

The challenges and opportunities involved in designing large-scale national "RCT-like" programmes in education

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Context

- In 2010 The coalition government was interested in research based practice—but it wanted to
 - focus on impact
 - strengthen the "science" of teachers' use of research,
 - remove most government mediation and
 - involve outstanding schools in leading R&D.
- Set up Teaching School Alliances with R&D as core role
- Commissioned a review of research use in policy in general and education in particular from Ben Goldacre (reference)





TREIP and Closing the gap

- Goldacre strongly challenged qualitative research, including teacher research, and advocated focussing on randomised controlled trials
- At same time Government was investing in closing the gap (CTG)for vulnerable pupils via a no of routes. £7m earmarked for continuing professional development
- The "Close the Gap test and Learn programme" is a large scale "Randomised Controlled Trial like" R&D programme framed centrally but led locally by TSAs
- Here randomised, systematic experimentation became the driver for R&D in the mediating layer – via TSAs
- Launched via invitation to tender for design March 2013 design to be completed by end of July based on consultation with schools





Vision for the initiative

- Further embed changes so engagement in research is reinforced as an important part of teachers' practice
- Teachers supported and enabled to inform own practice through use of robust evidence, with a direct impact on educational outcomes for their pupils
- Complement work supported by the Education Endowment Foundation (EFF) and wider efforts to develop R&D and an evidence-informed teaching profession
- Successful approaches to supporting the academic success of the most disadvantaged children are identified and spread





Teaching Schools – local hubs of development/improvement

- Lead the development of a school-led ITT system, through School Direct and, in some cases, by seeking full accreditation as an ITT provider
- Lead peer-to-peer professional and leadership development
- Support and develop leaders
- Provide support for other schools (NLEs)
- Designate and broker Specialist Leaders of Education (SLEs)
- Engage in research and development





Roles

- Research design by CUREE with support from Durham included:
 - Consultation to enable the selection of interventions in partnership with the Teaching Schools Advisory Group and specialist advice from Durham university
 - Overall design of programme and RCT features with Durham,
 - Create protocols tools and resources to ensure consistency between interventions and between schools and Alliances
 - Establish relationships with intervention providers so training could happen within tight timescales without distorting the trials
 - pilot RLS focussed in depth on Closing the gap
 - Provide the training for Response to Intervention; and
 - collaborate with Campaign for British Teaching (CfBT) on design and implementation





Roles during the capability phase

NCTL	Leading the programme, managing randomisation and quantitative data analysis
CfBT Education Trust/ Centre for the Use of Research & Evidence in Education (CUREE)/ Oxford University	Materials development, training and support. Training rounds 1, 2 and 3. Networking events. Online events. Joined by the Durham University and DfE for the final analysis and report writing .
Participating teaching schools	All teaching schools were invited to participation. 188 participating teaching schools leading and managing the trials and collecting qualitative evidence
Trial co-ordinators	Participating teaching schools should appoint a trial co-ordinator
Trial site schools	The schools where interventions take place – (could be a participating teaching school)
Intervention training providers	Provide training places on courses covering the interventions for teachers in trial site schools



Selecting the interventions

- Consultation also aimed to seed recruitment
- Focussed on CTG challenges where might research informed interventions help – which pupils? Which areas of the curriculum? Which teaching skills? The kinds of interventions schools would like to try out
- Key issue was what is an intervention?
- 12 of the 17 shortlisted interventions identified as:
 - manageable by schools in timescales and budget,
 - likely to succeed based on existing evidence and
 - "researchable under trial like conditions"





The 3 Stages of the Project

Phase 1: Consultation

- CUREE, with Durham and NCTL through surveys, focus groups and meetings, collected school views about what might work to Close the Gap.
- To produce a shortlist of 17 interventions

Phase 2: Design

- CUREE with support from Durham, and later CfBT, created a framework and tools, processes and protocols for schools to
 - » test the interventions in practice in the classroom via intervention/ control/ wait groups
 - » Shape the recruitment, testing and randomisation processes
 - » Shape training for TS R&D leaders in managing the programme

Phase 3: Implementation & Assessment

 Interventions start Autumn 2013 with standardised on line assessments, followed by randomisation, provider training in interventions, interventions and on-line post tests



The interventions

- First Class @ Number intense support for teachers and learning support assistants in year 3
- Numicon CPD in dialling in number relations visually – years 1-5
- Inference training CPD in strategies for developing inference skills as part of comprehension for years 3-9
- Research lesson study CPD specifically focussed on closing the gap and literacy early years – year 9 – pre/post test pilot in 1st year, trial runs in second





The interventions

- Response to Intervention CPD via close case analysis and matching research based interventions to specific needs in 3 tiers of intensity focussed in literacy year 5 - 9
- Growth Mindsets CPD in recognising and developing growth mindsets – years 1-9
- Achievement for All a whole school development using a data driven focus on most vulnerable pupils in two year groups as a trojan horse for closing gaps school wide
- Accelerated reader providers decided they were not ready for a national programme like this



curee Pluses, surprises, risks and obstacles

- TS and consultation secured high levels of recruitment and high percentage of retention – so far.
- Over 750 schools signed up. Eighty-eigh %of control schools did post tests – though lots of data clean up because of confusion re: eg target pupils and classes
- Selecting interventions from needs emerging from schools secured ownership and relevance – may have stopped this feeling like a being "Done to" initiative
- On line assessments have provided powerful diagnostic evidence and are seen as intrinsically useful





Pluses, surprises, risks and obstacles (2)

- Separating the trainers from the trial managers solved a number of logistical challenges – but makes it hard to know about fidelity
- May be the case that interventions need to be narrowed and focused for this kind of programme because of the tendency to the norm at scale
- Eg there were problems in just using 2 tests i.e.
 NGRT & writing across multiple interventions tackling broad issues like literacy where, eg, writing rather than reading was the priority



Pluses, surprises, risks and obstacles (3)

- Schools really do like rigour of the pre and post test
- Hard to keep control schools focussed on niceties across such extended communication lines and roles.
- Focussing on skilled disappearers during training period during RLS pilot won deep engagement and set up safeto-experiment relationships
- The use of tools and protocols eg pupil identification tool
 has been important in securing a degree of consistency
 our qualitative evidence suggests intervention tools are
 now being used for other purposes within schools





Choosing interventions

- Selecting which interventions to test in a large-scale RCT is a nontrivial challenge, because of both ethical and practical concerns
- We sought, interventions with a reasonable expectation that they
 would create benefits. This meant that there needed to be a step
 before the RCT was selected in which its effects were rigorously
 explored. But we don't have that kind of evidence re many
 interventions and needed to start somewhere so carried out a
 thorough analysis of the top 17 prioritities identified by schools via
 consultation
- Practically, conducting a trial at large scale imposed additional design restrictions eg on:
 - which interventions are viable for testing, in particular how long the intervention takes to implement; and
 - whether there is capacity for training at scale. These rest on top of those practical concerns which are always involved when choosing interventions for RCTs



curee Preparing the "RCT like" programme

- Large-scale testing meant also considering practical challenges
- Crucially, schools involved had to be aware of the possibility of
 - being assigned to control,
 - what this means for their practice, and
 - how the trial would unfold
- So planning how the trial would operate beforehand was important – and challenging in timescales and because of the separation of design and implementation phases
- Teaching Schools had a key role. They were supported by intensive round of launch events and training sessions positioning TS A R&D Leads as "local trial managers"



Next steps

- Replication trials for 4 interventions
- Second year of AfA & wait group
- Some early, feedback to R&D leads to help inform Year 2 planning
- Substantial data clean-up and analysis & acquire more data
- Map quantitative data to qualitative evidence
- Watch this space!





Discussion

- Normally a single trial designer and manager would control all the work that was distributed across the National College, CUREE, Teaching Schools, the logistics partner CfBT and the intervention providers
- What are the pros and cons of involving practitioners, spolicy makers, schools and other partners in this way?
- How might this approach affect
 - Take up recruitment, retention, dissemination of results?
 - The validity of the data?
 - The growth of research and evidence informed practice?





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