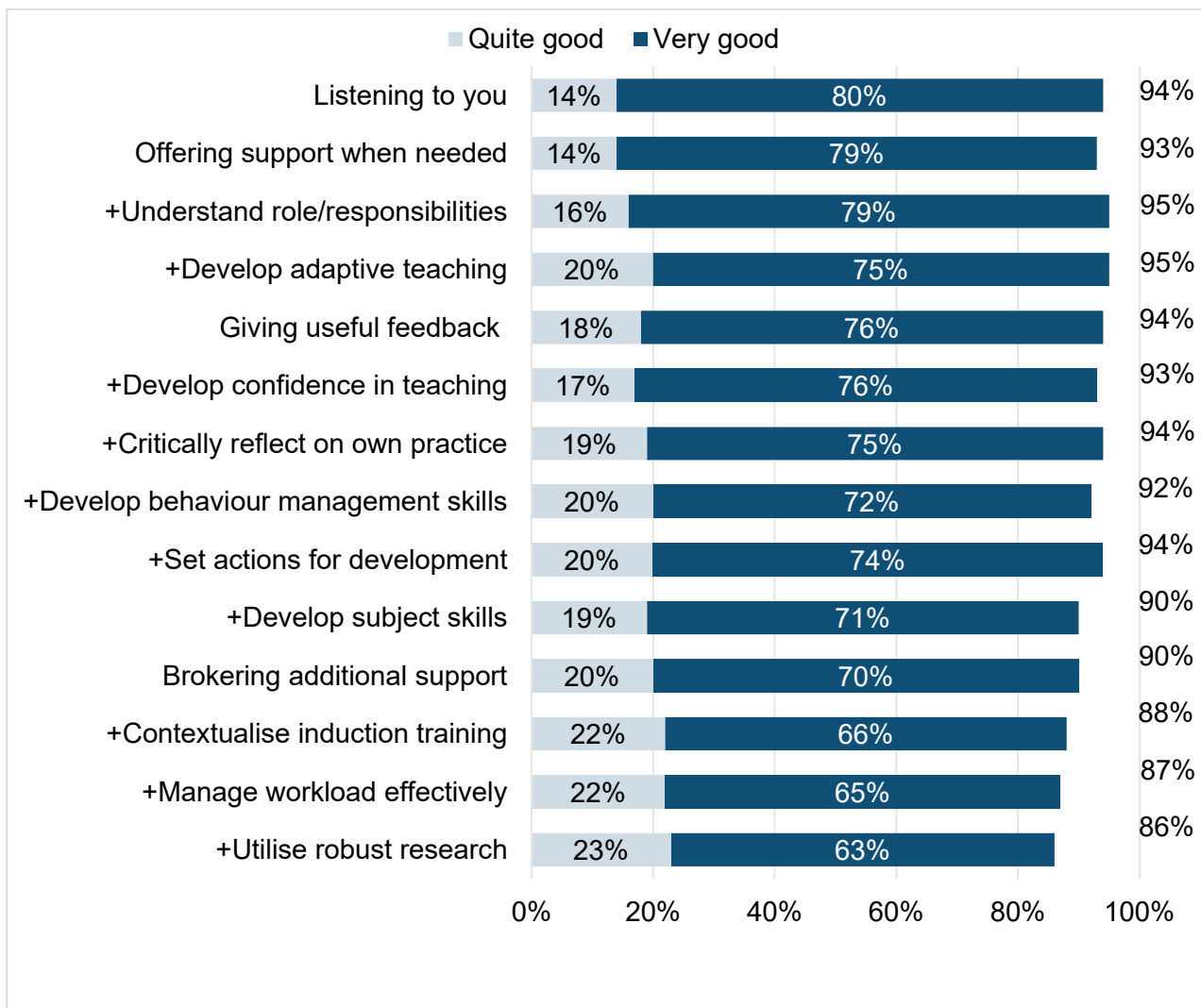
Strong relationships continue

ECTs and mentors continued to be very positive about the mentor-mentee relationship in Year 2: 94% of ECTs and 97% of mentors considered their relationship as good. (including 79% of ECTs and 87% of mentors who regarded it as very good). Ratings remained strongly positive throughout the first full ECF-based induction programme and were strongest where the mentoring arrangements were unchanged.

Towards the end of Year 2, most ECTs (78%) still felt very supported by their mentors. There was a slight fall in Year 2 compared with Year 1 in these general ratings which suggests that ECTs potentially become less dependent on (and thus marginally more critical of) their mentors in their 2nd year. As noted elsewhere, it is arguably a goal of the programme to create independent teachers.

Mentors continued to be the key source of advice and support for any concerns or queries ECTs had (reported by 84% of ECTs), and mentors were particularly important if ECTs had concerns about their progress and preparation for their reviews and assessments or about the quality of their induction. ECTs rated their mentors' support for their development across a number of areas. This was high (ranging from 63% to 80% rating the support as good), and in their 2nd year changed very little. ECTs rated their mentor support most highly for general listening, offering support, and helping them to understand their roles and responsibilities.

Figure 4: ECTs' positive ratings of their mentors' help and support in the end-point survey

Legend: Quite good | Very good

Category	Quite good	Very good	Total
Listening to you	14%	80%	94%
Offering support when needed	14%	79%	93%
+Understand role/responsibilities	16%	79%	95%
+Develop adaptive teaching	20%	75%	95%
Giving useful feedback	18%	76%	94%
+Develop confidence in teaching	17%	76%	93%
+Critically reflect on own practice	19%	75%	94%
+Develop behaviour management skills	20%	72%	92%
+Set actions for development	20%	74%	94%
+Develop subject skills	19%	71%	90%
Brokering additional support	20%	70%	90%
+Contextualise induction training	22%	66%	88%
+Manage workload effectively	22%	65%	87%
+Utilise robust research	23%	63%	86%

+ Indicates the additional words 'helping you to'.
Base: ECTs on provider-led training and were registered in the 1st term of the 1st year who provided a response to the survey question (based on all responses, includes don't knows).

Source: ECF induction survey W3 – provider-led ECTs

Mentor perspectives

The mentor role involves a great deal of commitment and workload but appeared to bring wider benefits to those taking on the role. In the 1st year of the implementation of the ECF reforms, mentors reported that through their involvement in the programme they hoped to be able to support ECTs more effectively (86%) and also develop their own skills in mentoring and supporting other teachers (82%), followed by improving their knowledge of mentoring (50%) and improving their own teaching practise and skills (46%). A smaller group wanted to help their own career progression (33%) or develop their networks (20%). At the end of their 2nd year of mentoring, their expectations for

their personal and professional development were mostly rather than completely met. The areas where expectations were most likely to be met were in improving knowledge of mentoring theory and were least likely to be met (at the end of the 2nd year) in helping with career progression and connecting to teachers in other schools. Induction tutors appeared more hopeful that mentoring improved career prospects; 62% felt the mentoring role had a positive impact on the probability of career progression for mentors, although this was mainly a minor rather than major impact.

The interviews and case studies found mentors generally remained engaged and supportive throughout the 2 years and became more comfortable with the ECF-based induction over time. Although many were experienced mentors, they needed time to get familiar with the new ECF and the new terminology etc. As their confidence grew, they felt able to take on (more) ECTs, reduce the time needed for preparation and respond more organically to ECTs needs. Mentors felt that Year 2 was about fostering and promoting ECTs' independence.

Mentors were generally positive about their role, and enjoyed being at the forefront of new knowledge and research which some felt improved their own practice. They found the regular check-ins and logging of observations fostered a beneficial feedback loop for ECTs and a strong relationship between mentor and mentee, that the structure of the induction helped set expectations on how best to support ECTs, and the formal approach meant it was taken seriously and the role was clearly defined (more so than previously). This fits with wider expected benefits for ECF-based induction that were reported by induction tutors of raising the importance and profile of mentoring for ECTs and hopes of ECTs for gaining non-judgemental guidance and support. Mentors felt there were overlaps in the frameworks for ITTs and ECTs which meant being an ECT mentor provided a good overview of both programmes.
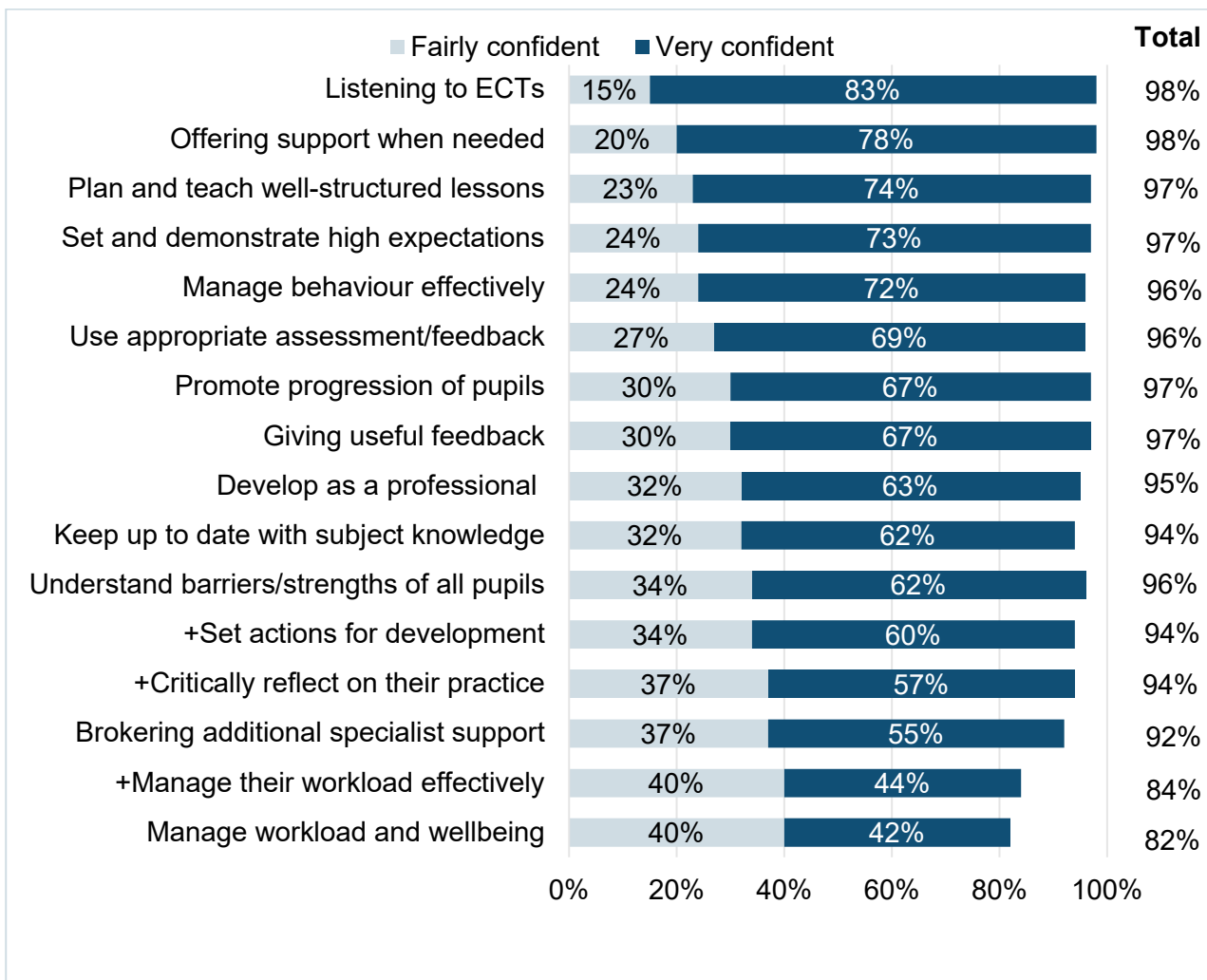
Improvements in mentor confidence

Mentors were generally confident in their abilities to mentor their ECTs in a range of areas, and ECTs too rated their mentors' abilities highly (more highly than mentors did themselves). By the end of the 2nd year confidence had improved from the baseline at the start of the programme in all areas, particularly for mentors in primary schools and for less experienced mentors. The greatest improvements in confidence were in giving useful feedback, helping ECTs to critically reflect on their own practice (with perceived improvement most notable among mentors with little or no previous mentoring experience) and helping ECTs to set actions for development (again more pronounced improvements for those with limited or no prior mentoring experience). Between 44% and 50% of mentors felt that these were areas where their confidence had particularly improved since they began mentoring on the ECF-based induction programme. However, mentors were most confident in their abilities to listen to ECTs, offer support when needed and supporting ECTs to teach well-structured lessons. ECTs were most

confident in their mentors' listening skills, offering support and helping them understand their roles and responsibilities.

Mentors were least confident in helping their ECTs to effectively manage their workload and to manage their workload and wellbeing. Approximately half felt more guidance in mentoring their ECTs would have been useful, particularly around helping ECTs to manage their workload effectively and in brokering additional support of others with specialist expertise (areas where mentor confidence was lowest). This reflects feedback from ECTs. Although ECTs rated their mentor support highly, ratings were slightly lower in terms of helping them with brokering additional support and managing their workload, as well as contextualising the induction training and helping them to utilise robust educational research.

Figure 5: Mentors' positive ratings of their abilities to help and support their ECTs in the end-point survey

	Fairly confident	Very confident	**Total**
Listening to ECTs	15%	83%	98%
Offering support when needed	20%	78%	98%
Plan and teach well-structured lessons	23%	74%	97%
Set and demonstrate high expectations	24%	73%	97%
Manage behaviour effectively	24%	72%	96%
Use appropriate assessment/feedback	27%	69%	96%
Promote progression of pupils	30%	67%	97%
Giving useful feedback	30%	67%	97%
Develop as a professional	32%	63%	95%
Keep up to date with subject knowledge	32%	62%	94%
Understand barriers/strengths of all pupils	34%	62%	96%
+Set actions for development	34%	60%	94%
+Critically reflect on their practice	37%	57%	94%
Brokering additional specialist support	37%	55%	92%
+Manage their workload effectively	40%	44%	84%
Manage workload and wellbeing	40%	42%	82%

+ Indicates the additional words 'helping them to'.

Base: Mentors on provider-led training and were registered in the 1st term of the 1st year who provided a response to the survey question (based on all responses, includes don't knows).

Source: ECF induction survey W3 – provider-led mentors

Challenges

Feedback from the case studies, interviews and community of practice highlighted how the workload of mentors was high and increased as mentors picked up additional ECTs and other mentees and took on other roles including acting as induction tutor. This was also exacerbated by wider commitments. Schools tended to select experienced teachers in the early stages of the implementation of the ECF reforms to be mentors, but these staff tended to have greater wider responsibilities and thus less time. The heavy workload involved resulted from the range of requirements (attending training, providing mentoring sessions, undertaking observations, preparing for mentoring, reporting etc)

and the volume of content to cover. This meant the time required was perhaps greater than anticipated and there were concerns that mentors were not getting the time they needed to carry out the role properly. Adequate time was seen as the key to ongoing effective mentoring support and ensuring the workload is manageable. Mentors were therefore not always able to apportion time for the mentoring or mentor training in addition to their other responsibilities, had to undertake mentoring activities outside of school hours, couldn't meet as regularly as hoped, and had to prioritise some content over others.

The heavy workload led to concerns about mentor engagement, mentor retention and future recruitment to the mentor role. Solutions suggested included involving more junior staff as mentors, providing mentors with buddies, increasing networking opportunities, protecting allocated time for mentors and accrediting the mentor role in some way.

- Mentors broadly felt there should be some form of recognition or accreditation for the mentor role with the ECF-based induction and for the experience, expertise and enthusiasm brought to the role and developed through engagement. It was felt that more value should be attached to mentoring for it to be seen as meaningful, purposeful and valuable. Accreditation would raise the profile of mentoring, the expertise of mentors and ethos of support within schools.

- Mentors can sometimes feel quite isolated and lack the opportunity to network. Networking was therefore seen as important for mentors, to support them in their role, to allow them to share experiences, learning and good practice but also to the help them feel valued and raise the profile of mentoring in schools. Mentors wanted to mix with new and existing mentors, those mentoring multiple ECTs, senior colleagues and mentors in other schools.

Other challenges discussed included:

- Training requirements, where some mentors felt the mentor training was too prescriptive and was unnecessary for experienced mentors as it could feel like a repetition of what they already know. This learning has informed the ECF review; ECF mentors will continue to support ECTs throughout their 2year induction, but training for mentors will be shortened to one year.[35]

- Logistical and resource-based constraints, such as finding time off-timetable that aligned or lesson cover, meant mentor meetings often happened before or after school hours.

- Degree of personalisation involved in Year 2 with ECTs undertaking their own projects which meant some mentors were unsure how best to support their ECTs with bespoke advice on their area of enquiry.

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[35] See Outcomes of the review of the initial teacher training core content framework and early career framework.

Workload

Induction tutor workload

Induction tutors play a key role in monitoring the progress of ECTs and reporting back to the DfE and are responsible for coordinating ECTs professional development including ensuring ECTs have regular observations and are provided with feedback. They conduct regular progress reviews and two formal assessments with ECTs during their induction period (one mid-way through and one at the end), take action if ECTs are having difficulties and keep required records and respond to requests for evidence from ECTs. Induction tutors tended to hold senior leadership positions (72%), have significant teaching experience (82% have between 10- and 30-years' experience), be well established at their current school (82% having been at their school for at least 5 years), and have experience of teacher induction (80% were responsible for NQTs in previous years and 15% were involved in the ERO).

Over time the complexity of the workload of induction tutors appeared to increase. This is likely to increase further as schools manage ECTs with different induction training start dates within the academic year and manage different cohorts (ECTs in both Year 1 and Year 2 of their induction training) whilst preparing for the next cohort and also those with non-standard programme length (the standard length being 2 academic years). This is likely to level out somewhat in 3rd academic year from the initial roll-out as ECTs enter and finish the programme.

Most induction tutors (83%) were responsible for more than 1 ECT. Three-quarters (74%) had ECTs who started their induction training later in 2021-22 academic year (later registrants to Cohort 1), or who started their induction training during the 2022/23 academic year (Cohort 2), in addition to ECTs who started in September 2021. Complexity of arrangements was higher in secondary schools and MATs. However, most induction tutors (63%) who were managing multiple cohorts considered the 2nd year of the implementation of the ECF reforms to have been a similar experience to the 1st year, and one-quarter (23%) felt it was easier second time around. Those who found it easier, felt they were more knowledgeable and familiar with the programme and had a better understanding of what was required.

Nearly two-in-five (38%) induction tutors also acted as mentors in the 2nd year of the implementation of the ECF reforms, which adds to the complexity of their workload, and this was more common in primary schools where almost half (48%) of induction tutors were also mentors. Half of the induction tutors with this dual role reported challenges, particularly around having sufficient time to fulfil both roles and dealing with the extra workload. Feedback from the case studies and interviews suggested that having this dual role helped to spread the mentor workload and provide a first-hand understanding of what was asked of mentors.

Towards the end of the first full induction programme, induction tutors in schools with the provider-led approach to ECF-based induction were largely satisfied with the workload expected of them (75% felt it was about right). A similar proportion found it easy to manage mentor allocation in the 2nd year (79%). These proportions remained largely the same when compared with Year 1 findings. Again, around three-quarters reported that the overall administration of the induction programme was easy as they were further into the programme (76%). A slightly smaller proportion (69%) felt it was easy to use 'Manage training for Early Career Teachers' service for registration. These 2 positive indicators appeared to have increased over time. Feedback from the case studies and interviews found that some induction tutors found aspects of administering the ECF-based induction programme were easier in the 2nd year, after a steep learning curve in the 1st year. They felt this was due to stability in the framework and programme, and so the 2nd year brought familiarity with the programme, its structure and content.

At the end of the 2nd year there was still a sizeable minority who were experiencing challenges. Almost one-quarter (23%) felt the workload was too much and this had increased from the Year 1 findings (up from 17%), 21% found managing allocation of mentors difficult in the 2nd year, 23% found it difficult to use the DfE digital service for registering participants[36], and 23% found overall administration difficult. This reflected the increased number of ECTs and multiple cohorts of ECTs that induction tutors were coordinating by the end of the 2nd year of the implementation of the ECF reforms. Indeed, those with more than 1 ECT in the school were more likely to report the workload was too much, as were those in secondary schools, and those with multiple ECT cohorts. Additionally, induction tutors who also had a mentor role were more likely to feel the workload was too much.

Induction tutors tended to feel they were managing the monitoring aspect of their role, with 96% reporting they were managing their ECTs progress reviews and formal assessments against the Teachers' Standards well. However, they noted some challenges, most commonly time and workload issues followed by finding sufficient cover for ECTs and mentors and dealing and keeping up with the paperwork involved and the amount of information they were required to collate and upload. The interviews and case studies indicated that some induction tutors found the separation of induction tutor role from mentor role meant they had little understanding of their ECTs and didn't feel in touch with their ECTs.

Over half of induction tutors (58%) surveyed in Year 2 reported making adjustments to their activities or responsibilities to accommodate their workload on the ECF-based

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[36] Additionally, feedback from the case studies and interviews found some induction tutors continued to have issues with the registration process in Year 2 including having to register participants on multiple platforms, challenges registering ECTs part way through the year and those transferring from other schools and appropriate bodies, and delays in registration due to data queries. The service was improved iteratively over the first 2 years of the implementation of the ECF reforms, but the majority of improvements were in June and July 2023 and so after the survey and interview period.

induction programme. These included reducing their time spent on leadership team activities (particularly in primary schools), spending less time on school projects and development and in supporting other (non-ECT) teachers. For some (a much smaller group) this meant reducing their teaching time, delivering training to other (non-ECT) teachers or filling in for other teachers.

Generally, induction tutors were more concerned about the workload of ECTs and particularly of mentors than their own workload. However, induction tutors tended to feel that things had improved in Year 2 with far fewer feeling the workload was too much for ECTs (38% down from 57% at the end of Year 1) or for mentors (47%, down from 63%).

Mentor time commitment

Induction tutors continued to have concerns about the amount of time mentors had to engage with their mentor training, Whilst many (57%) felt the time off-timetable was about right, 32% felt the time for training was too little, and this was particularly the case in secondary schools (45% of induction tutors felt there was too little time).

Time spent in **mentor training** fell in Year 2 to an average of just over 3 hours (3.16) over a 4-week period, this included time for self-directed study and in-person training to cover the training materials and developing the required skills and knowledge. The reduction in time was appreciated, and about half (48%) of all mentors felt this was about right with far fewer than in Year 1 feeling this was too much (36% from 55% in Year 1). Many mentors (65%) reported that their schools had given them time off-timetable for mentor training. However almost one-third (30%) reported that they had no time at all off-timetable for mentor training and relatively few mentors (26%) felt they were provided with all the necessary time for mentor training, indicating that mentors still tended to feel that they needed more time off-timetable than they got. Indeed, most commonly, mentors reported that their mentor training took place in their own time (64% and remained largely unchanged from the end of Year 1 at 61%).

Mentors are expected to meet with their ECT(s) to provide support and feedback, and DfE funding (regardless of which approach to ECF-based induction is adopted) is based on 20 hours of mentoring for each ECT in Year 2 of induction.[37] Induction tutors tended to feel their school provided adequate time for mentors to carry out their mentoring role effectively (58% completely and 29% mostly giving mentors adequate time), but this was lower than found for meeting ECTs' entitlement (90% completely and 8% mostly). Staffing capacity and absences appeared to be the main obstacle to giving mentors the time they needed with their ECTs. Mentors themselves felt they needed more time to

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[37] There is no set guidance on the number of hours for mentoring in year 1 of induction, but time off-timetable is expected to be covered by the Dedicated Schools Grant.

undertake their mentoring duties, despite having at least some time off-timetable to do this and despite the hours required for mentoring reducing in Year 2.

Time spent **mentoring** fell in Year 2 in line with expectations of DfE for the ECF-based induction programme. It fell to just over 3 hours (3.13) over a 4-week period providing formal support, and an additional 3 hours (2.92) on informal support. The majority of mentors (69%) felt they spent less time with their ECTs in their 2nd year than in their 1st year of induction. However, 29% felt the time they spent with their ECTs hadn't changed. Generally, mentors estimated more time on formal support than informal support, and more time giving formal support than ECTs estimated they received it. Mentors with more than 1 ECT, who took on more ECTs in Year 2 or who were not matched to their ECT in terms of key stage or subject reported a greater share of their time spent giving formal and structured support. This reiterates findings from Year 1, suggesting that more structure may be needed where mentoring responsibilities are more complex.

Mentors used a range of times to engage with their ECTs and appeared even more flexible than in Year 1 to respond to their mentees needs, including 43% who supported their ECTs during their (mentors') own time. The feedback from the case studies and interviews suggested that mentors felt they could be more flexible around support as they became more confident and familiar with the programme and with greater guidance around flexibilities (from DfE, lead providers and appropriate bodies).

The majority of mentors (69%) considered the amount of time they were required to spend with each of their ECTs was about right. Few (16%) considered it to be too much and this proportion had fallen compared with Year 1 (24-26% felt it was too much in Year 1). This suggests that mentors tended to feel it was appropriate that less time was spent supporting and feeding back to their ECTs in their 2nd year of induction.

Again, many mentors (73%) reported their schools had given them at least some time off-timetable for mentoring, but at the end of Year 2, 25% felt the time they had off-timetable to mentor their ECTs had not been sufficient (the same proportion as at the end of Year 1, again despite a reduction in required mentoring time). It was mentors in primary schools that were more likely to feel they needed more time.

Mentor workload

Although things looked to be improving by the end of the 2nd year of the implementation of the ECF reforms and Year 2 of the first complete induction programme, almost half of induction tutors (47%, down from 63% at the end of Year 1) felt the workload was too much for mentors. The requirements and formal time commitments for mentors in Year 2 reduced but the complexity of their workload increased. In terms of commitments and workload:

- While many mentors had 1 ECT (68%), almost one-third (31%) had 2 or more ECTs by the end of Year 2 (up from 22% at the end of Year 1, and 12% at the start).

- Many mentors (73%) were only supporting the same ECT(s) they were during the 1st year of the implementation of the ECF reforms. However, others had taken on additional ECTs or changed their mentees in the 2nd year, largely when ECTs joined the school but also to fill in for mentors who had left or because they were a good fit in terms of key stage or subject taught. There were 16% who had taken on at least 1 additional ECT during the 2nd year (mostly commonly an ECT who started their induction in the 2022 to 2023 academic year i.e. Cohort 2, but could include an ECT who transferred to their school to continue their induction that they started elsewhere i.e. Cohort 1). A slightly smaller group were mentoring different ECT(s) in the 2nd year to those they had been supporting in the 1st year (from Cohort 1 or Cohort 2).

- Almost one-quarter (23%) of mentors had also taken on an ECT who started their induction in the 2022 to 2023 academic year (i.e. Cohort 2). And a small group (6%) were mentoring an ECT who transferred to their school to continue their induction which they had started elsewhere.

- Mentors tended to have a full teaching timetable for their working pattern (when not mentoring)[38] alongside their mentor responsibilities but those with more than 1 ECT were less likely to teach a full timetable (which could be to accommodate their mentor responsibilities).

- Just under one-third of mentors (30%) at the end of the 2nd year of the implementation of the ECF reforms and toward the end of one complete induction programme were also acting as mentors to others in their school or MAT (to those on ITT or other teachers), and this was more common in primary schools. A quarter of these (24%) experienced difficulties managing their time around these diverse mentoring responsibilities and a further 45% found it sometimes difficult to do. Strategies adopted to overcome the difficulties included compromising on the time they were able to spend with each mentee, working longer or extra hours largely in their own time, or asking for timetable adjustments.

- One-in-ten (10%) mentors also had induction tutor responsibilities, and again this was more common in primary schools. Half of mentors (46%) with this dual role found it difficult to spend the time needed and half (48%) reported challenges

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[38] Mentors were asked which of the following best describes your current teaching responsibilities: When I am in school, I have a full teaching timetable outside of mentor training and supporting my ECT(s); When I am in school, I teach some classes but I don't have a full teaching timetable outside of mentor training and supporting ECT(s); I only teach when needed to cover staff absences; I do not have any teaching responsibilities; Other.

resulting from the dual role. These tended to be related to time management and heavy workload.

The surveys indicated that mentors' workload was likely to increase over time as they take on new ECTs, support wider staff, and continue to support their former ECTs. Most mentors reported they were likely to continue to mentor new ECTs (73%), to mentor other teachers including those on ITT (74%), and to continue to support ECTs beyond their 2-year induction period (85%). Those with more than 1 ECT felt it was more likely they would mentor a wider group of staff, suggesting that schools are harnessing the expertise of these individuals or the mentors themselves are looking to use their expertise.

Half of all mentors (53%) felt it was difficult to spend time on their mentor training in Year 2 alongside their teaching workload, despite many getting at least some time (not necessarily the full entitlement) off-timetable and spending less time on average in Year 2 than in Year 1. This represents a slight improvement on Year 1 where 61% reported this was difficult. Additionally, 43% reported it was difficult managing to find time to support their ECTs (no change from Year 1 findings). So, while mentors found it relatively less challenging to find the time to support their ECTs than to undertake mentor training, this element of the ECF-based induction tended not to ease over time.

Reflecting on their workload in the case studies, interviews and the community of practice, mentors noted a number of challenges:

- Mentors commented how they were unprepared for the amount of input that was expected of them at the start of the programme despite many being long-serving teachers with mentoring experience. They talked about the time required for the training elements, the prior reading required, and preparation needed before each session with their ECTs, and the amount of content to cover in the mentoring sessions. The training in particular was felt to add to their workload, but it was the preparation time which they felt tended not to be factored into the time allocated off-timetable. They felt schools were not always aware of their obligations to give mentors time off-timetable which meant mentors had to use their own time.

- They also noted how many new teachers require a lot of support, particularly the initial ECT cohorts with the legacy of COVID-19 disruption to their initial teacher training. This made it difficult to know what level of training, understanding and experience these ECTs came with when they started their induction programmes.

- Providing support to ECTs who are struggling or not ready to move on from the formal induction programme can also be challenging, and mentors felt ECTs could continue to need support beyond their 2-year induction programme and look to their mentors for this.

- Managing workload was particularly difficult during busy periods in the school year such as during exams, when it could be challenging to find the time needed and to juggle competing responsibilities.

Reflecting on their experiences and lessons learned, mentors called for ensuring adequate protected time during school hours to meet the ECF-based induction requirements and to avoid mentor burn-out. They also felt more time for the role, greater clarity around their entitlements as mentors and guidance on capacity (how many ECTs to support), and greater recognition of the time, commitment and quality that experienced mentors bring to the process, would help keep mentors engaged.

ECT time commitment

There was some lack of clarity among induction tutors about the amount of time ECTs are required to spend on their induction activities (training, self-directed study and mentoring) in their 2nd year. But most (90%) induction tutors felt their ECTs were given the full allotted time off-timetable, and many of these (59%), particularly those in primary schools (67%), reported offering additional time off-timetable over and above their entitlement of 5%.

Most (85%) induction tutors also reported that ECTs were provided with additional CPD opportunities alongside their induction programme in the 2nd year (this was similar to the findings for the 1st year of 87%). Overall, induction tutors reported an average of 25 additional hours in CPD to be spent by ECTs in Year 2 of their induction. Additional CPD was more common in primary schools and the average time spent in additional CPD was higher in primary schools which could increase the workload for ECTs in primary settings. The interviews and case studies indicated that this additional CPD tended to be school-wide and aimed at all staff, or subject and department based, so not specifically targeted at ECTs. Where it was specifically aimed at ECTs, this included sessions for ECTs covering topics such as safeguarding, school-based induction activities, walkthroughs on particular skills, networking opportunities and additional training for the school context or to tackle themes common to multiple ECTs.

In general, induction tutors felt ECTs had the right amount of time off-timetable to engage with their induction programme in Year 2. Induction tutors in secondary schools were more likely to feel there was insufficient time available for ECTs to engage with the programme and less likely to have the capacity to offer additional time off-timetable.

ECTs generally felt they were getting their full entitlement to time off-timetable for their ECF-based induction activities (65% getting their full entitlement and 24% getting most of their entitlement).

- The time ECTs were required to spend in in-person training during their Year 2 fell, and ECTs reported spending just over 2½ hours on average (2.61) over 4-

weeks. Just over half (56%) thought this was about right but one-quarter (26%) felt that it was too much.

- ECTs spent longer on self-directed study, almost 3½ hours on average (3.40) over 4-weeks, than in in-person training. Again, about one-half (51%) considered this was about right but a sizeable group (38%) felt this was too much.

- However, both represented a considerable drop compared to the averages reported in their 1st year which is in line with programme design (with entitlement to time off-timetable reducing from 10% to 5% in Year 2).

- ECTs also spent time receiving mentoring support. This reduced in Year 2 (in line with DfE expectations) but appeared to shift more towards informal support. In Year 2 ECTs tended to estimate more time spent in informal mentoring than formal mentoring. This was opposite to the pattern in Year 1 where more time was reported in formal mentoring. On average ECTs estimated spending 3 hours (3.03) receiving formal support and just over 3 hours (3.21) receiving informal support over a 4-week period. The majority of ECTs (75%) considered the amount of time spent on formal mentoring was about right, and this was almost identical to the feedback on Year 1 (74% considered it about right at the end of Year 1).

ECT workload

Induction tutors were more positive in Year 2 than in Year 1 about the workload for ECTs, but still two-in-five (38%) of induction tutors were concerned that the workload was too much for ECTs in Year 2 (down from 57%).

There was also a gradual improvement over the course of the 2-year induction period in ECTs experiences. ECTs were more likely to find it easy to spend the time on their ECF-based induction activities alongside their teaching workload than previously (28% compared with 26% at the end of Year 1 and 24% at the start). They were also less likely to find it difficult (41% compared with 45% at the end of Year 1 and at the start). However, even in Year 2, with the reduced training hours and formal mentoring time, on balance more ECTs found it difficult to manage their induction activities alongside their teaching workload than found it easy.

ECTs most commonly undertook training and particularly self-directed study during their own time (39% and 61% respectively reported this), followed by during their PPA/ECT time when it is expected to take place (29% and 58% respectively). They were most likely to engage in formal structured mentoring sessions during their own PPA/ECT time (65%).

Workload demands on ECTs were highlighted in the case studies as a challenge especially at the start of the induction programme. This could result in ECTs feeling overwhelmed by a 2-year programme (which could affect retention) or in the induction requirements being viewed as a chore. It was also noted that the induction programme

workload falls in Year 2, but at this point ECTs could be picking up additional responsibilities, meaning their overall workload remains high.

Table 8: Change in ECTs and mentors' perceptions around managing workload over time

Rating	Difficult*	Difficult*	Difficult*	Easy**	Easy**	Easy**
Managing workload	**Baseline**	**Mid**	**End**	**Baseline**	**Mid**	**End**
ECTs: manage to find the time you need on the ECF-based induction programme alongside your teaching workload	45%	45%	41%	24%	26%	28%
Mentors: manage to find the time you need on the mentor training alongside your teaching workload	73%	61%	53%	6%	11%	13%
Mentors: manage to find the time you need to support ECTs alongside your teaching workload	54%	44%	43%	16%	21%	21%

*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 1st term of the 1st year who responded to the question.

Source: ECF induction survey W3, W2 and W1 – provider-led ECTs and mentors

Table 9: Change in the average time spent on induction activities (over 4-week period, in hours) over time

Participant type	ECTs	ECTs	ECTs	Mentors	Mentors	Mentors
Induction activities	**Baseline**	**Mid**	**End**	**Baseline**	**Mid**	**End**
In-person training	3.19	2.92	2.61	NA	NA	NA
Self-directed study	5.02	4.89	3.40	NA	NA	NA
Training (in-person and self-directed)*	NA	NA	NA	4.35	3.82	3.16

Participant type	ECTs	ECTs	ECTs	Mentors	Mentors	Mentors
Induction activities	Baseline	Mid	End	Baseline	Mid	End
Formal mentoring	4.63	4.03	3.03	4.71	4.32	3.13
Informal mentoring	4.23	3.84	3.21	4.11	3.61	2.92

*time spent on training activities was not split into in-person and self-directed for mentors, this was asked as 1 question.

Base: ECTs and mentors on provider-led training and were registered in the 1st term of the 1st year who responded to the question.

Source: ECF induction survey W3, W2 and W1 – provider-led ECTs and mentors

Satisfaction

ECTs, mentors and induction tutors generally felt the engagement and support from their senior leadership team and their wider colleagues for the ECF-based induction was high and this was highest in primary schools. However, by the end of the 2nd year of implementation of the ECF reforms, engagement and support of senior leaders and the wider school was perceived to be slightly less than at the start.

Mentors and particularly induction tutors were more positive than ECTs in terms of overall satisfaction, perceived helpfulness to ECTs and enthusiasm. Mentors and induction tutors are staff who will have had their induction under the previous NQT system so will have greater awareness of the alternative(s) and thus have something to compare against. All groups (induction tutors, mentors and ECTs) in primary schools were more positive than those in secondary schools. Also, those who were involved in the ERO were more positive.

- Mentors with multiple ECTs and cohorts or multiple roles (i.e. mentor and IT) and mentoring experience appeared more satisfied with the induction programme. This could suggest mentors who were more satisfied with their experience and the ECF-based induction may be more open to taking on additional ECTs.

- There was no real change over time in perceived helpfulness among ECTs. ECTs were most positive about the time spent with their mentor (more so than about helpfulness of self-directed study, provider training sessions and helpfulness of their induction overall). This reflects their strongly positive views of the relationship with their mentor and that they feel very supported by their mentors, and highlights the extent to which time with mentors stands out as a well-regarded and helpful element of the ECF-based induction programme.

Figure 6: Helpfulness of the ECF-based induction programme for ECTs over time
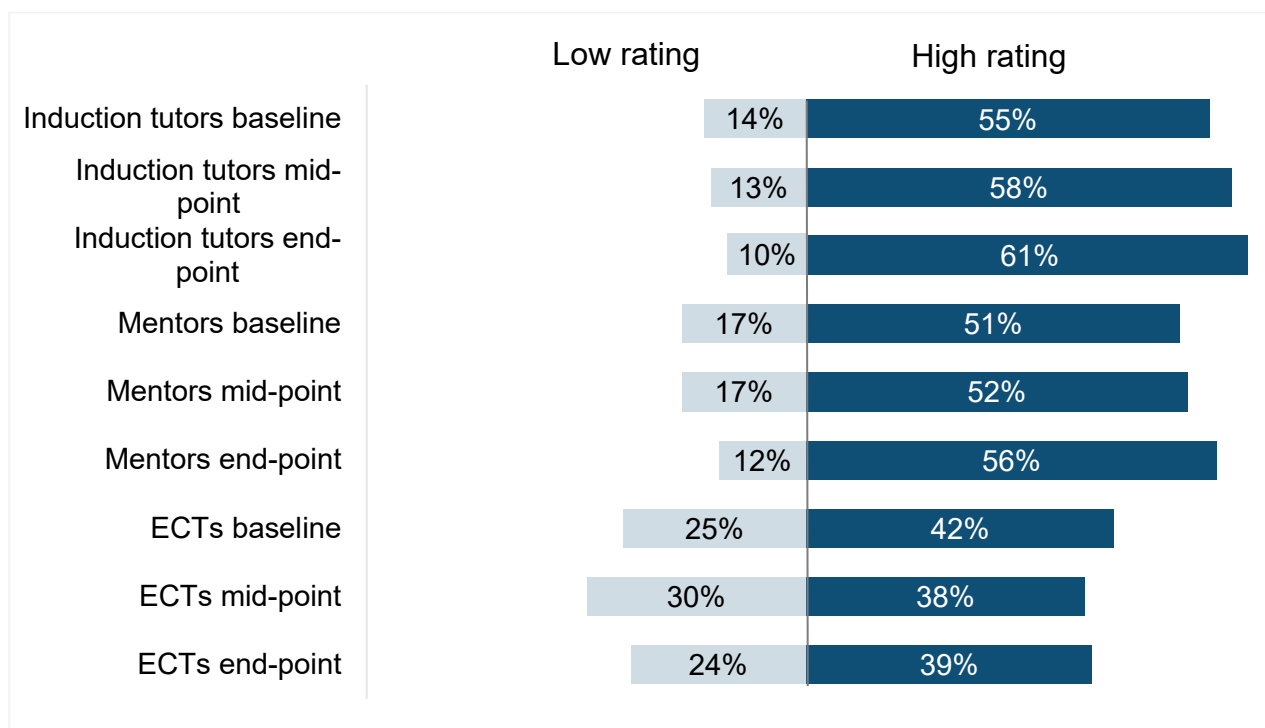
Note: A low rating are scores from 0 to 3, and a high rating are scores from 7 to10, based on a 10-point scale. Percentages for ratings between 4 and 6 are not shown.

Base: ECTs, mentors and induction tutors on provider-led training and were registered in the 1st term of the 1st year who responded to the question.
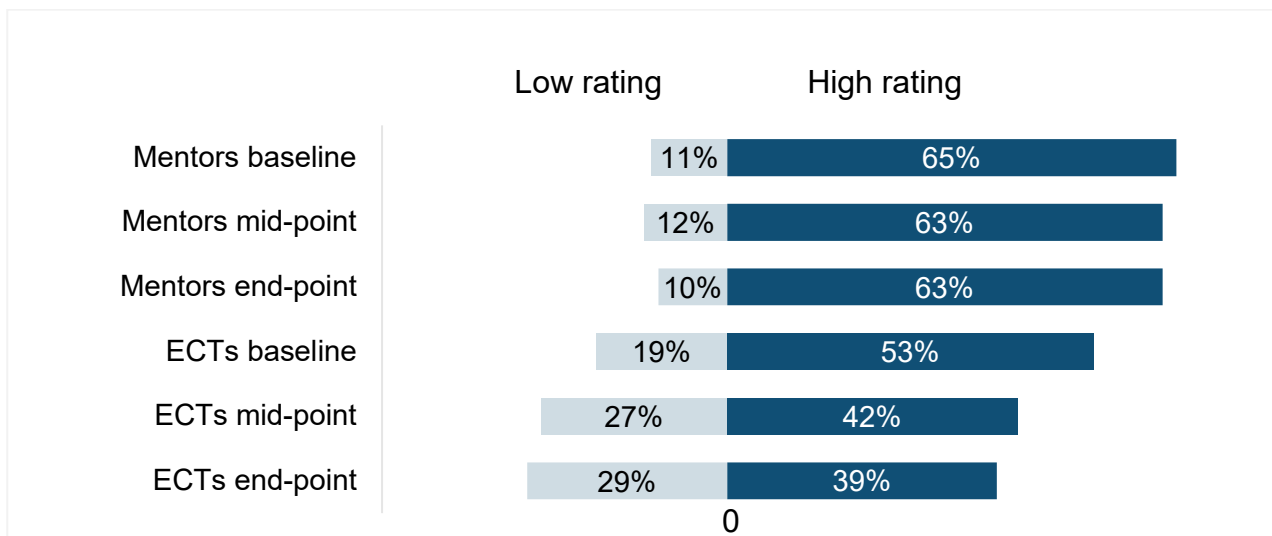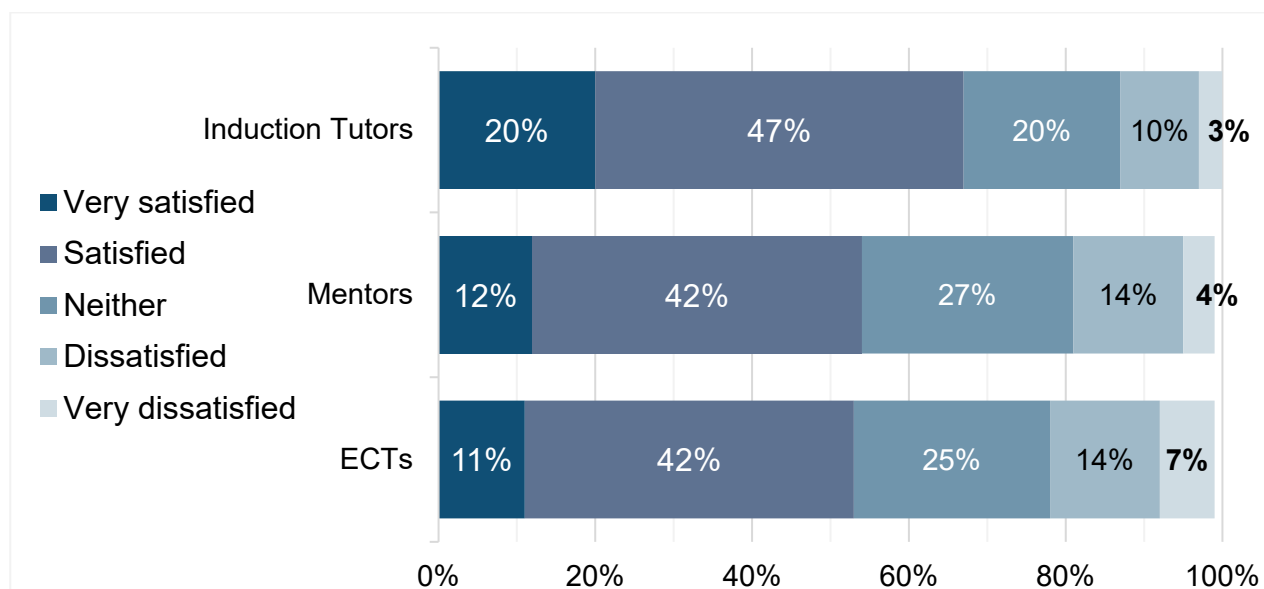
Source: ECF induction survey W3, W2 and W1

Table 10: Summary of high and low ratings of helpfulness to ECTs of elements the ECF-based induction programme at the end-point survey

Rating	Participant type	Time with mentor	Self-directed study	Provider training sessions	Overall
High rating – 7-10	ECTs	75%	34%	37%	39%
High rating – 7-10	Mentors	85%	43%	44%	56%
High rating – 7-10	Induction tutors	92%	49%	52%	61%
Low rating – 0-3	ECTs	8%	30%	26%	24%
Low rating – 0-3	Mentors	2%	17%	16%	12%
Low rating – 0-3	Induction tutors	2%	14%	15%	10%

Base: all Provider-led ECTs (2,755) mentors (1,946) and induction tutors (1,048) who were registered in the 1st term in the 1st year and responded to the question

Source: ECF induction survey W3

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

Low rating   High rating

	Low rating	High rating
Mentors baseline	11%	65%
Mentors mid-point	12%	63%
Mentors end-point	10%	63%
ECTs baseline	19%	53%
ECTs mid-point	27%	42%
ECTs end-point	29%	39%

0

Note: A low rating are scores from 0 to 3, and a high rating are scores from 7 to10, 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 1st term of the 1st year who responded to the question.

Source: ECF induction survey W3, W2 and W1

Figure 8: Overall satisfaction with induction at the end-point survey

Base: all Provider-led ECTs (2,755) mentors (1,946) and induction tutors (1,048) who were registered in the 1st term in the 1st year and responded to the question

Source: ECF induction survey W3

Just over half of ECTs and mentors were satisfied with the induction experience to date, but one-in-five were dissatisfied. For all groups, satisfaction increased, and dissatisfaction decreased and they were generally less critical. Also, in the 2nd year fewer ECTs and mentors had raised concerns about their induction programme (as reported by induction tutors). Yet, ECTs' enthusiasm for taking part in their induction fell over time which is likely to reflect their greater confidence in their teaching abilities and readiness to move on. The proportion rating their enthusiasm as high (at 7 or above out of 10), fell from 53% at the start, to 42% and then 39% at the end of the 2 years. Induction tutors and mentors generally considered their ECTs to be engaged but this too declined over time suggesting they recognise some dwindling of interest over time.[39] However, mentor engagement and enthusiasm for their mentor role remained consistent across the 2-year period, with almost two-thirds (63%) rating their enthusiasm at least 7 out of 10.

What worked particularly well for ECTs were their mentor meetings and mentor support and the opportunities to network with other ECTs. Mentors were most satisfied with the structure and organisation and the online resources. Induction tutors were also most satisfied with the organisation, planning, and structure of the induction programme. However, the organisation and management of the programme was seen by some as problematic.

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[39] This fell from a very high proportion in Year 1, 97% of induction tutors thought ECTs were fairly or very engaged at the baseline and 95% at the mid-point. At the end-point survey this was still very high, at 88%, but had fallen over time, particularly in the 2nd year.

When induction was seen as unhelpful (by induction tutors) or they were dissatisfied, this was largely due to lack of specificity, poor organisation (particularly in Year 2), repetition of other courses, additional workload, issues with quality or lacking flexibility. For mentors, dissatisfaction or concerns about the induction programme were associated with poor organisation and management (particularly in Year 2), heavy workload, lack of relevance and/or flexibility and repetition of content covered elsewhere. For ECTs, dissatisfaction or concern was associated with repetition from other courses, feeling they were learning nothing new, poor organisation, lack of relevance, additional workload and feeling it was not helpful. The frustrations across the groups were similar, however the key frustration for each group differed. For ECTs the key frustration was repetition, for mentors it was lack of relevance (feeling it was aimed at different subjects, key stages or pupil ages), and for induction tutors it was poor organisation, planning and management.

Improvements in ECT confidence

Improving confidence in teaching was a key ambition for ECTs at the start of their ECF-based induction programme (reported by 60% of ECTs at the baseline), and also for induction tutors (85% of induction tutors at the baseline). ECTs tended to start their induction feeling fairly confident but ECTs confidence improved over their induction period, in all areas.[40] This suggests that ECTs experienced all-round growth in their abilities with regard to teaching and interacting with pupils. Just 5% of ECTs overall felt their confidence had not particularly improved in any area. Growth in confidence appeared to be regardless of entry pathway. However, those who joined teaching from a school setting, rather than joining straight after education or after working in another sector, started with and maintained the highest levels of confidence.

- Overall, the greatest improvements in confidence were in assessment, adaptive teaching practice, planning, and promoting pupil progression. This was seen across the cohort with the proportion reporting themselves as very confident increasing by 14 to 16 percentage points from the start of the induction to the end. It was also seen at an individual level: one-third of those feeling fairly confident at the start of their induction felt very confident at the end of their induction in these areas (34%, 32%, 40% and 36% respectively).[41]

- Generally, the areas where ECTs started their induction feeling most confident remained so: setting and demonstrating high expectations, planning and teaching well-structured lessons, and managing behaviour. By the end of their induction period ECTs were most likely to feel very confident in these areas, whereas at the end of their 1st year they were most likely to feel fairly rather than very confident.

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[40] Participants could rate confidence on a scale: not at all confident, not very confident, somewhat confident, fairly confident, very confident.
[41] Additionally, one-fifth of those feeling somewhat confident at the start felt very confident at the end in terms of planning (18%) and promoting pupil progression (19%).

- Across the induction period ECTs' confidence was lowest in managing their own workload and wellbeing and this saw only modest growth in confidence over time. Towards the end of their induction period, just 24% reported feeling very confident about this aspect (up from 17% in the baseline survey) and 13% felt not confident (down from 19%). Anxiety was an issue for ECTs, and the surveys found the largest group of ECTs had a high rating for anxiety and were slightly more likely to be anxious at the end of the 2-year period than when they started the induction (46%, up from 42% with a high rating[42]).

Towards the end of the first complete induction programme, induction tutors tended to feel that the provider-led ECF-based induction programme had had a positive impact on ECT confidence and also on their job performance (84% and 84% respectively). Many (62%) felt it also had a positive impact on ECTs job satisfaction (although this tended not to feature highly among induction tutors as an ambition for or anticipated benefit of induction). A small group of induction tutors however felt the ECF-based induction negatively impacted on the job satisfaction of ECTs (13%). Induction tutors in primary schools held more positive views of the impact of induction than those in secondary schools.

The interviews and case studies found induction tutors and senior leaders reported improvements in their ECTs in terms of improved capability and increased motivation and sense of purpose. They felt the ECF-based induction programme allowed ECTs to develop an understanding of their roles as teachers and provided them with a good starting point to progress, with ECTs in their 2nd year of induction able to take on additional responsibilities.

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[42] This is based on those scoring between 6 and 10 out of 10, with 0 'not at all anxious' and 10 'completely anxious'. The question and threshold categories reflect that used by ONS when reporting on personal wellbeing. See Personal well-being in the UK QMI.

Figure 9: ECTs' confidence in their abilities at the end-point survey
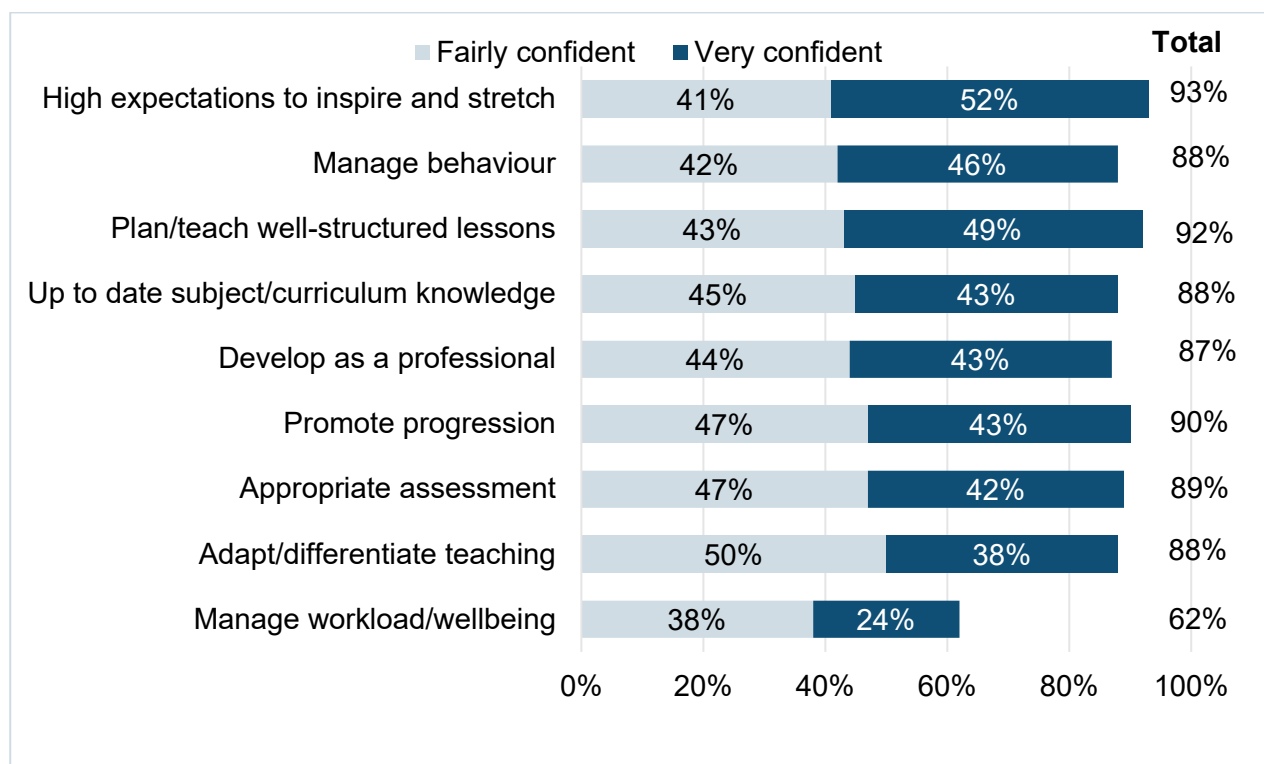
Base: ECTs on provider-led training and were registered in the 1st term of the 1st year who provided a response to the survey question (based on all responses, includes don't knows).

Source: ECF induction survey W3 – provider-led ECTs

Table 11: Change in ECTs confidence in their abilities over time

Rating	Confident*	Confident*	Confident*	Very confident	Very confident	Very confident
Survey	Baseline	Mid	End	Baseline	Mid	End
High expectations to inspire and stretch	86%	86%	93%	40%	42%	52%
Manage behaviour	81%	82%	88%	33%	37%	46%
Plan/teach well-structured lessons	85%	87%	92%	34%	36%	49%
Up-to-date subject/ curriculum knowledge	82%	82%	88%	32%	34%	43%

58

Rating	Confident*	Confident*	Confident*	Very confident	Very confident	Very confident
Survey	Baseline	Mid	End	Baseline	Mid	End
Develop as a professional	82%	82%	87%	35%	34%	43%
Promote progression	84%	85%	90%	29%	32%	43%
Appropriate assessment	79%	83%	89%	26%	31%	42%
Adapt/ differentiate teaching	76%	79%	88%	23%	28%	38%
Manage workload/ wellbeing	54%	58%	62%	17%	21%	24%
Base (N)	7,572	2,981	2,755	7,572	2,981	2,755

*Confident includes fairly confident and very confident.

Base: ECTs on the provider-led training and who were registered in the 1st term of the 1st year and responded to the question (based on all responses, includes don't knows).

Source: ECF induction survey W3, W2 and W1 – provider-led ECTs

Moving on and plans for the future

Stability vs change

Few induction tutors were dissatisfied with the provider-led programme they were using in their school or MAT (15% baseline, 16% mid-point and 12% end-point). The vast majority of induction tutors intended to continue with the provider-led approach to ECF-based induction (79% considered it likely they would use the same approach). The vast majority (76%) also expected to stick with their lead provider. At the end of the 2nd year of the implementation of the ECF reforms, there was widespread acceptance of the provider-led approach. In most cases the approach worked well for the school or MAT but there may be an element of accepting an approach that still requires some improvement or that is better than the alternative(s) which would require more time and resource than they have. The surveys indicated that the 1st year of the implementation of the ECF reforms had been crucial to forming opinions in respect to the preferred approach, and during the 2nd year little happened to change minds; but the 2nd year

could lead to induction tutors reassessing which lead provider they would prefer to work with.

At the end of the 2nd year of the implementation of the ECF reforms only a very small proportion (3%) of induction tutors with ECTs starting in both the 2021 to 2022 and 2022 to 2023 academic years reported they had switched to using the school-led approach for one or more of their newer ECTs. This meant they were not only managing multiple cohorts but also different programmes. Similarly, only a very small group of induction tutors were considering changing their approach (6% felt it unlikely they would use the provider-led approach when they next appoint ECTs). Most of these expected to move to delivering the training themselves using the DfE accredited materials and resources. The main reasons for considering switching were a perceived lack of relevance of the training in terms of subject, key stage or school age, followed by perceptions of poor organisation, complicated to use, creation of high workload, lack of flexibility and poor quality. A small proportion (8%) expected to change lead provider in order to consider other options and gain better customer service, quality of training and tailoring to school context.

The interviews and case studies found many induction tutors and senior leaders felt their programme was working well enough and so they intended to stick with their approach and provision. However, where schools were considering switching approach, lead provider or delivery partner this reflected frustrations with the programme content, on-boarding and registration or with their relationship and communications with their delivery partner or lead provider. The interviews also highlighted the complexity involved in changing approach and supporting ECTs on different programmes.

Feedback from induction tutors and mentors suggests that after the first complete induction period (2 years of coordinating the induction programme for induction tutors and 2 years of supporting ECTs for mentors), most intended to stay on in their school and most intended to carry on in their role supporting the ECF-based induction: 77% of induction tutors and 73% of mentors. Those potentially experiencing greater challenges and complexities appeared most likely to remain in their role, for example with more than one ECT. Mentors also appeared to be prepared to continue to support ECTs beyond their 2-year induction period, with 85% likely to continue to support their former ECTs on an informal basis and 51% on a formal basis. Where induction tutors expected to move on from the role this was largely due to external factors rather than their own preferences (e.g. moving to a new post, retiring or the school not having ECTs). Whereas mentors who were unlikely to continue in the role reported this was due to the workload involved (too high and too onerous) and having limited time to participate.

ECT retention

The surveys gave some indications of intentions around future plans and thus retention but it should be noted that intentions may not translate into action and that some individuals may have already left their original school or left teaching altogether and thus were not reached by the survey.[43] Where possible, further information on retention drawing on DfE teacher CPD digital service data will be included in the final research report towards the end of 2024.

Around half of induction tutors (45%) expected the ECF-based induction would improve retention of ECTs in their school or MAT, and a higher proportion expected it would help with retention more broadly in teaching. By the end of the 2nd year few felt their expectations around retention had been completely met (18-19%). Whereas 16% who expected it to help retention in teaching felt their expectation had not been met at all, and 11% expecting it to help retention in their school felt it had not done so, and around one-in-ten with expectations around retention were not able to give a view. These findings suggest it may be too early to assess the benefits to retention of the ECF-based induction programme.

When asked directly if they felt the training and support ECTs received as part of their provider-led ECF-based induction programme had an impact on ECTs likelihood to stay on in teaching three-in-five induction tutors (59%) felt it did indeed have a positive impact. This included one-quarter (25%) who felt it had a major positive impact. Generally, those induction tutors in primary schools were more positive about its impact on retention than those in secondary schools. However, one-fifth (21%) felt it had no impact on retention and one-tenth (11%) were unsure of its impact. This again suggests that it is too early to assess the impact.

Retention was discussed in the interviews and case studies and interviewees hoped the additional support and structure of the ECF-based induction would provide ECTs with the knowledge and confidence to continue working as teachers, with the 2nd year being particularly useful for ECTs who need extra support or time to develop. There were some concerns about the workload involved with the induction programme which was perhaps greater than anticipated and these additional demands particularly in Year 1 could negatively impact on ECTs retention and also on mentors' retention. There were concerns that the workload for mentors (including the training content, additional reading and paperwork) could deter individuals from being mentors or staying in the mentor role. Mentors themselves noted how new teachers can require a lot of support which can feel overwhelming for mentors.

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[43] The survey used the contact details from their initial registration in the academic year 2021 to 2022. Analysis of the data captured from the Manage training for Early Career Teachers' service will provide a more accurate picture of attrition and retention during and in the year after ECF-based induction.

At the end of their 2nd year of ECF-based induction most ECTs (82%) intended to stay on in their current schools at least for the following academic year. The key reasons for being unlikely to stay on were that they already had a new job lined up, were relocating, coming to the end of a fixed-term or temporary contract, or were making a career change. Push factors such as the heavy workload and poor or unsupportive management and leadership were also reported.

Most ECTs were also likely to remain in teaching after their induction (92% including 71% very likely), and many felt it was likely they would be in teaching in five years' time (76%, including 41% very likely). Just 5% of ECTs felt they were unlikely to remain in teaching after their induction, this rose to 15% who felt it unlikely they would still be in teaching in five years' time (an increase from the surveys at the end of their 1st year of induction, 10%, and at the end of their 1st term, 7%). This suggests the potential for some attrition after induction, with some finding that teaching is not necessarily the best career option for them in the longer term. ECTs most commonly cited a heavy workload as the reason they were unlikely to remain in teaching followed by poor pay and incentives, stress and pressure, lack of support, poor work-life balance and health and wellbeing issues.

Responding to feedback

The Department are committed to continuous improvement to transform the training and support for all new teachers and to review the experiences and needs of ECT as well as trainees. This research provides feedback and lessons learned to support continuous improvement. In the 2nd year of the implementation of the ECF reforms, the Department continued to engage closely with the findings and feedback from the research and worked to make changes to guidance, support and delivery.

Key changes have included:

- All lead providers have developed a wide range of exemplification materials to support teachers working across different phases and a range of contexts and subjects, as part of their own continuous improvement activity.

- The Department worked with providers to introduce greater flexibility to the programme to ensure it better meets the needs of ECTs, including developing and introducing stretch materials. This was introduced from Sept 23, for the third year of implementation.

- The Department has reviewed the mentor programme and worked with lead providers to streamline the mentor programme as much as possible; and ensure it supports mentors transitioning into the programme part-way through. These changes were introduced from Sept 23 for the 3rd cohort of mentors.

Further changes are planned to reduce repetition including moving to a combined framework for ITT and ECF-based induction to create a three-year programme setting

out how knowledge and skills should develop from ITT into induction and with diagnostic tools to give greater flexibility in mentoring to focus on aspects ECTs most need to develop. Other changes planned include increased contextualisation to subject and phase with enhanced subject-specific materials and resources for mentors, further support in supporting pupils with SEND, and addressing the high workload for mentors through shortening the provider-led mentor training, greater flexibility in how mentor training is delivered, and more detailed resources for mentors to use.[44]

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[44] See Outcomes of the review of the initial teacher training core content framework and early career framework.

B: Other groups

The 2nd part of this briefing focuses on other groups participating in the implementation of the ECF reforms: individuals who started their involvement after the 1st term of the 1st year (later registrants), and those participating in the school-led ECF-based induction where schools deliver their own training using DfE-accredited materials.

I: Later registrants

The number of individuals participating in provider-led ECF-based induction programmes increased during the 1st year of the implementation of the ECF reforms, with new ECTs and mentors registering in the 2nd and 3rd terms of the 2021 to 2022 academic year (thus joining or supporting Cohort 1). These later registrants joined from schools that already had ECTs registered and from schools new to the ECF-based induction. These later registrants tended to be at an earlier stage in their induction journey at each survey point compared to the much larger group of those who registered in the 1st term (also referred to as standard starts or early registrants). At the end point survey whilst most of those ECTs and mentors who registered in the 1st term were finishing their induction training and induction period, later registrants were still part-way through. This section focuses on later registrants in the 2021 to 2022 academic year who participated in the provider-led ECF-based induction.[45]

Different profiles

As noted in the previous report, those who registered later in the 2021 to 2022 academic year had a different profile to those who started in the 1st term, and this could influence their views and experiences.

- Later registering ECTs were more likely than those who started in the 1st term to be working in primary schools and in schools with fewer other ECTs, to have prior work experience, to be working part-time or to be older.

- Later registering mentors were more likely than those who registered in the 1st term to be working in primary schools, more likely to be working part-time and to be older.

- Later registering induction tutors were more likely than those registered in the 1st term to be headteachers, to have been with their current school for a shorter period of time and were less likely to have had previous experience supporting induction.

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[45] The number of responses to the end-point survey for later registrants in schools with a provider-led approach were: 260 ECTs, 174 mentors, and 65 induction tutors. Overall, later registering ECTs accounted for 9% of all responding ECTs on provider-led programmes, and later registering mentors accounted for 8% of all responding mentors on provider-led programmes.

Different experiences

Expectations

Later registering ECTs continued to have higher expectations for their provider-led induction programme than those who registered in the 1st term, and improving skills in adaptive teaching was particularly important. Later registering mentors held similar expectations in the 2nd year to those approaching the end of their 2nd year, largely focused on their support and mentoring skills. The small group of later registering induction tutors were relatively more likely than those involved from the 1st term to hope that the programme would lead to better support for ECTs, and that ECTs would improve their subject and pedagogical knowledge and their adaptive teaching skills but were relatively less likely to hope for improvements in retention or raising the profile of mentoring.

In Year 2, whilst still in their induction period, later registering ECTs appeared more likely to feel their expectations were met compared to those approaching the end of their induction, particularly for observing other teachers, gaining experience specifically related to their school, and having time to reflect on learning and experiences. However, this group were less likely than those who were at the end of their induction to feel their expectations around connecting to ECTs in other schools had been met suggesting more room for improvement.

Training and support

ECTs who registered later were less likely to have taken part in live in-person training and peer networking events by the time of the end-point survey than those who registered in the 1st term. Despite an increase in live in-person training over time, later registrants appeared more reliant on online training (live training delivered online and watching recordings of training delivered online) than those who registered in the 1st term. During the 2nd year, later registering ECTs spent less time on average in live training than standard starters (2.2 hours compared with 2.6 hours over a 4-week period), but conversely spent more time in self-directed study than those who started earlier (4.3 hours compared with 3.4 hours). Despite spending more time on self-directed study, later registering ECTs were less likely than standard starters to feel the time they were expected to spend on self-directed study was too much (27% compared with 38%). Later registering ECTs appeared to spend slightly longer on average receiving support from their mentors in Year 2 than those who registered in the 1st term and were coming to the of their induction period (6.5 hours compared with 6.2 hours).

Later registering ECTs continued to be more positive than those registering in the 1st term about how well the provider-led ECF-based induction training was working for them. They were relatively more positive about how their induction programme built on and extended topics covered in their ITT and provided them with new knowledge and training

content than those who registered in the 1st term. ECTs (and their mentors) were also more likely to feel their induction prepared them well for a full teaching load despite being further from completion, but the difference was small. Whereas later registering induction tutors were less positive in this respect than those who registered in the 1st term and thus had longer supporting the ECF-based induction.

Satisfaction

In Year 2, ECTs who registered later in the 1st year continued to be more positive in their ratings of the helpfulness of the provider-led ECF-based induction than those who registered in the 1st term however the difference narrowed over time.[46] They were also more likely to be very satisfied and less likely to be dissatisfied than those who registered in the 1st term.

II: School-led ECF-based induction

The DfE's published statistics[47] show a small proportion of those participating in ECF-based induction were in schools that had chosen a school-led programme (using freely available DfE-accredited materials to deliver their own ECF-based induction programme) or had chosen to design and deliver their own programme based on the ECF. This was 4% of ECTs: 4.1% of ECTs starting their induction in the 2021 to 2022 academic year and 3.9% of ECTs starting in the 2022 to 2023 academic year.[48]

Different profiles

DfE statistics also indicate that schools taking part in the school-led or school design and deliver approach to ECF-based induction differ to those using a provider-led approach. They were relatively more likely to be:

- secondary schools;
- work with organisations other than a teaching school hub as their appropriate body;
- Academies (for Cohort 1);
- Free Schools (for Cohort 2); and
- located in London and the South East.

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[46] 44% of later registered ECTs rated helpfulness at least 7 out of 10 (down from 50% at the mid-point survey), compared to 37% of those registering in the 1st term.
[47] Figures quoted are drawn from the Teacher and leader development: ECF and NPQs publication.
[48] The percentage of ECTs who started the school led or school design and deliver induction is based on ECTs who appeared in the School Workforce Census.

The survey findings also show that ECTs in schools taking the school-led approach to ECF-based induction were more likely to be in secondary schools than primary schools, and less likely to be in a MAT.

Different experiences

The rest of this section draws on findings from those responding to the surveys. The numbers here for ECTs, mentors and particularly induction tutors who participated in the school-led ECF-based induction are small[49] in comparison to those who participated in a provider-led approach (in keeping with the overall proportions noted above). This means the findings and comparisons are indicative only.

Understanding

induction tutors were asked about their knowledge and understanding of their ECF-based programme. The findings for induction tutors in schools with a school-led approach to ECF-based induction follow the patterns found for those in schools with a provider-led approach: understanding of the programme content fell for Year 2, as did their confidence about understanding the commitment in time and workload required of participants in the 2nd year when compared to findings at the end of the 1st year. However, induction tutors using the school-led approach continued to have a stronger perceived understanding than those with a provider-led approach.[50]

Expectations

Induction tutors hopes and ambitions for their school-led ECF-based induction programmes tended to mirror those found in schools with a provider-led approach. Induction tutors hoped to build the confidence of their ECTs in teaching, improve their knowledge and skills, and that ECTs would feel better supported. However, those with a school-led approach were more likely than those with provider-led programmes to hope to improve ECTs subject and pedagogical knowledge and improve teaching more widely across the school. They were relatively less likely to hope for an impact on retention or job satisfaction, or on development of mentors and mentoring skills.

Generally, induction tutors felt their expectations had been met towards the end of the 2nd year, including around two-thirds who felt they had been completely met. Those with a school-led approach were more likely to feel they had been met than those with a provider-led approach. Induction tutors were also more likely to feel the additional year of support, training and protected time was very beneficial for ECTs than those involved

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[49] Overall the number of responses to the end-point survey for those in schools with a school-led approach was small: 159 ECTs (139 registered in the 1st term of the 1st year), 76 mentors (69 registered in the 1st term of the 1st year), and 54 induction tutors (49 registered in the 1st term of the 1st year).
[50] 53% knew a lot about the content compared with 29% in schools with a provider-led approach, and 61% to 71% knew a lot about the time and workload required for each role, compared with 46% to 49% in schools with a provider-led approach.

with a provider-led programme.[51] However the views of mentors around the added value of the 2nd year were similar regardless of approach followed.

Experiences of training

ECTs in schools with a school-led ECF-based induction programme commonly participated in live training delivered in person, and in-person training appeared to have somewhat overtaken live online training in the 2nd year.[52] Compared with ECTs on a provider-led ECF-based induction, those with a school-led programme were less likely to have their training delivered online[53] reflecting that school-led induction is delivered in-house by school staff on site. ECTs on a school-led programme continued to report higher levels of peer networking with other new teachers than those in schools with a provider-led approach.[54]

Induction tutors held the most positive views of the training delivered for their ECTs, more so than mentors and ECTs. All 3 groups, induction tutors, mentors and ECTs, rated the school-led ECF-based induction training in the 2nd year most highly for monitoring of ECT participation and progression and opportunities for ECTs to practise their skills.[55] For all groups, induction tutors, mentors and ECTs, their ratings of the training were more positive than their peers in schools with a provider-led approach. Among induction tutors this was most evident in the ratings of the structure and sequencing of the programme, responding to challenges or problems experienced by ECTs, and in the tailoring of training to the school context and individual ECT needs.[56] The latter (as reported) was a key factor influencing choice of the school-led approach. Tailoring was less highly rated by ECTs and mentors, and they appeared more critical than induction tutors of this aspect of the training.[57] Another area of inconsistency across the participant groups undertaking a school-led ECF-based induction programme related to opportunities to network. This was the lowest rated aspect of the training for ECTs and induction tutors[58], and for induction tutors the school-led approach performed less well against the provider-

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[51] 57% of induction tutors with a school-led ECF-based induction programme felt the 2nd year had been very beneficial compared with 49% of induction tutors with a provider-led programme.
[52] In the end-point survey 70% of ECTs reported live training delivered in person (this was 73% at the mid-point survey) and 55% reported live training delivered online (down from 64% at the mid-point).
[53] 55% had live training delivered online compared with 76% of ECTs undertaking provider-led ECF-based training.
[54] 46% reported peer networking compared with 38% of ECTs undertaking provider-led ECF-based training.
[55] 88% of induction tutors, 80% of mentors and 77% of ECTs rated monitoring as good; 86% of induction tutors, 83% of mentors and of 78% ECTs rated opportunities for ECTs to practise their skills as good.
[56] Four-in-five induction tutors compared with 45% of those with a provider-led approach rated tailoring as good, Four-in-five induction tutors compared with 68% of those with a provider-led approach rated the structure and sequence of their programme as good, and three-quarters of induction tutors compared with 52% of those with a provider-led approach rated responding to challenges or problems of ECTs as good.
[57] Four-in-five induction tutors rated tailoring of the training as good, compared with 65% of mentors and 60% of ECTs.
[58] 52% of ECTs and two-fifths of induction tutors reported opportunities for ECTs to network as good.

led approach in terms of opportunities for ECTs to network[59] and also for mentors to network. Mentors were less critical than both ECTs and induction tutors on this aspect.[60]

Moving on from induction

There was no real difference in perceptions of how well ITT prepared ECTs for their ECF-based induction whether they were following a provider-led or school-led approach. There were also similar ratings from mentors and ECTs on both programmes for the extent to which their ECF-based induction had built on and extended topics covered in their ITT and provided new knowledge. However, induction tutors in schools with a school-led approach to ECF-based induction appeared more positive that their induction provided new knowledge and training content that ECTs had not encountered before than their peers taking a provider-led approach. They were similarly more positive than their counterparts in schools with a provider-led approach that their induction programme prepared their ECTs well to take on a full teaching load.[61] The type(s) of support ECTs on a school-led ECF-based programme felt they would need over the next few years (beyond their induction) mirrored those of ECTs who had undertaken a provider-led programme, most commonly this was supportive line management and continued informal mentoring. This suggests that regardless of approach adopted ECTs feel they will need ongoing support from mentors and line managers.

Workload and time commitment

Time spent on induction activities reduced in the 2nd year for ECTs on school-led ECF-based induction programmes. In the 2nd year, ECTs in schools with a school-led approach spent an average of just under 3 hours over a 4-week period in self-directed study and approximately 2½ hours in live in-person training. Both were slightly less than the average for those on provider-led ECF-based induction programmes, and correspondingly fewer ECTs on school-led programmes felt they spent too much time on self-directed training that those on provider-led programmes.[62] Those following a school-led approach also reported an average across a 4-week period of just under 3 hours on formal mentoring support (similar to the average in provider-led programmes) in the 2nd year and over 4 hours of informal support and feedback (remaining largely consistent across the 2-years). ECTs in schools with a school-led approach reported more time on average on informal mentoring than those in schools with a provider-led approach.[63] Mentors following the school-led approach however reported spending much less time

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[59] Two-fifths of induction tutors rated opportunities for ECTs to network as good, compared to 62% of those with a provider-led approach; and one-fifth rated opportunities for mentors to network as good.

[60] 67% of mentors rated opportunities for ECTs to network as good.

[61] Almost one-half of induction tutors felt their school-led induction programme had prepared their ECTs very well for the next step compared with 30% of those with a provider-led approach.

[62] 25% of ECTs felt they spent too much time on self-directed study, compared with 38% of ECTs undertaking provider-led ECF-based training.

[63] An average of 4.11 hours over a 4-week period in informal mentoring compared with an average of 3.2 hours reported by ECTs undertaking provider-led ECF-based training.

providing informal support than perceived by ECTs (less than 3 hours), and less than reported by mentors following a provider-led programme.[64]

Mentor workload

Challenges in managing the ECF-based induction workload for mentors appeared to reduce over time for both provider-led and school-led ECF-based induction programmes. However, in the 2nd year, mentors in schools with a school-led approach to ECF-based induction were less likely to report difficulties managing their workload than those in provider-led schools[65], continuing patterns noticed in the 1st year.

Induction tutors in schools with a school-led approach appeared more likely to also have mentoring responsibilities, suggesting schools using the school-led approach to ECF-based induction were more likely to combine roles which could add to workload.

Satisfaction

Induction tutors were most positive and ECTs least positive about the helpfulness of their ECF-based induction and for ECTs and mentors their ratings for helpfulness fell between the 1st and 2nd years. These findings reflect patterns found for schools using the provider-led approach. However, ECTs, mentors and induction tutors were all more likely to consider the induction helpful to ECTs than those in schools with a provider-led approach.[66]

Enthusiasm for participation was higher among mentors than ECTs, and mentors in schools with a school-led approach were more enthusiastic than mentors in a provider-led programme.[67] However, the ratings of ECTs for their enthusiasm were very similar for those on school-led to those on provider-led programmes.[68]

Overall satisfaction with the ECF-based induction programme was high. This increased over time for induction tutors and mentors but among ECTs satisfaction fell slightly. All groups had higher satisfaction levels in the 2nd year compared to those in schools with a

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[64] An average of 2.45 hours over a 4-week period in informal mentoring compared with an average of 2.92 hours reported by mentors with a provider-led approach.

[65] 32% reported difficulties supporting their ECTs alongside their teaching workload compared with 43% of mentors with a provider led approach to ECF-based induction.

[66] 46% of ECTs, 64% of mentors and four-fifths of induction tutors rated the helpfulness to ECTs at least 7 out of 10, compared with 39%, 56% and 61% (respectively) of those with a provider-led approach to ECF-based induction.

[67] 72% of mentors rated their enthusiasm at least 7 out of 10, compared with 63% of mentors with a provider-led approach.

[68] 40% of ECTs rated their enthusiasm at least 7 out of 10, almost identical to 39% of ECTs undertaking a provider-led ECF-based induction.

provider-led approach to ECF-based induction.[69] This continues patterns noted in the 1st year.

Change

Induction tutors in schools with a school-led approach were predominantly in favour of sticking with their current approach and with their existing set of materials. This follows the patterns in earlier surveys, and (in terms of approach) in provider-led schools. Where they were considering change, this was towards a provider-led rather than a design and deliver approach.

ECT confidence

ECTs in schools with a school-led approach were most likely to report their confidence had grown in the areas of planning and teaching well-structured lessons and managing behaviour effectively.[70] They were least likely to feel their confidence had grown in managing their workload and wellbeing and in promoting pupil progression.[71] These findings were similar to those of ECTs on provider-led ECF-based induction programmes. However, they were relatively less likely to report growth in areas around adapting and differentiating teaching approaches to pupil needs than by ECTs with a provider-led approach.[72]

Induction tutors appeared more positive about the benefits and potential early impacts of the school-led ECF-based induction programme than those with a provider-led programme, particularly about ECTs confidence in teaching, ECTs performance in their jobs and ECTs job satisfaction.

What worked well for those with a school-led approach

In terms of what worked particularly well, ECTs in schools with a school-led ECF-based induction programme were more likely than those with a provider-led programme to cite their relationship with their mentors, and the level of advice and guidance received. Mentors appreciated the structure and organisation, collaborative working, the clear guidance and focus given, having dedicated time and being able to support and develop an ECT. Induction tutors appreciated the quality of materials and the level of flexibility and adaptability afforded, and the interviews indicated that the school-led approach allowed for more personalisation and tailoring to meet the needs of the school and the needs of ECTs at different levels of experience. However, mentors felt the programme

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[69] 31% of ECTs, 28% of mentors and one-half of induction tutors were very satisfied with their ECF-based induction, compared with 11%, 12% and 20% (respectively) of those with a provider-led approach to ECF-based induction.

[70] 56% and 52% of ECTs undertaking the school-led approach to ECF-based induction.

[71] 35% and 38% of ECTs undertaking the school-led approach to ECF-based induction.

[72] 38% of ECTs reported growth in confidence in promoting pupil progression compared with 45% of ECTs undertaking a provider-led ECF-based induction, and 39% reported growth in confidence in understanding the learning barriers and strengths and needs of all their pupils compared with 47% of ECTs undertaking a provider-led ECF-based induction.

could be improved if the mentor workload was reduced, if there was better timetable and allocation of adequate time, more flexibility in the content, and more networking opportunities.

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