Peer Review Impact Analysis Report

Analysis of 14 transnational European Peer Reviews carried out in eight European countries 2006-2009

Final report

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1   Introduction

1. 1   Background

In the European Peer Review projects – Peer Review in initial VET AT/04/C/F/TH-82000, Peer Review Extended EAC/32/06/13 (LE-78CQAF) and Peer Review Extended II LLP-LdV/TOI/2007/AT/0011 –, the Peer Review methodology prevalent in higher education has been transferred and tailored to VET. The projects have been very successful with 15 European countries taking part between 2004 and 2009 and 25 transnational Peer Reviews carried out in three pilot phases. Peer Review is currently being introduced as a new tool for quality assurance in VET in countries such as Austria, Finland, Italy, Hungary, Spain, Norway etc. Furthermore, there have been efforts to establish a sustainable network and structure for Peer Reviews on a transnational European level.

One of the most prominent promises of Peer Review – also in comparison to other external evaluations – is its impact in terms of stimulating improvement. Studies have shown that in quality management the fourth phase of the quality cycle (Plan- Do- Check- Act) is in fact the weakest, i.e. that valuable evaluative information is not used, or only to a low degree.

Evaluation of the pilot phases during the Peer Review projects primarily focused on the implementation of the procedure, its practicability and acceptability. In the light of further implementation of Peer Review on national (and perhaps also international level) it thus still needs to be clarified 1) whether Peer Review in fact supports further action and leads to improvements in VET institutions and 2) how these effects, if at all, come about.

1. 2   Aims and scope of the research

During the Peer Review projects, data on usability and usefulness of Peer Review for VET institutions have been collected through monitoring, evaluations and in partner meetings and presentations at international conferences (esp. in the International Peer Review Conferences in Pécs 2007 and Lisbon 2009 respectively). Some Peer Review partner institutions have also publicly presented the measures they have taken after the Peer Review. Yet, comprehensive data on the use of Peer Review had so far not been available.

In the project Peer Review Impact, a thorough investigation and analysis of a sample of the 25 Peer Reviews carried out between 2006 and 2009 was carried out to

- Check whether Peer Review actually has had an impact on the reviewed institutions and what kind of impact it is

- Understand how this impact comes about

- And to distil critical success factors for Peer Review implementation from these findings.

This called for a meta-evaluation of the pilots to determine "programme fidelity", i.e. to what extent quality requirements of the Peer Review procedure relevant for further use of Peer Review results have been observed. Furthermore, the actual use of Peer Review (use of findings, but also process us) needed to be explored and instrumental use evaluated. This then should lead to the identification of critical success factors to optimise evaluation use and impact.

1. 3   The evaluand

The evaluand is the implementation of the European Peer Review procedure as laid down in the "European Peer Review Manual for initial VET" (Gutknecht-Gmeiner et al. 2007) in three pilot phases (2006, 2007, 2008-2009), with a total of 25 Peer Reviews conducted, 23 of which were transnational Peer Review, i.e. one Peer in a team of four Peers came from another country.

The development of the European Peer Review procedure in itself comprised various quality assurance measures. It was based on

- extensive research on the use Peer Review in different educational sector and countries,

- a scientific analysis of these different uses (Gutknecht-Gmeiner 2008),

- an ex-ante analysis of the needs and expectations of the different countries participating (12 in the first project, overall 15 countries participated in the three projects) taking into account different stakeholders and particularly the VET providers as primary users,

- regular feedback loops with these stakeholders (2004-2009)

- consideration of the evaluation standards (Joint Committee)

- expert evaluation of the first version of the European Peer Review Manual by Univation, an external evaluation institute (2005-2006) and

- evaluation of three pilot phases (2006, 2007, 2008/2009).

The European Peer Review Manual was also awarded the "Lifelong Learning Award" for best product in 2009.

The European Peer Review Manual gives some concrete guidelines for conducting a Peer Review esp. concerning those elements which are critical for the quality of the procedure. Yet, in order to be applicable in diverse contexts and to ensure usefulness, it also gives leeway to tailor it to the context, the interests and needs of VET Providers, their organisational culture and experience, and their internal processes. Thus VET Providers could choose the quality areas and formulate special evaluation questions, invite Peers (the Peer Team as a whole had to meet the quality criteria of the Manual, though), prepare the self-report using evaluation data available, conduct the whole process of engaging staff and other stakeholders according to the established practice in the organisation.

The critical quality criteria set forth in the European Peer Review Manual and supporting documents (Tool-box, Peer Training curriculum) are (for details consult the relevant documents):

- Peer Review as a systematic procedure following the quality cycle

- Management commitment

- Consideration and involvement of relevant stakeholders (esp. staff) in all phases of the Peer Review

- Choice of relevant quality areas

- Sufficient expertise and suitable background of the Peers

- Sufficient documentation of self-evaluation/provision of evaluative data as a basis for the Peer Review

- Appropriate methods and instruments and appropriate conduct of data collection and analysis by the Peers during the Peer Visit (including Ground-Rules for Peers)

- Appropriate feedback and reporting

- A commitment to follow-up in phase 4 of the Peer Review.

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The conduct of Peer Review following the Manual is supported by forms for reporting, checklists and quality areas compiled in a "Tool-box" and both web-based and face-to-face Peer Training. The Tool-box also contains a peer application form which solicits extensive information on potential Peers and ask for their self-assessment in key competence areas. Report forms introduce some uniformity into the procedure allowing for cross-comparisons between Peer Reviews.

The pilot phases were subject to constant monitoring by the project management: All steps in the procedure were documented, the observation of critical quality standards by VET Providers and Peers was monitored (Peer applications, reports of VET providers) and reflective statements and written feedback of all participants collected and evaluated. In the first pilot phase an external evaluation was carried out in addition to the internal monitoring and evaluation. The evaluation findings were used to improve the European Peer Review procedure.

For the research on the impact of the Peer Review, all in all fourteen Peer Reviews were included (cf. below sample).

2   Methodological approach, theoretical model and quality assurance

2. 1   Evaluation design and methods

The research follows a qualitative case study design.

Case Studies

As has been stated above, one of the main assets of the European Peer Review is that it gives practical guidelines and quality standards but – within these quality requirements – allows for tailoring the procedure to the specific situation, the aims and needs, and the organizational culture of the particular VET Provider. Thus considerable variation in implementation is possible. In a European context, national quality systems, institutional quality management, evaluation and management cultures varied and so did, to a certain extent, the Peer Reviews. An investigation of the uses and impacts of Peer Review thus has to refer to the actual implementation. The case study design was chosen because it allows for a consideration of the variations in the conduct of the Peer Review.

Qualitative interviews

Qualitative research relies on verbal data which may also (but need not) be translated into quantitative data, where appropriate. Instead of looking for selected and usually narrow data on certain phenomena which then can be analysed statistically to prove or falsify hypotheses, qualitative research looks for a rich description of human experience. It is especially appropriate for use in fields or subjects where comprehensive theories which could underlie a quantitative approach are missing or not very well developed. It is also the method of choice for discovering new theories or enlarging existing ones, i.e. to help understand phenomena. It is therefore highly appropriate for the exploratory character of this study. It is also the approach used in Peer Review in order to fully grasp what is happening in the VET institution and to help make sense of quantitative data and indicators (which usually indicate where we are but not why we are there).

The case studies therefore relied on qualitative interviews with different stakeholders in the VET Providers concerned: Management of the unit reviewed (mandatory), also middle management if existent; Peer Review Facilitators, quality managers, teachers, students involved in the Peer Reviews, if possible, teachers/staff/(students) not involved in the Peer Review, other staff / stakeholders who were involved as appropriate.

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1,5 to 2 days of interviewing were foreseen for each case study with at least 12 interviews of about 1-1,5 hours on average per interview. Lengthy interviews with management, quality managers and facilitators (up to 2-3) were complemented with shorter interviews with teachers, students, other staff and other stakeholder.

Document analysis

For sake of objectivity, reliability and validity, the qualitative interviews were compared, analysed and assessed against each other and against other forms of evidence wherever possible – especially extensive documentation of the Peer Review and its institutional follow-up (cf. also quality assurance of the research process and its results). This documentation comprised the

- Initial Information Sheet
- Self-Report
- Peer Review Report
- Questionnaire of VET Provider (« OP Report »)
- Peer Application Forms
- Meta-Evaluation of the Peers
- Questionnaires of Peers

These documents were at the core of the management and monitoring of the Peer Reviews during the projects. The questionnaires already provided extensive feedback on the implementation of the Peer Review procedure from both VET Providers and Peers. Starting with the 2007 pilot phase, a Facilitator Report was added in order to be able to distinguish between feedback from the Facilitator on his/her function and general feedback from the institution.

In many cases additional material was also available like interview guidelines and observation grids used in the Peer Review, photos, feedback from Peers and VET Providers during meetings and conferences, written feedback to the project management, websites and internal platforms, presentations, articles, and other data and reports (e.g. statistical data, quality reports).

2. 2   Theoretical model

Data collection was guided by a theoretic framework which was adapted from a framework used in earlier research conducted in the project "REVIMP". The framework was chosen because of its suitability to the research topic as well as to ensure some continuity to the REVIMP project. The main dimensions and categories of the REVIMP theoretical framework have been retained while the sub-categories have been adapted to Peer Review.

The framework's six dimensions comprise: the Design process (A), Features of Peer Review (B), Implementation process (C), Organisational features (D), Feedback use and learning from Peer Review (E), Effects (F). Dimensions A and B encompass Phases 1 through 3 of the Peer Review procedure, Dimensions C, E and F pertain to Phase 4 of the Peer Review cycle, although time constraints must be considered in measuring effects (F). Dimension D is subsumed in organisational requirements and preconditions for Peer Review also touching upon Phase 1 as far as basic decisions are concerned (motivation and reason for choosing Peer Review, integration into other quality initiatives etc.).

Concerning dimensions A and B and partly C and D, the European Peer Review procedure had already laid down the most important quality criteria. In these dimensions, the Peer Review criteria were aligned with the framework and the investigation to a large extent focused on determining fidelity to these requirements in the Peer Review pilot implementation.

Table 1: **Theoretical Model for Peer Review Impact**

Dimensions	Phase of Peer Review
A Design Process	Phase 1
Design goals: Purpose of the Peer Review = formative, improvement-oriented, reinforcing strengths (check against Manual)	
Designer features = Expertise, skills and attitudes of Peer Team	
B Features of Peer Review	Phase 1-3
Choice of quality areas, (numbers of quality areas) (cf. Manual) (ownership of process)	Phase 1
Extent of clarity about intended users (not explicitly in Manual)	
Extent of clarity and comprehensiveness of self-report (specific questions) (Self-report Form, Manual) Extent of common understanding of quality areas and specific evaluation questions between VET Provider and Peers	
Extent of innovation clarity: Clarity of staff about purpose and process of Peer Review (Manual) (ownership of process)	
Extent to which design of the (individual) Peer Review was appropriate for Quality Areas/specific evaluation questions (Manual)	
Degree of representativeness of interview groups, observation situations (Manual)	Phase 2
Degree of involvement of staff & other members of institution in Peer Visit (ownership of process)	
Quality of relationship of intended users with Peers (Manual, Competence Profile, Peer Training)	
Degree of validity/credibility, clarity and acceptability of feedback (Manual)	Phase 3
C Implementation process	Phase 4
Degree of dissemination of the Peer Review feedback to the intended users	
Degree of internal promotion and support for using the feedback from the Peer Review	
Degree of availability of (extra) resources to use the Peer Review feedback	
Extent to which the use of the Peer Review feedback was monitored	
D Organisational features	Preconditions and Phase 1
Degree of pressure to improve	
Quality of evaluation culture / culture of change	
Attitude of staff towards Peer Review	
"Politics" and conflicts between staff hindering the utilisation of the PR-feedback	
Amount and scope of other quality initiatives	

Dimensions	Phase of Peer Review
E Feedback use and learning from Peer Review	Phase 4
Other uses (process use, conceptual use, informal mutual learning) • Kinds of uses (Eye-openers, Better understanding, new ideas, personal change), Areas e.g. (not exhaustive) • Implementation: Extent of personal transfer into (daily) practice; Extent of institutional implementation	
F Effects	Phase 4
Improvements in the quality areas chosen Improvements in other areas (see above) (intended and unintended) Other positive effects (intended and unintended) • e.g. new contacts, new cooperation, internationalisation, further use of Peer Review Negative effects	

2. 3   Use, effects, impact: what are we looking for?

Impact in/on social systems always means that somebody actually does something – and if it's only to think about things... Impact therefore is dependent upon people who are the agents of change. "Impact" and "change" in this context are synonyms or rather: change is an observable indicator of impact. Another synonym is "effect", which of course does not have the connotation of forcefulness implied by "impact".

Chain of effects in a logical model

In (research on) evaluation, change is conceptualised as coming from use/utilisation[1] - of find-ings/results but also of insights and experiences during the process of evaluation (cf. below). Deter-mining the use of evaluation results or learning stimulated during the evaluation process is the main task of the qualitative study. Going further down (or up) the ladder in the chain of effects, it may also be possible to assess implementation and sustainability of improvements. Some indicators of short-term effects on the process of learning and teaching in a VET Provider including perhaps better per-formance of students in school/college etc. may also be included if data exists. Due to limited re-sources and time and methodological problems of establishing causal links between a very limited one-off evaluation and long-term developments , the study does not include long-term effects.

Underlying the research, thus, is a theory of intervention/change (logical model) which proceeds from the report of evaluation findings to dissemination, to planning of changes, to implementation of these changes and then to various short- and long-term effects. The application of this model in the case of Peer Review is illustrated by the following graph.

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[1] For consistency within my documents I always use the British spelling with „s" even though most of the re-search done on utilisation/utilization of evaluation has been carried out in the United States.

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Graph 2:   Example of chain of effects prompted by instrumental use of findings

A) Peers discover that time schedules for guidance and counselling conflict with student schedule	B) Peers report this problem in the Peer Review Report	C) The Peer Review Report is disseminated and a work group is installed to follow-up on the findings
D) Work group together with guidance counsellors develop a new and more flexible schedule	E) More students are able to come to guidance and counselling	F) More students benefit from guidance and counselling
G) More students perform better and make more suitable choices	H) More students finish their education and training	I) More students have better chances in life; qualified work force increases

Example for a chain of effects prompted by instrumental use of findings of Peer Review

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To sum it up, the qualitative case studies aim to establish evidence for steps A through D and perhaps some indication of changes in E and F.

Another limitation of the research is due to the characteristic of Peer Review as an integrated measure of quality assurance within an institution which from the outset makes it very difficult, and in many cases impossible, to appraise net effects.

Concepts of evaluation use

The concepts of evaluation use underlying the follow-up research included not only instrumental use (usually of results), i.e. the implementation of actions recommended in the official feedback, but also conceptual use, i.e. enlightenment and better understanding derived from an evaluation which does not necessarily result in (immediate) action, as well as process use (individual and organisational learning during the process).

2. 4   Quality assurance of the research process and its results

All of the case study researchers except one have also been active during the pilot phases, usually in a supervisory/advisory role, most have also contributed to the development of the European Peer Review procedure. In-depth knowledge of the Peer Review procedure and its implementation in the pilot phase strengthens the qualitative research but also calls for a sound quality assurance of the research process and its results to detect blind spots and check pre-conceived notions or biases.

The following measures have been taken to ensure inter-subjectivity:

- A theoretical model containing six dimensions explicated by a set of general categories has been developed and agreed upon by the researchers involved

- A case study report form ensures comparability and also makes qualitative prescriptions: citation of sources/evidences, substantiated assessments, „rich descriptions", triangulation of sources (and methods, if possible)

- Agreement on specifications for on-site data collection: Scope of site visits (1.5 days, 12 inter-views, 1-1,5 hours on average per interview), minimum of persons to be interviewed:
    - Management of the unit reviewed (mandatory), also middle management if existent
    - Facilitators
    - Quality managers
    - Teachers involved (i.e. interviewed or other types of participation during peer review) in the Peer Review (at least 40% or min. 10)
    - Students involved in the Peer Reviews, if possible
    - Teachers/Staff/(Students) not involved in the Peer Review (at least 4)
    - Other staff / stakeholders who were involved as appropriate

- Triangulation: analysis of findings against documentation available from the Peer Review pilots (see above "document analysis")

- Conduct of case studies by researchers who were not involved in the original pilot Peer Review (this rule was not adhered to in one case, 06_06_IT)

- Detailed feedback to case studies by analyst (questions concerning understanding, evidence for and clarity of assessments in the case studies) and discussion of case studies between research-ers and analyst (April – October 2010)

- Check of appropriateness of coding and assessment in the comparative analyses by individual researchers (October – November 2010)

3   The Sample

3. 1   Selection criteria

The sample of the Peer Reviews for the case studies were selected according to their representative-ness with a view to

- Geographical/cultural/VET system variance

- Cross-section of all 3 pilot phases

- Quality of Peer Review and approach

- Peer Review use (as far as known at the outset of the research)

Other criteria were that there had not been any changes in the VET Provider which would seriously influence the use of the Peer Review results (like for instance restructuring, change of director etc.) and that the VET Providers were actually willing to support and help organise another data collection visit. The selection criteria were well considered in the final sample. Two Danish Peer Reviews which had not used a transnational approach (no transnational Peer) were also excluded from the start.

3. 2   The sample

In the selection of the sample the above criteria were very well observed.

The sample provides a good cross-section of all three pilot phases: Only one country was not repre-sented in the sample (Spain/Catalonia), countries in which more than three Peer Reviews had taken place were represented with two case studies.

Table 3:   **Countries represented**

Country	Peer Reviews	Case Studies	%
AT	6	2	33%
DE	1	1	100%
DK	3 (1)*	1	33% (100%)
ES	1	-	0%
FI	3	2	67%
HU	1	1	100%
IT	4	2	50%
NL	2	2	100%
PT	2	1	50%
RO	1	1	100%
UK	1	1	100%
Total	25(23)*	14	56% (61%)

*Actually only 1 Danish Peer Review was transnational, so in terms of a transnational European Peer Review, only 1 Danish Peer Review counts, reducing the total number to 23.

Source: Peer Review Impact Database

The sample also included a good cross-section of all three pilot phases.

Table 4:   **Representation of pilot phases**

Phase	Peer Reviews	Case Studies	%
2006	15	9	60%
2007	4	2	50%
2008-2009	6 (4)*	3	50% (75%)
Total	25 (23)*	14	56% (61%)

*See comment above.

Source: Peer Review Impact Database

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Table 5: ***Overview of Case Studies: original distribution***

Case Studies	General information		Interviewees											
Code	Institution responsible	Researcher(s)	Maintainer	Management	Faciliator	QM	Teachers involved	Teachers not involved	Students	Other staff	Other staff not involved	Stakeholders	Peer Coordinator	total number
06_03_DK	Univ. of Twente	Adrie Visscher		1	1	yes								2
06_05_IT	ISFOL	Ismene Tramontano		1	1	yes	1	1	1					5
06_06_IT	ISFOL	Ismene Tramontano		1	1	1	1		1		1			5
06_08_NL	Univ. of Twente	Adrie Visscher		2	no	no								2
06_09_NL	Univ. of Twente	Adrie Visscher		1	1									2
06_10_FI	FNBE	Leena Koski		2	yes	2	4	3	4	4				19
06_11_FI	FNBE	Leena Koski		5	1	2	3		4	4	2			21
06_14_RO	FNBE	Leena Koski		2	yes	yes	5		11	3	6			27
06_15_UK	ROC Aventus	Willem de Ridder, Wim Tindemans		2	1	2	1	1	3	1				11
07_02_DE	öibf/IMPULSE	Maria Gutknecht-Gmeiner		8	1	yes	3	12	0	0		NA		24
07_04_HU	M & S Consulting Kft.	Katalin Molnar-Stadler	1	3	1	4	5	6			5	3	1	29
08_01_AT	öibf/IMPULSE	Maria Gutknecht-Gmeiner, Judith Proinger		1	1	yes	10	9	5					26
09_03_AT	öibf/IMPULSE	Maria Gutknecht-Gmeiner, Judith Proinger		1	1	4	8	4	4					22
09_06_PT	ISFOL	Giorgio Allulli		3	1	1	2			1	1			9
			1	32	12	17	42	36	33	13	15	3	1	204

Table 6:   Overview of Case Studies: final distribution

Case Studies	General information		Interviewees											
Code	Institution responsible	Researcher(s)	Maintainer	Management	Faciliator	QM	Teachers involved	Teachers not involved	Students	Other staff	Other staff not involved	Stakeholders	Peer Coordinator	total number
06_03_DK	Univ. of Twente	Adrie Visscher		1	1	yes								**2**
06_05_IT	ISFOL	Ismene Tramontano		1	1	yes	1	1	1					**5**
06_06_IT	ISFOL	Ismene Tramontano		1	1	1	1		1		1			**5**
06_08_NL	ROC Aventus	Willem de Ridder		1										**1**
06_09_NL	ROC Aventus	Willem de Ridder		1										**1**
06_10_FI	FNBE	Leena Koski		2	yes	2	4	3	4	4				**19**
06_11_FI	FNBE	Leena Koski		5	1	2	3		4	4	2			**21**
06_14_RO	FNBE	Leena Koski		2	yes	yes	5		11	3	6			**27**
06_15_UK	ROC Aventus	Willem de Ridder, Wim Tindemans		2	1	2	1	1	3	1				**11**
07_02_DE	öibf/IMPULSE	Maria Gutknecht-Gmeiner		8	1	yes	3	12	0	0		NA		**24**
07_04_HU	M & S Consulting Kft.	Katalin Molnar-Stadler	1	3	1	4	5	6			5	3	1	**29**
08_01_AT	öibf/IMPULSE	Maria Gutknecht-Gmeiner, Judith Proinger		1	1	yes	10	9	5					**26**
09_03_AT	öibf/IMPULSE	Maria Gutknecht-Gmeiner, Judith Proinger		1	1	4	8	4	4					**22**
09_06_PT	ISFOL	Giorgio Allulli		3	1	1	2			1	1			**9**
			1	31	11	17	42	36	33	13	15	3	1	202

Concerning the quality of the Peer Reviews and the subsequent use of Peer Review findings, three pilot Peer Reviews had been identified during the projects where problems had occurred. Of these three Peer Reviews, two could be included in the research. In the third VET Provider, the main person responsible for the Peer Review had left the organisation and thus there was not enough support for another round of data collection

The two Dutch case studies were originally done on the wrong Peer Reviews and could therefore not be used. Willem de Ridder from ROC Aventus agreed to conduct one interviewee for both case studies with the responsible managers.

As can be seen in this distribution, three case studies were carried out by a team of two, the other were carried out by single researchers. The scope of the case studies varied from more than about 20 to 30 people interviewed (seven case studies), to about ten interviews (two case studies), to 5 interviews (2 case studies), to only one or two interviewees (3 case studies). Fewer interviews meant that fewer perspectives could be included.

In the tables above, the involvement of teachers in the case study interviews is underrepresented since interviewed management in many cases also still worked as teachers but were not counted twice. Some people were actually interviewed twice so the actual number of interview participants is also slightly underrepresented.

4   Basic data on VET providers included in the case studies

Table 7:   Institutional size

Case Study	Educational Staff			Other staff			Staff total	Students				Features influencing size
	F	M	Total	F	M	Total		F	M	Total	% F	
06_03_DK	11	20	31	3	2	5	36	150	150	300	50%	
06_05_IT	23	42	65	19	23	42	107			532	0%	
06_06_IT	20	23	43	11	1	12	55	56	18	74	76%	teachers mostly freelance
06_08_NL			10			3	13			180	NI	
06_09_NL			90			20	110			1400	NI	
06_10_FI	22	12	34	14	3	17	51	281	181	462	61%	
06_11_FI			276			59	335			2827	NI	
06_14_RO	109	45	154	49	19	68	222	1130	1405	2535	45%	
06_15_UK	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	
07_02_DE			142			7	149			2289	NI	

Case Study	Educational Staff			Other staff			Staff total	Students				Features influencing size
	F	M	Total	F	M	Total		F	M	Total	% F	
07_04_HU	17	8	25	10	3	13	38	146	286	432	34%	
08_01_AT	84	46	130	8	1	9	139	523	257	780	67%	
09_03_AT	87	17	104	9	3	12	116	547	46	593	92%	
09_06_PT	133	81	214	36	8	44	258	1856	1065	2921	64%	Freelance trainers

Source: Peer Review Impact Database

The VET Providers involved in the case study research vary greatly in size. At the time of the Peer Review, five had student enrolments of 2,000 and more (Aberdeen College is included here judging from data generally available to the author). Two of the case studies were done in different branches res. departments of a big Dutch VET Provider, one branch involved alone has about 1,400 students.

On the other end of the continuum, one of the case studies concerns a VET Provider with an enrolment of 74, this VET Provider, however, is the regional branch of a larger association of VET Providers. Another four VET Providers have student enrolments between 300 and 500, the institutional size of the three remaining institutions lies between 500 and 1,000 students.

The two Dutch case studies refer to different branches res. departments in the same institution, the "mother institution" having an enrolment of about 15,000. The same also holds good for the Danish VET Provider, where numbers are also only given for the branch involved. So at least half of the VET Providers in the case studies are or belong to fairly big institutions.

5   Organisational features

5. 1   Pressure to improve and experience with quality assurance and evaluation

Table 8:   Organisational features

Case Study	pressure to improve	prior quality activities	quality activities since when?	ISO	EFQM	Quality Award	Quality Award Winner	internal evaluation data available	special self-evaluation carried out	positive attitude towards evaluation & change
06_03_DK	No	Yes	1995	Yes	No	No	No	Yes	No	Yes
06_05_IT	No	Yes	2004	Yes	No	No	No	Yes	NI	NI
06_06_IT	No	Yes	2000	Yes	No	No	No	Yes	NI	Yes
06_08_NL	No	Yes	NI	NI	NI	NI	NI	NI	No	NI
06_09_NL	No	Yes	NI	NI	NI	NI	NI	NI	No	NI

Case Study	pressure to im-prove	prior quality activities	quality activities since when?	ISO	EFQM	Quality Award	Quality Award Winner	internal evaluation data available	special self-evaluation carried out	positive attitude towards evaluation & change
06_10_FI	No	Yes	1995	No	Yes	Yes	Yes	Yes	Yes	Yes
06_11_FI	No	Yes	Before 2003	No	Yes	Yes	Yes	Yes	Yes	partly
06_14_RO	No	Yes	2005	Yes	No	No	No	Yes	Yes	partly
06_15_UK	No	Yes	mid-1990s	No	No	No	No	Yes	No	Yes
07_02_DE	Yes, partly	Yes	2005	No	No	No	No	Yes	Yes	partly
07_04_HU	No	Yes	1999	No	Yes	Yes	Yes	Yes	No	Yes
08_01_AT	No	Yes	1996	No	Yes	Yes	No	Yes	Yes	Yes
09_03_AT	No	Yes	2005	No	No	No	No	Yes	Yes	partly
09_06_PT	No	Yes	2005	Yes	No	No	No	Yes	NI	Yes

Source: Peer Review Impact Database

NI: no information available in the case study

While quality areas and evaluation questions touched upon very relevant issues in the institutions involved (cf. below), in only one of the institutions some pressure to improve was felt before the Peer Review (07_02_DE). This pressure was not due to problems with student achievement or student satisfaction, but concerned internal conflicts between teachers and management.[2]

In all institutions, some quality activities had been going on before the Peer Review. This had also been a precondition for taking part in the Peer Review projects. Some variation can be observed as to the extent of the experiences. While a number of institutions had started quality activities already in the 1990s, other had only one to three years of experience. In almost all VET Providers, teachers, moreover, also had experience with external visits (audits, inspections, external evaluations, benchmarking, but also visits because they were regarded as a role model in certain areas). Only one VET Provider (09_06_PT) had had prior experience with Peer Review (Peer Review of another training sector in the same institution in 2006 during the first European Peer Review project).

Five of the 14 VET Providers had implemented an ISO quality management system, four followed an EFQM approach. Finnish VET Providers, the one Hungarian VET Provider and one of the Austrian VET Providers had also taken part in quality award competitions, the two Finnish VET Providers and the Hungarian VET provider had even won quality awards. In the case of one of the Finnish VET Providers (06_11_FI), the award was won only by a part of the institution (which however, was among those parts of the institution which participated in the Peer Review).

Accordingly, evaluation data (usually from quantitative surveys) was available for the Peer Review in all cases. In almost half the cases (6), a special evaluation was carried out. In at least two cases, one

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[2] In the two Italian cases (06_05_IT, 06_06_IT), the researcher in a review of the coding argued that a "pressure to improve" existed, obviously interpreting "pressure" as a strong motivation to change. Since no evidence exists that there had actually been a "pressure" for change and for sake of consistency with the coding in the other case studies, the original coding of "no pressure" has been maintained.

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German and one Austrian school, special data collection tailored to the questions of the Peer Review had taken place in the preparation phase.

In at least half (seven) of the VET providers, the attitude of staff towards evaluation and change was reported to be good. For three case studies, no information on this aspect has been given. In the remaining four VET Providers, attitudes and expertise varied between different parts of the institution (e.g. 06_11_FI, 07_02_DE) or among teachers in general with some resistance to changes (06_14_RO, 09_03_AT). In the Romanian case, the school had started quality activities only recently, additionally the Romanian system was undergoing substantive change.

5. 2   Expectations and attitudes toward Peer Review and other factors influencing the use of the Peer Review

Table 9:   ***Expectations and attitudes towards Peer Review and other factors influencing the use of the Peer Review***

Case Study	expectations and attitudes toward Peer Review	politics and conflicts hindering use of Peer Review	other quality initiatives at the time going on	influence of other quality initiatives
06_03_DK	positive	none	yes	No influence
06_05_IT	positive	none	yes	positive
06_06_IT	positive	none	yes	Positive
06_08_NL	NI	NI	NI	NI
06_09_NL	N	NI	NI	NI
06_10_FI	positive	none	yes	Positive
06_11_FI	positive	none	yes	Positive
06_14_RO	positive	none	yes	Positive
06_15_UK	positive	none	yes	Positive
07_02_DE	positive	yes	yes	Positive
07_04_HU	positive	none	yes	Positive
08_01_AT	positive	none	yes	Positive
09_03_AT	Partly positive	none	yes	Positive
09_06_PT	positive	none	yes	Positive

Source: Peer Review Impact Database

Expectations and attitudes towards Peer Review of staff were positive in almost all the VET Providers. In one case (09_03_AT), the management had wanted to prepare staff thoroughly and convince potential sceptics of Peer Review. To allay possible fears and misgivings, an experienced Peer Review Facilitator from another Austrian school, who had conducted a Peer Review in 2006, was invited to give a presentation to staff well before the Peer Review. Obviously, people misunderstood this presentation completely and misconstrued conditions and requirements for a Peer Review (English lan-

guage, Gender Mainstreaming as mandatory topic). An opposition formed against the Peer Review and signatures were gathered against the Peer Review. Yet, at the time of the Peer Review these misunderstandings and misgivings had to a larger part been cleared.

Interviewed staff in many case studies reported a certain amount of "nervousness" before the Peer Review, since it was something new. Yet, these feelings were completely overcome once the Peer Review started because of the friendly and open manner of the Peers. There were also no reports by staff in the Austrian case mentioned above that any opposition to the Peer Review continued into the Peer Visit.

In all the reviewed institutions except one, no hidden conflicts existed which could hinder the use of the Peer Review. In one institution (07_02_DE), there were considerable conflicts between staff and management which were not tackled officially at the time, but were dealt with in the Peer Review. In this case, these conflicts were the main reason for the subsequent non-use of the Peer Review findings (cf. below).

All VET Providers had other quality initiatives going on at the time of the Peer Review. Yet, this did not prevent the use of the Peer Review. On the contrary: In one case, no influence on the Peer Review was detected, in all other cases, the interviewees attested to synergies and potentially positive influences since the Peer Review fit in very well with other activities in terms of preparedness of the institution and timeliness (concerning the purpose and the features of Peer Review cf. below). This also held true for the one case (07_02_DE) where no use occurred: the topics of the Peer Review matched the general strategic change processes going on at the time. One of the problems reported by some VET Providers in this context was a general lack of time for implementing change.

6 Purpose(s) and intended users

Table 10:   Decision for Peer Review, purpose and intended users

Case Study	Decision for Peer Review made by management	Formative purpose	Other purposes	Conflicting purposes	Suitability of Peer Review	Intended users clear	Different perceptions on intended users within institution
06_03_DK	Yes	Yes	None	None	Yes	Yes	None
06_05_IT	Yes	Yes	None	None	Yes	Partly	Yes
06_06_IT	Yes	Yes	None	None	Yes	Yes	None
06_08_NL	NI	NI	NI	NI	NI	NI	NI
06_09_NL	NI	NI	NI	NI	NI	NI	NI
06_10_FI	Yes	Yes	None	None	Yes	Yes	None
06_11_FI	Yes	Yes	None	None	Yes	Yes	None
06_14_RO	Yes	Yes	None	None	Yes	Yes	None
06_15_UK	Yes	Yes	None	None	Yes	Yes	NA
07_02_DE	Yes	Yes	None	None	Yes	No	Yes

Case Study	Decision for Peer Review made by management	Formative purpose	Other purposes	Conflicting purposes	Suitability of Peer Review	Intended users clear	Different perceptions on intended users within institution
07_04_HU	Yes	Yes	None	None	Yes	Yes	None
08_01_AT	Yes	Yes	None	None	Yes	Partly	Yes
09_03_AT	Yes	Yes	None	None	Yes	Yes	None
09_06_PT	Yes	Yes	None	None	Yes	Yes	None

Source: Peer Review Impact Database

In all of the Peer Reviews, the decision to conduct a Peer Review was taken by the management. This was also required by the management of the Peer Review projects, since funding was dependent upon official participation which required the director's signature. Management also had to release the initial information sheet and the self-report. Thus formal management commitment for the Peer Review was ensured in all cases.

Likewise, the formative, i.e. improvement-oriented function of the Peer Review was embraced in the Peer Reviews; no other or conflicting purposes could be detected. Peer Review was conducted because it complemented internal quality activities and would provide the opportunity to engage in external evaluation. In some cases, the qualitative approach was also seen as complementary to the more quantitative approach taken in internal quality measures.

The "intended users" of the Peer Review were clear in nine (of 12 reported) cases. In two Peer Reviews it was only partly clear who was to work with the results of the Peer Review, in one case this was not clear and there were different perceptions in the institution (07_02_DE) which calls into question the actual commitment of the director.

7   Expertise and competences of Peer Team

In all cases studies, the expertise and the competences of the Peer Team were sufficient. VET Providers were very pleased with the performance of the Peers. The Peer Team composition also followed the rules laid down on the Peer Review Manual.

In only one case (09_03_AT) did the director call into question the evaluation competences of the Peer Team, although one of the Peers had had previous experience in Peer Review and was considered an evaluation expert. In this case, the Peers had omitted one of the subtopics of the Peer Review, which caused some disappointment not only for the director but also for the quality team. Peer Review documentation shows that this omission was due to a lack of consensus within the Peer Team whether this topic should be tackled (cf. meta-evaluation of Peers). They also did not communicate their differences in understanding to the VET Provider or the project management although they had ample opportunity to do so (including a two-day training during which they also met the Facilitator). This points to problems in defining the role and tasks of the Peers. Additionally staff reported that the feedback did not capture the whole situation. An expert analysis of the interviews carried out in the follow-up research against the findings of the Peer Review Report also shows that the Peers were obviously off track in at least one important question. How this had come about could not be determined due to lack of documentation of the interviews during the Peer Visit. It seems unlikely, though, that interviewees had not spoken their mind since during the follow-up they were very outspoken and self-assured.

8   Information and involvement of staff during preparation phase

Table 11:   Sufficient information of staff, knowledge and acceptance of formative function

Case Study	Sufficient information of staff	formative function known and accepted
06_03_DK	Yes	NI
06_05_IT	Yes	Yes
06_06_IT	Yes	Yes
06_08_NL	NI	NI
06_09_NL	NI	NI
06_10_FI	Yes	Yes
06_11_FI	Yes	Yes
06_14_RO	Yes	Yes
06_15_UK	Yes	Yes
07_02_DE	Yes	Yes
07_04_HU	Yes	Yes
08_01_AT	Yes	Yes
09_03_AT	Yes	Yes
09_06_PT	Yes	Yes

Source: Peer Review Impact Database

Staff was sufficiently informed before the Peer Visit in all cases. Usually, Peer Review was presented in at least one staff meeting (in Austria and Germany: pedagogical conferences) and written information also existed. In many Peer Reviews, the Facilitator played a central role for providing informal information to staff. In one case (09_03_AT), management went to certain lengths to fully inform staff: Apart from the presentation by an experienced Facilitator (which back-fired, cf. above), she also had copies of the European Peer Review Manual distributed to all teachers.

Likewise, the formative function was well known in the VET Providers preparing for Peer Review.

The involvement of staff in the preparation of the Peer Review varied: Usually, the Peer Facilitator was at the heart of the preparatory work, writing the self-report but also organising the visit on site (coordinating the agenda, inviting interviewees etc). In some cases (06_05_IT, 08_01_AT, 09_03_AT, 07_04_HU) the Peer Review Facilitator was supported by a (small) group of teachers (QA team, self-assessment team, group formed for the Peer Review). In the case of one smaller institution, almost all staff was involved in the preparation (06_06_IT). Staff was usually also involved in the self-evaluation/self-assessment – if a special evaluation or assessment was carried out prior to the Peer Review (06_10_FI, 06_11_FI, 07_02_DE, 08_01_AT, 09_03_AT). Apart from that, staff involvement tended to be rather limited.

Management was involved in a more supervisory function taking important decisions and releasing reports. For administrative purposes, administrative staff was also involved.

9   Choice of quality areas

During the first Peer Review pilot phase, some VET Providers chose three and more quality areas. Evaluation of the pilot phase showed that the breadth of the topics to be evaluated had not posed a problem for the VET Provider but had put undue stress on the Peers (little time e.g. was left for analysis). In one case, the Peers agreed with the VET Provider to limit the quality areas to three. It was then recommended not to include more than two quality areas in order for the Peers to be able to conduct in-depth investigations. Thus, after 2006, VET Providers usually chose two or at the most three quality areas. In the Peer Reviews under scrutiny, the average number of quality areas chosen was three. The case where only one quality area was chosen, two diverse and very comprehensive topics within this quality area were defined. So in fact, this Peer Review had the same scope as the other Peer Reviews.

The European Peer Review Manual stipulated that at least one of the four core quality areas (Quality Areas one through four) had to be chosen. This rule was adhered to by the Vet Providers. The Quality Area chosen by almost all VET Providers (12 out of 14) was Quality Area 2: "Learning and Teaching", followed by Quality Area 1: "Curricula" (9 of 14) and Quality Area 3: "Assessment" (6 of 14). Quality Area 7: "Institutional ethos and strategic planning" was chosen by 3 VET Providers, Quality Area 8: "Infrastructure and financial resources" and Quality Area 14: "Quality management and evaluation" by two VET Providers each. The other Quality Areas – except for Quality Are (Learning results and outcomes) as 4 and 5 (Social environment, access and diversity) – were chosen once: . QA 6 Management and administration, QA 9 Staff allocation, recruitment and development, 10 Working conditions of staff, 11 External relations and internationalisation,12 Social participation and interactions, 13 Gender mainstreaming[3]

More than half of the institutions additionally formulated special evaluation questions for the Peers (57%), the others relied on the Peer Team to derive suitable questions from the self-evaluation data and the criteria and indicators in the Quality Areas chosen.

Table 12:   Quality Areas: Decision-making process

Case Study	needs and interests of intended users considered	management support
06_03_DK	Yes	Yes
06_05_IT	Yes	Yes
06_06_IT	Yes	Yes
06_08_NL	NI	NI
06_09_NL	NI	NI
06_10_FI	Yes	Yes
06_11_FI	Yes	Yes
06_14_RO	Yes	Yes
06_15_UK	NI	Yes

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[3] Throughout all 25 Peer Reviews carried out during the three pilot phases, only Quality Area 4 was not chosen at all.

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Case Study	needs and interests of intended users considered	management support
07_02_DE	partly	Partly
07_04_HU	Yes	Yes
08_01_AT	Yes	Yes
09_03_AT	Yes	Yes
09_06_PT	Yes	Yes

Source: Peer Review Impact Database

Needs and interests of intended users (as far as known and clear) were considered by almost all VET Providers, the chosen quality areas were relevant to the institutions. Management decided upon the quality areas or supported the decision. In the German case study mentioned earlier (07_02_DE), the further proceedings leave one in doubt how serious the director actually supported the choice of Quality Areas. Additionally, the part of the management group (department heads) directly concerned by the Peer Review were not in favour of the quality areas chosen or would have chosen other quality areas.

Table 13: **Quality Areas chosen**

Case Study	Quality Areas	No. of QA	QA 1	QA 2	QA 3	QA 4	QA 5	QA 6	QA 7	QA 8	QA 9	QA 10	QA 11	QA 12	QA 13	QA 14
06_03_DK	1,2	2	1	1												
06_05_IT	1,2,3,12	4	1	1	1									1		
06_06_IT	1,2,14	3	1	1												1
06_08_NL	1,2,3*	3	1	1	1											
06_09_NL	1, 2, 3 ,7,8	5	1	1	1				1	1						
06_10_FI	1, 2, 11	3	1	1									1			
06_11_FI	1, 2, 3	3	1	1	1											
06_14_RO	2, 6	2		1				1								
06_15_UK	2, 8, 9, 13, 14	5		1						1	1				1	1
07_02_DE	1, 10	2	1									1				
07_04_HU	2, 7	2		1					1							
08_01_AT	2	1		1												
09_03_AT	3, 7	2			1				1							
09_06_PT	1,2,3	3	1	1	1											
Total		2,9**	9	12	6	0	0	1	3	2	1	1	1	1	1	2

*1, 2, 3, 7, 11 (06_08_NL_Start; also _Self) 1,2,3 (06_08_NL_PRR)

**mean

Source: Peer Review Impact Database

10   Clarity of quality areas and specific evaluation questions

The expert analyses of the Self-reports showed that the Self-reports were sufficiently clear and comprehensive and provided a good basis for the Peer Review. In all but two Peer Reviews, a common understanding of the quality areas and special evaluation questions was achieved.

In many cases, there was a certain amount of communication and coordination between the Peers, esp. the Peer Coordinator, and the Peer Review Facilitator in the run-up to the Peer Visit which also helped to ensure a common understanding. Peers sometimes asked for more information and the agenda was agreed upon by both sides. In Italy and Hungary, a special meeting was held for the Peers to support them in the preparation of the Peer Visit. In Hungary, this also comprised a face-to-face Peer Training held by the Hungarian coordinator. In the last pilot phase (2008/2009), face-to-face training for the Peers participating in the Austrian Peer Reviews was also available including a meeting with the Facilitator to clarify open questions.

Table 14:   *Clarity of self-report and common understanding between VET Provider and Peers*

Case Study	Clarity of self-report	Common understanding between VET Provider and Peers
06_03_DK	Yes	Yes
06_05_IT	Yes	Yes
06_06_IT	Yes	Yes
06_08_NL	NI	NI
06_09_NL	NI	NI
06_10_FI	Yes	Yes
06_11_FI	Yes	Yes
06_14_RO	Yes	Yes
06_15_UK	Yes	Yes
07_02_DE	Yes	partly
07_04_HU	Yes	Yes
08_01_AT	Yes	Yes
09_03_AT	Yes	partly
09_06_PT	Yes	Yes

Source: Peer Review Impact Database

In two Peer Reviews, a common understanding of the task at hand was not completely achieved since the Peers left out one evaluation question in each of these Peer Reviews and failed to come to a prior understanding on this with the VET Provider. In both cases, the omitted evaluation questions, however, do not seem to be at the core of what is usually considered a topic for a Peer Review. In the German case (07_02_DE), the Peers were additionally asked to do an expert analysis of ques-

tionnaires the institution was using; in the Austrian case (09_03_AT), the Peers were asked to collect feedback from external stakeholders on the school's mission statement. It must be noted that in both Peer Reviews the Peers fully tackled the other issues presented by the VET Provider.

11   Design of Peer Visit

The designs for the data collection during the Peer Visits, i.e. the agenda, the time allotted for each area/evaluation question, the stakeholders involved, the methods chosen and, if available, the instruments developed, was subjected to an expert analyses. According to these analyses, the Peer Visit designs were appropriate for the quality areas and the evaluation questions. In one case (09_03_AT), the Peer Visit Agenda did not fully cover all the evaluation questions since the Peers had not planned to invite external stakeholders for feedback on the mission statement (cf. above). The Peer Review Facilitator of the school recognised this omission but did not deem it to be within her role to question the agenda drawn up by the Peers.

Table 15:   Design and representativeness of involvement

Case Study	design appropriate	representativeness of involvement
06_03_DK	Yes	some weaknesses
06_05_IT	Yes	Yes
06_06_IT	Yes	Yes
06_08_NL	NI	NI
06_09_NL	NI	NI
06_10_FI	Yes	Yes
06_11_FI	Yes	Yes
06_14_RO	Yes	Yes
06_15_UK	Yes	Yes
07_02_DE	Yes	Yes
07_04_HU	Yes	Yes
08_01_AT	Yes	Yes
09_03_AT	partly	Yes
09_06_PT	Yes	Yes

Source: Peer Review Impact Database

The involvement of a representative cross-section of relevant internal (or sometimes also external) stakeholders is another important quality feature. In the Peer Reviews investigated, only one case was observed where the representativeness of students and teachers was doubtful due to the small number of interviewees in this case (06_03_DK).

12 Quality of relationship of Peers with staff

The quality of the relationship with the Peers was an area of highest satisfaction in all case studies. Interviewees unanimously reported that the interaction during the data collection in the Peer Visit was open and friendly and that they felt that their voice was valued. There were no statements to the effect that people for some reason could not speak their mind during interviews. On the contrary, the atmosphere was characterized as very pleasant and collegial, everybody felt at ease. Interviewees appreciated the Peers' familiarity with situations they evaluated and the exchange on equal footing as major highlights of the methodology. Even if interviewees had experienced some nervousness before the Peer Visit, the demeanour of the Peers during interviews dispelled these feelings. Knowledge of the areas evaluated and the friendly behaviour of the Peers also made the methodology preferable to other forms of external evaluations and audits.

In addition, many VET Providers also stressed the good cooperation between Peers and the people responsible for organising the Peer Review. Again, this was seen as a special characteristic of the Peer Review.

Table 16:   Relationship between staff and Peers

Case Study	good relationship with Peers
06_03_DK	Yes
06_05_IT	Yes
06_06_IT	Yes
06_08_NL	NI
06_09_NL	NI
06_10_FI	Yes
06_11_FI	Yes
06_14_RO	Yes
06_15_UK	Yes
07_02_DE	Yes
07_04_HU	Yes
08_01_AT	Yes
09_03_AT	Yes
09_06_PT	Yes

Source: Peer Review Impact Database

13 Feedback

In all cases except one, the oral feedback given by the Peers at the end of the Peer Visit was valid, clear, credible, relevant, and acceptable to management and staff of the VET Providers.

In the one case (09_03_AT), where stakeholders thought that the feedback only partly covered the situation at the institution, interviewees during the follow-up research pointed out that the feedback was "to nice, to soft" and did not give enough details. They would have appreciated a more comprehensive report differentiating between different groups in the institutions. Follow-up research corroborates this view since findings in one of the quality areas an important subtopic had not matched the situation found in the school. The management was also dissatisfied because the Peers had left out one subarea of investigation.

Table 17: ***Quality of oral and written feedback (report)***

Case Study	Oral feedback deemed valid, credible, clear, relevant and acceptable	Complaints about no or few "new" results	Feedback session atmosphere professional, open and friendly	Peer Review Report deemed valid, credible, clear, relevant and acceptable
06_03_DK	Yes	Yes	Yes	Yes
06_05_IT	Yes	No	Yes	Yes
06_06_IT	Yes	No	Yes	Yes
06_08_NL	NI	NI	NI	NI
06_09_NL	NI	NI	NI	NI
06_10_FI	Yes	No	Yes	Yes
06_11_FI	Yes	No	Yes	Yes
06_14_RO	Yes	No	Yes	Yes
06_15_UK	Yes	No	a little tense	Yes
07_02_DE	Yes	No	Yes	Yes
07_04_HU	Yes	No	Yes	Yes
08_01_AT	Yes	No	Yes	Yes
09_03_AT	partly	Yes	Yes	partly
09_06_PT	Yes	No	Yes	Yes

Source: Peer Review Impact Database

In all cases, at least some of the findings of the Peers were already known in the VET Providers. This is due to the fact that the Peers investigate areas which have already undergone internal evaluation – hence VET Providers should be knowledgeable about their performance in these areas. In two cases (06_03_DK, 09_03_AT), VET Providers complained that the Peers reported little or nothing "new". Yet in one case (06_03_DK), the Facilitator was later quoted as saying: "What we experienced

through the peer review was that the peer review gave us the same recommendations as were given us through our work in the ESB Network. We were very pleased when we realized that, as that assured us that we were 'doing the right things' and 'working our way in the right direction' already!!"

Feedback session were conducted in an open and friendly atmosphere, the Peers demeanour was characterised as "professional". Many interviewees pointed out the respectful and positive way that feedback was phrased. In only one case study (06_15_UK), the feedback session was reported to have been "a little tense"; interestingly enough this happened in a VET Provider with a particularly rich experience of external audits and reviews.

The Peer Review Report followed the oral feedback and was also deemed valid, credible, clear, relevant and acceptable. This view was also corroborated by expert analyses of the Peer Review Reports by the researchers in the follow-up investigation.

14 Dissemination

Table 18: **Dissemination of Peer Review results**

Case Study	Results disseminated internally	Results discussed	Results disseminated externally
06_03_DK	Yes	Yes	NI
06_05_IT	Yes	Yes	NI
06_06_IT	Yes	Yes	Yes
06_08_NL	NI	NI	NI
06_09_NL	NI	NI	NI
06_10_FI	Yes	Yes	Yes
06_11_FI	Yes	Yes	NI
06_14_RO	Yes	Yes	Yes
06_15_UK	Yes	Yes	Yes
07_02_DE	Partly	Yes	No
07_04_HU	Yes	Yes	Yes
08_01_AT	Yes	No	No
09_03_AT	Yes	Yes	No
09_06_PT	Yes	Yes	No

Source: Peer Review Impact Database

In all VET Providers, feedback sessions took place which were a first means of informing staff of the Peer Review results. In more than half of the VET Providers, staff were explicitly invited to take part and took advantage of this opportunity (06_05_IT, 06_06_IT, 06_11_FI, 07_02_DE, 07_04_HU, 08_01_AT, 09_03_AT), in the other cases (06_03_DK, 06_10_FI, 06_14_RO, 06_15_UK, 09_06_PT) feedback to the management was deemed sufficient as a first step. In some cases, participation was

lower than expected and this was attributed to the scheduling of the feedback session (late in the afternoon/on Friday afternoon e.g.) (06_11_FI, 08_01_AT).

In all VET Providers, results of the Peer Review were disseminated to staff. In one instance (07_02_DE), the report was not explicitly disseminated but just made available and in fact mainly reached the management and the Facilitator. Usual dissemination activities were to send out the report by email, to put it up on an internal platform (website), to make copies available in the staff room and to inform staff in a meeting.

The report was then usually discussed in a meeting of relevant staff. Only one VET Provider reported that no such discussion had taken place (08_01_AT). The management discussion in the VET Provider where management rejected the results (07_02_DE) led to no further actions. Similarly the VET Provider who was dissatisfied with the results (09_03_AT) only took some minor actions after a first discussion of the Peer Review Report (cf. below).

In almost half the cases, the results of the Peer Review were also reported to external audiences. In addition, external dissemination of the Peer Review methodology was conducted by all VET Providers except two (07_02_DE, 09_03_AT) at this point of time.

15   Follow-up and instrumental use of results

Table 19:   Follow-up and instrumental use of results

Case Study	Follow-up activities	Systematic approach to follow-up	Support by management	Extra resources	Monitoring
06_03_DK	Yes	NI	NI	NI	NI
06_05_IT	Yes	Yes	Yes	Yes	Yes
06_06_IT	NI	NI	Yes	No	NI
06_08_NL	Yes	NI	NI	NI	NI
06_09_NL	Yes	NI	NI	NI	NI
06_10_FI	Yes	Yes	Yes	Yes	Yes
06_11_FI	Yes	Yes	Yes	NI	Yes
06_14_RO	Yes	Yes	Yes	NI	Yes
06_15_UK	Yes	Yes	Yes		Yes
07_02_DE	No	NA	NA	NA	NA
07_04_HU	Yes	Yes	Yes	Yes	Yes
08_01_AT	Yes	No	Yes	Yes	No
09_03_AT	Yes	Yes	Little	No	Yes
09_06_PT	Yes	Yes	Yes	No	Yes

Source: Peer Review Impact Database

In 12 of the 14 case studies, a follow-up of the Peer Review occurred in that actions based on the results of the Peer Review were taken (instrumental use). In one case study, action was not taken because management was opposed. The director officially held that the quality manager should have initiated action but did not vest the quality manager with the necessary competence and resources. In one case study, no information on the internal follow-up is available, only on the dissemination of Peer Review in the association the institutions belongs to.

In about two thirds of the cases (8 of 12), a systematic approach was followed, with an action plan, a structure, responsibilities, timelines and review of the improvement activities. In three case studies no information on the process of the follow-up was given. In nine cases, explicit support of the management for the follow-up has been documented, in two cases there was no or little management support because the management did not want to follow-up on the results (07_02_DE) or only in a small area (09_03_AT). In the other three cases, no information on this issue was given in the case studies.

Extra resources were available in four cases, but the case studies show that it was usual to integrate the findings of the Peer Review into the regular improvement cycle which had some resources allocated and thus no particular resources for the Peer Review follow-up where necessary. Explicit monitoring of the follow-up had been conducted in about two thirds of the cases (8 of 12), in one case no evidence of monitoring was found, in the other case studies no information is given.

16 Other uses

Other uses of the Peer Review are concerned with process use, conceptual use and informal mutual learning between staff and Peers. The database for appraising these kinds of learning is heterogeneous since the numbers of staff interviewed in the case studies vary. In some cases therefore, it is not possible to determine whether the assessment made based upon the case studies actually reflects the extent of learning which had been going on. Instances of individual learning have been reported in nine cases studies, evidence of organisational learning has also been given in nine case studies.

Table 20:   Learning on individual and organisational level

Case Study	Learning on individual level	Learning on organisational level
06_03_DK	Yes	No
06_05_IT	Yes	Yes
06_06_IT	Yes	Yes
06_08_NL	NI	NI
06_09_NL	NI	NI
06_10_FI	Yes	Yes
06_11_FI	Yes	Yes
06_14_RO	NI	Yes
06_15_UK	NI	NI
07_02_DE	Yes	Yes

Case Study	Learning on individual level	Learning on organisational level
07_04_HU	Yes	Yes
08_01_AT	Yes	Yes
09_03_AT	No	Yes
09_06_PT	Yes	Yes

Source: Peer Review Impact Database

17   Improvements in the quality areas chosen

Table 21:   Improvements in the quality areas and impact

Case Study	Improvements in Quality Areas	Impact of improvements
06_03_DK	Yes	NI
06_05_IT	Yes	Yes
06_06_IT	Yes	Yes
06_08_NL	Yes	NI
06_09_NL	Yes	NI
06_10_FI	Yes	Yes
06_11_FI	Yes	Yes
06_14_RO	Yes	Yes
06_15_UK	Yes	Yes
07_02_DE	NA	NA
07_04_HU	Yes	Yes
08_01_AT	Little	No
09_03_AT	Very little	No
09_06_PT	Yes	Not yet

Source: Peer Review Impact Database

In thirteen of the fourteen case studies, improvements in the Quality Areas have been implemented since the Peer Review. In two cases (08_01_AT, 09_03_AT), these improvements, however, were of a very limited scope. In one of the VET Providers (08_01_AT), however, other uses occurred and management and involved staff were satisfied with the overall results. In one case (07_02_DE), no improvements have officially been implemented after the Peer Review. In this case, with the retirement of the director about half a year after the Peer Review, a new director was put into office. Interest-

ingly, the institution has since been introducing changes in precisely the quality areas and topics dealt with in the Peer Review and basically following the recommendations of the Peers.

Impacts of these improvements as measured for instance by satisfaction rates of different stake-holders (students, staff, cooperation partners like enterprises), better achievement rates of students etc., can be detected in half the cases based on quantitative survey results and indicators or similar evidence. In the three cases where no or very small improvements were introduced, there is also no impact of instrumental use of the Peer Review. In these three cases, other uses have, however, emerged and interviewees attest to some changes especially in understanding and awareness of staff in the topics covered by the Peer Review (see above). One Peer Review had been too recent for im-provements to induce impacts.

18   Other (intended and unintended) effects

Table 22:   Effects in other areas and negative effects

Case Study	positive effects in other areas	new con-tacts	continued international cooperation	QM & evalua-tion: tools and approaches	organisational culture, evalua-tion culture	negative effects
06_03_DK	No	NI	Yes	NI	NI	No
06_05_IT	Yes	NI	Yes	NI	Yes	No
06_06_IT	Yes	NI	NI	NI	NI	No
06_08_NL	NI	NI	NI	Yes	NI	No
06_09_NL	NI	NI	NI	Yes	NI	No
06_10_FI	Yes	Yes	Yes	No	NI	No
06_11_FI	Yes	NI	NI	Yes	Yes	No
06_14_RO	Yes	NI	NI	Yes	Yes	No
06_15_UK	Yes	Yes	Yes	Yes	NI	No
07_02_DE	Yes	Yes	Yes	No	Partly	No
07_04_HU	Yes	Yes	Yes	Yes	Yes	No
08_01_AT	Yes	Yes	Yes but not directly based on Peer Review	Yes	Yes	No
09_03_AT	No	No	No	No	Partly	No
09_06_PT	No	Yes	Yes	Yes	NI	No

Source: Peer Review Impact Database

In eight of the twelve case studies, positive effects have been recognised in other quality areas. Six VET Providers have used the new contacts established during the Peer Review for other activities, seven have continued international cooperation (teacher and student exchanges, projects), two have

also successfully submitted further European projects connected to Peer Review (06_05_IT, 09_06_PT).

In eight case studies an influence on the quality management tools and approaches used has been observed. This included the introduction of Peer Review into the institutional quality management, but also the development of new questionnaires or the introduction of qualitative approaches like focus groups into the quality management system. In five cases, changes in the organisational and evaluation culture have been reported. They include the openness to external evaluation and raised awareness of and acceptance of quality activities and evaluation. No negative effects of Peer Review have been reported.

Table 23:   ***Further use of Peer Review***

Case Study	In own institution	Peers	Other Peer Review activities
06_03_DK	Yes	No	Yes
06_05_IT	No	NI	NI
06_06_IT	No	NI	Yes
06_08_NL	Yes	Yes	NI
06_09_NL	Yes	Yes	NI
06_10_FI	No	Yes	Yes
06_11_FI	Yes	No	Yes
06_14_RO	Yes	No	Yes
06_15_UK	No	Yes	Yes
07_02_DE	No	Yes	Yes
07_04_HU	No	Yes	Yes
08_01_AT	No	Yes	No
09_03_AT	No	No	No
09_06_PT	Yes	No	Yes

Source: Peer Review Impact Database

In six cases, Peer Review has continued to be used within the VET institutions, spreading also to other parts of the institution (documented for 06_08_NL, 06_09_NL, 09_06_PT; the two Dutch cases are, however, branches of one institution). Inspired by Peer Review, one VET institution (06_03_DK) has employed Peers from other another VET school twice in their internal ISO audits. One VET Provider (08_01_AT) would like to establish regular Peer Reviews to monitor improvement and stimulate further development, but lacks the necessary funding. This VET Provider also wants to continue with transnational Peer Reviews.

In six institutions (counting 06_08_NL and 06_09_NL only once) staff have also worked as Peers and/or taken part in Peer Training since the initial Peer Review. Eight (again counting 06_08_NL and 06_09_NL only once) institutions have participated and in some cases also initiated further initiatives

concerning Peer Review. These institutions have also taken a very active part in the external dissemination of Peer Review. VET Providers report that they have some kind of role-model function (e.g. 06_10_FI, 06_14_RO)

In several cases, the pilot Peer Reviews have also influenced quality management systems on the national/regional level. The Romanian VET Provider reports that the Peer Review procedure has influenced the inspections system (by including Peers into the inspectorate teams and adopting the friendly and non-hierarchical approach), in Scotland, the HMIe inspections have also developed into more Peer-Review-like reviews. In Finland, the VET Providers have been active in supporting the introduction of Peer Review as external evaluation into the Finnish national QM approach. They have also taken part in the development of criteria for national Peer Review for initial and continuing vocational education and training. The same holds good for Austria, yet the most active VET Providers have not been included in this case study research. In Denmark, VET Providers cooperate in a Quality Network (ESB) involving benchmarking and benchlearning. This network has also been working on the establishment of a more formal cooperation on peer Review on basis of voluntary peers from the member schools supported by the VET Provider included in this case study (06_03_DK) as well as the other Danish project participants. In Italy, one of the VET Providers (06_06_IT) has been very active in disseminating Peer Review within their association, producing a first Italian translation when the official translation had not been available yet, giving seminars on Peer Review and working toward an introduction of Peer Review within their system.

19   Conclusions, critical success factors and recommendations

19. 1   Dimensions A and B

As can be seen from the analysis of the case studies, the quality of Peer Review implementation in the pilot Peer Reviews investigated can be considered good, critical quality criteria of the European Peer Review Manual where by and large very well adhered to. Despite variations in the implementation, the process seems to have evolved well in the majority of the cases studied: management was in most cases committed, staff and other stakeholders were sufficiently involved, quality areas chosen relevant, Peers had sufficient expertise and acted professionally, the "friendly" atmosphere was appreciated and oral and written feedback was clear, credible and acceptable.

General recommendation:

- Stick to the guidelines and requirements laid out in the European Peer Review Manual and supporting documents and procedures.

Critical issues in the two case studies (07_02_DE, 09_03_AT) where no or very little use occurred were:

1) **A failure on the part of the Peers to fully cover all the areas and questions of the self-report during the Peer Reviews without informing the VET Provider beforehand.**

In one case, this omission only produced a minor irritation on the part of the Facilitator, in the other case, the management and the staff concerned with this particular topic were dissatisfied.

Yet, a full assessment of this aspect shows that in fact in both Peer Reviews the majority of questions had been answered by the Peers and there were sufficient findings for the VET Provider follow-up on. This failure, therefore, does not explain why the other results were not put to further use.

Furthermore, both topics were not "typical" evaluation questions for a Peer Review (expert analysis of data collection instruments, collection of feedback from external stakeholders on the mission statement as well as an expert opinion on the mission statement) and where also not specified in the quality areas. This could also have been an explanation why the Peers decided to neglect these issues.

Recommendations:

- Stress the importance for a shared understanding between VET Provider and Peers of the topics to be evaluated.

- Make sure that all omissions and changes in quality areas are agreed upon by VET Provider and Peers. If Peer Visit agendas do not seem to cover all topics, it is within the role of the Facilitator or the manager of the VET Provider to bring this up with the Peers.

- Reflect on and educate VET Providers concerning the topics which are suitable for Peer Review and which topics should be tackled with other instruments or by special experts.

2) Unrealistic expectations

Since Peer Review builds upon quality assurance activities already in place, in most cases no completely new findings can be expected since this would mean that the institution had made grave mistakes in previous internal evaluations. What can be expected, however, is that 1) findings are corroborated ("we are on the right track") 2) some blind spots and new angles are detected, 3) decisions to act upon certain findings are supported, 4) trust in the internal evaluation is enhanced. In many instances Peer learning can take place around the topics chosen for the Peer Review – or perhaps also in other areas. If Peers are asked to give recommendations, the institution may also receive concrete inputs as to how they should proceed. In one case study with almost no Peer Review follow-up (09_03_AT), very high, but unspecified expectations "to learn something new" had preceded the Peer Review and been disappointed since the Peers found what was already by and large known in the institution.

Recommendation:

- Make sure that VET Providers understand the characteristic of Peer Review as an external evaluation based upon previous internal evaluations and educate people to expect realistic results.

3) Lack of commitment of management to follow-up results if they are critical of the management or not welcome for other reasons.

Opposition of top management to the results of the Peer Review curtails any further official follow-up. In one case, part of the middle management concerned was also not involved in the choice of quality areas. So, in spite of formal support for the quality areas, backing by the management team was in fact weak.

Recommendations:

- Stress the involvement of all concerned parties in the selection of quality areas, including all management levels.

- Educate management that Peers will report what they find in the institution and that results may be critical to actions taken previously by management (or open up issues again which they thought had already been dealt with sufficiently).

- Ensure that management takes follow-up seriously from the start and is committed to acting upon the results of the Peer Review.

- Ensure that intended users are clear from the start and are vested with the power to act upon the results.

4) Internal conflicts relevant to the Peer Review which were not officially recognised by the management.

External evaluations are sometimes used by some parties in an institution to further their causes. While external evaluations can be used to shed light on certain situations and to provide an external

assessment, this must be done within a larger context of conflict management. If this is not the case (as in 07_02_DE), the other parties will reject the evaluation as "manipulative" and oppose any further use.

Recommendation:

- Make sure that evaluation of topics of conflict are handled with care in the institution and all parties concerned share in the evaluation.

19. 2   Dimensions C and E

Though varying in intensity and scope between the different VET Providers, dissemination was sufficient to reach intended users and utilisation of results ensued in all but one case, in another case it was minimal. The VET Providers apparently acted according to their current practices and according to the importance they attributed to the Peer Review.

While the dissemination and utilisation efforts of the VET Providers in this study can be considered "good enough" since they evidently led to improvements, any further advance in these dimensions would have to target the management system and institutional culture as well as the significance of external evaluations (cf. also below).

Recommendations:

- Make sure that VET Providers are aware that the "real work" for them starts <u>after</u> the Peer Review.

- This could be done by including a still more detailed plan for the 4th phase of the Peer Review in the initial information sheet or other documents.

- A follow-up report could also be asked of VET Providers about half a year to a year after the Peer Review, i.e. as a self-commitment of the VET Provider or by funding/coordinating bodies if the Peer Review is subsidised.

- Provide additional support for the follow-up phase.

19. 3   Dimension D

All of the VET Providers had sufficient previous experience in quality assurance and evaluation. Evaluative data was extant in all cases, in some cases additional data was collected for the Peer Review. Thus far, the requirements of the Peer Review procedure were met which recommends that only experienced VET Providers conduct a Peer Review.

Staff was by and large used to quality assurance and evaluation and open to Peer Review. Mostly VET Providers who were considered to be at the vanguard in quality assurance and evaluation took part in the project. Usually several quality activities were going on at the same time. These did not, however, have a negative effect on the use of the Peer Review but rather provided synergies. To ensure success in future Peer Reviews it must be ensured that these organisational requirements are met.

Since most of the variation in the Peer Reviews is due to organisational features –decision-making, information and communication structures and processes, quality management structures and procedures, and the general stance towards quality management and evaluation –, they need to be given special consideration.

Recommendations:

For future Peer Reviews, the organisational preconditions set forth in the Manual should be ensured: experience with evaluation, existing evaluation data, and positive attitude of institution towards evaluation.

A systematic quality management which ensures dissemination and follow-up of evaluation is a critical success factor. Make sure that such a system exists or provide support.

Any kind of external evaluation or certification can be used to polish an institution's image. Make sure that VET Providers understand that an external evaluation is an opportunity to stimulate change – and not (only) a marketing event.

If process use is to be engendered, make sure that as many internal stakeholders and intended users (primarily staff, but perhaps also other groups) are involved in all stages of the process.

19. 4   Dimension F

In all but one case, the Peer Review had led to improvement and – judging from the evidence available – these improvements were by and large also sustainable. Important effects beyond incremental changes in the quality areas reviewed concern the use of new methods for evaluation (new questionnaires, qualitative data collection), Peer Review as a new methodology to be used within the internal quality management system and a motivation for involved staff to proceed with evaluation and improvement activities. Additionally, almost all VET Providers in the sample (12 of 14) have continued to use Peer Review in some way, some have also taken the opportunity to establish new international cooperation projects – staff and student exchanges and even development projects.

Some impacts on the institution in terms of staff satisfaction have been detected, and in one instance also the student performance had improved (07_04_HU) – which had also been the ultimate goal of the Peer Review (and other quality efforts in the institution). In most cases, not much data is available on these kinds of impacts, though. The introduction of suitable indicators will support the tracking of impacts – with the restrictions of determining net effects delineated above.

19. 5   Overview of critical success factors and "killers"

Table 24:   Overview critical success factors and „killers"

Critical success factors	"Killers"
Observation of the requirements of the Peer Review procedure in order to ensure a high quality evaluation	Hidden conflicts in the institution of relevance to the topics of the Peer Review
Openness of management to evaluation findings and commitment to use results	Lack of commitment of management to follow-up of results which are not convenient or are critical of management or of previous actions
External evaluation as opportunity to stimulate change	External evaluation as mere marketing event
Realistic expectations	
Clarity of intended users and competence of intended users to act upon Peer Review results	
Appropriate evaluation questions	
Shared understanding between VET Provider and Peers of the topics to be evaluated	
Involvement of relevant (mainly internal in most cases) stakeholders in all phases of the Peer Review (esp. staff)	

Source: Gutknecht-Gmeiner

20 Reflection on challenges and limitations

One challenge mentioned in a number of case studies was that interviewees sometimes had problems remembering exactly what had happened before, during, and after the Peer Review. Some of the Peer Reviews had taken place 3.5 years prior to the research which accounted for lapses of memory esp. concerning exact dates and procedures. Events in which people were personally involved like the participation in interviews or in the feedback session were, however, well remembered by most. Additionally, interviewees had problems distinguishing the Peer Review follow-up from other quality activities taking place. In most cases a strict separation was also not possible, since the improvements recommended by the Peers were implemented within the regular quality management system, for the other cases, the case studies do not provide sufficient information to single out the net effects. The effects observed must therefore considered to be gross effects.

21 Sources and literature

21. 1 Documents and data used

Peer Review Impact Database

Documentation of pilot phases

14 Case Studies

21. 2 Literature

Guidelines for the quality assurance of vocational education and training in EU countries, REVIMP – From Review to Improvement

➔ Available in English, Danish, Dutch, German, Estonian, Italian, from: http://www.peer-review-education.net/TCgi/TCgi.cgi?Target=home&P_KatSub=6www.revimp.org

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Weiss, C. (1998). Improving the use of evaluations: whose job is it anyway? In Reynolds, A. Walberg, H. (eds.), Advances in Educational Productivity, Volume 7, pp. 263- 276. London: JAI Press.

22   List of tables and graphs

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23 Annex

23. 1 Theoretical framework for reviewing the impact of Peer Review

A Design Process (Phase 1)

Phase 1 Peer Review

Design goals: Purpose of the Peer Review = formative, improvement-oriented, reinforcing strengths *(check against Manual)*

- Formative purpose

- No (conflicting) hidden agendas

- Suitability of Peer Review to improve VET provision in the current situation: right time to use Peer Review, self-evaluation existent, not too many other activities

Peer Review is also about appreciating and reinforcing strenghts. Official statements on the Peer Review's purpose need not necessarily reflect the real purposes, people will sense that. Additionally, there might be general anxieties about the purpose and consequences of evaluation. (see also D)

"Right tool": If there is a lot of other things going on at same time perhaps this could decrease the real impact of Peer Reviews even with a very successful implementation of Peer Review. Another example could be if VET providers or units have or not experience in using self-assessment and how to include all staff and not only management or quality team.

Designer features = Expertise, skills and attitudes of Peer Team *(check against Manual and Peer Profile, Training)*

- Extent to which the Peer Team comprised all necessary expertise and institutional backgrounds, i.e.

    - Field expertise and institutional backgrounds

    - Competence in evaluation and quality assurance (recruitment requirement, training)

    - Personal skills, attitudes (recruitment requirement, training)

How were Peers chosen? How was the expertise of the Peer Team as a whole assured? To what extent did the Peers meet the requirements?

NB 2006 and 2007 only online-training available, Peer competence was mainly a recruitment requirement. Yet, in some cases, there was support from coordinating partners or from other sources (institutions which had already conducted a Peer Review, Peer coordinator with experience etc.)

B Features of Peer Review (Phase 1-3)

Phase 1 Peer Review

Choice of quality areas, (numbers of quality areas) *(cf. Manual)* (ownership of process)

- Extent to which information needs and interests of intended users considered

- Extent of management support of choice of quality areas

- Extent of clarity of staff about quality areas and evaluation questions chosen

→ Top-down support and bottom-up involvement in decision-making

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NB: In 2006, many VET Providers chose more than 2 quality areas – this was not really feasible or put too much stress on Peers – in the final version of the Manual there is a very strong recommendation to choose only 2 QA for 2 days of Peer Visit.

Extent of clarity about intended users (not explicitly in Manual)

Management, teaching staff, other staff

There is an implicit agreement in the Manual that all teachers/staff of the reviewed unit would be the intended users of evaluation results. The question is rather whether they were actually considered and involved. On the other hand, in some cases, primary intended users were management (cf. Willem's comment). So this issue does need clarification.

Extent of clarity and comprehensiveness of self-report (specific questions) (*Self-report Form, Manual*)

Extent of common understanding of quality areas and specific evaluation questions between VET Provider and Peers

This was especially important since the Peers had to design a tailored evaluation process based on the report. We have not planned to ask the Peers. Yet, we will do an analysis of the self-report and the Peer and Operative Partner questionnaires which give a good account of how the Peer Visits were prepared:

There usually was some prior communication between VET Provider and Peer Team to clarify what the Peer Review should be about. Again this was done in very different ways.

The VET Providers were also encouraged to formulate specific evaluation questions to help the Peers focus on the most important topics. Not everybody did that.

Extent of innovation clarity: Clarity of staff about purpose and process of Peer Review *(Manual)* (ownership of process)

- Clarity about purpose of Peer Review: formative function known and accepted throughout the institution (cf. A)

How were people informed/involved during the preparation stage (cf. also "choice of quality areas)?

Extent to which design of the (individual) Peer Review was appropriate for Quality Areas/specific evaluation questions (*Manual*)

- Scope (cf. also Quality Areas): enough time allotted to the different topics? (*check against Manual*)

- Choice of appropriate methods

- Relevant stakeholders involved

- Instruments developed appropriate

Expert analysis: Check Peer Visit Agendas, Meta-evaluation; if in doubt, collect feedback from VET Provider

We do not have the instruments used (interview guidelines/observations grids) for all Peer Reviews.

Phase 2 Peer Review

Degree of representativeness of interview groups, observation situations (*Manual*)

If we only research this if there are clear signs that this was a problem and affected both the results and consequent use of results then we will have a problem during data collection (having to go back to people we already interviewed) Suggestion: collect info in Facilitator interview but only follow-up on this if there is doubt as to the representativeness (Facilitator or other interviewees).

Degree of involvement of staff & other members of institution in Peer Visit (ownership of process)

- Extent to which relevant staff was involved

  - Rough percentage

  - Important opinion leaders (managers, unions etc.)

  - Appropriate cross-section of staff

Quality of relationship of intended users with Peers *(Manual, Competence Profile, Peer Training)*

- To what degree was the interaction open?

- Extent to which to which interviewed staff felt that their voice was valued

Phase 3

Degree of validity/credibility, clarity and acceptability of feedback *(Manual)*

Distinguish between oral feedback and report

- Validity/credibility (how did communicative validation, if any, contribute?)

- Clarity and relevance for further action

- Acceptability: demeanor of Peers and atmosphere (feedback session), wording (feedback session and report)

C Implementation process (Phase 4)

Phase4 Peer Review

Degree of dissemination of the Peer Review feedback to the intended users

- Participation in feedback session

- Dissemination activities after Peer Visit

  - Extent of distribution of Peer Review Report (different activities and media: workshops, internal publications, Website etc.)

  - Extent of comments on and discussion of Peer Review Report

  - Extent of dissemination and discussion of other findings and learning from Peer Review (beside findings reported in feedback session and report)

Degree of internal promotion and support for using the feedback from the Peer Review

- Support/promotion of/by management

- Promotion of user participation (who was involved)

- Possibility of individual initiatives by members of the institution

Degree of availability of (extra) resources to use the Peer Review feedback

Extent to which the use of the Peer Review feedback was monitored

D Organisational features

Degree of pressure to improve

- Was there a pressure to improve in one (or more) quality areas?

Quality of evaluation culture / culture of change

- Does the institution have a history of carrying out evaluations and acting upon them?

- What is people's attitude toward this?

Attitude of staff towards Peer Review

For Experience of Peer Review cf. also B (this can also be a result of how and how much people were able to get involved)
Distinguish between management (chief of department/principal), QA staff, other staff (and students)

- What were the expectations of and attitudes towards Peer Review (before/during/after the process)?

    - Degree of approval/disapproval

    - Degree of apprehension

    - Degree of anticipation (curiosity)

"Politics" and conflicts between staff hindering the utilisation of the PR-feedback

- Extent to which hidden conflicts, struggling parties and diverse "politics" in the VET institution exist, esp. with regard to the topics dealt with in the Peer Review

Amount and scope of other quality initiatives

As background information. If there are many other initiatives this might have an effect on the use of the Peer Review findings: probably reinforcing if results are similar to other evaluation results or on the contrary preventing use if there are too many different activities with different targets and topics going on at the same time.

Thus, we also need to take into account other initiatives in determining the effects of Peer Review. In some instances it will not be easy to separate Peer Review from other quality activities.

E Feedback use and learning from Peer Review

Phase4 Peer Review

Instrumental use of results

- Implementation of improvements

    - Extent to which the PR-feedback led to the formulation and planning of improvement actions

        - e.g. Peer Review findings and recommendations considered in review and planning; specific objectives and targets have been introduced in the school planning following the PR Recommendation

    - Extent to which the Peer Review feedback led to the implementation of improvement actions

Other uses (process use, conceptual use, informal mutual learning)

- Kinds of uses

    - Eye-openers

    - Better understanding

    - New ideas

    - Personal change

- Areas

    e.g. (not exhaustive)

    - concerning learning and teaching

    - quality management and evaluation

- VET management

- Gender mainstreaming and equal opportunities

- intercultural European exchange

- personal and professional development

- Implementation

  - Extent of personal transfer into (daily) practice

  - Extent of institutional implementation

F Effects

Phase4 Peer Review

- Improvements in the quality areas chosen

  - The objectives linked to the Peer Review Recommendation have been implemented in the school or during work-based learning

  - The objectives linked to the Peer Review Recommendation have been assessed and produced an impact on... (teachers behaviours and attitudes; pupils behaviours, attitudes, learning achievement, etc.....)

- Improvements in other areas (see above)

- Other positive effects

  - e.g. new contacts

  - new cooperation

  - internationalisation

  Further use of Peer Review e.g.

  - Conduct of further (national) Peer Reviews

  - Peer Training of staff

  - Staff members involved in Peer Review of other organisations as Peers (national and transnational Peer Reviews

  - Establishment a permanent cooperation (or network) on Peer Review

  - Peer Reviews as a part of the systematic quality assurance/management system

- Negative effects

- Unintended effects

23. 2   Case Study Report form

> *Recommended sources: in italics*
> Questions and additional information can be deleted after form has been filled out.

Basic data

Contacts	Name
Director	
Head of Department (if applicable)	
Peer Review Facilitator	
Other persons responsible (with function), if applicable	

Date of Peer Review:

Scope of Peer Review: Review of entire institution/part of institution (which?)

Targeted educational field(s):

Size of targeted institution/part of institution (at time of Peer Review):

No of educational staff (teachers, counsellors etc.)			No of other staff (if applicable)			No of students		
F	M	Total	F	M	Total	F	M	Total

Relevant changes in personnel since the Peer Review:

Organisational features

Was there a pressure to improve in one (or more) quality areas? If yes, which kind and where did it come from?

Sources: Initial information sheet, Self-report, interviews

What was the general evaluation culture / culture of change in the VET Provider at the time of the Peer Review?

Sources: Initial information sheet, Self-report, interviews

Describe
What was the institution's experience with carrying out evaluations and acting upon them? What had they done so far?
Had there been prior evaluations concerning the topics chosen in the Peer Review?

What were people's attitudes towards evaluation and change?

What were the expectations of and attitudes towards Peer Review (before/during/after the process)?

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Sources: Interviews (possibly OP questionnaire)

Distinguish between management (directors/principals, heads of department etc.), QA staff, other staff (and students) and describe the expectations of and attitudes towards Peer Review.

Give a substantiated assessment of the degree of approval/disapproval in the institution considering existing anxieties and anticipation (e.g. curiosity)

> *[blank field]*

"Politics" and conflicts between staff hindering the utilisation of the Peer Review feedback

Sources: Interviews (possibly OP and Peer questionnaires)

Have you detected any kind of hidden or open conflicts within the institution (conflicting opinions, antagonistic "parties" within the staff, etc.) with relevance to the Peer Review? If yes, please describe and give a substantiated assessment of how this influenced the Peer Review and its subsequent use:

> *[blank field]*

What other quality initiatives were going on at the time of the Peer Review and its follow-up?

Describe other quality initiatives, the issues they tackled and the activities undertaken.

> *[blank field]*

Give a substantiated assessment of the influence other quality initiatives had on the use of the Peer Review, i.e. whether there was
no influence,
a positive influence, e.g. reinforcing the use of the Peer Review) or
a negative influence preventing the use of the Peer Review, e.g. because of diverting attention and resources
   from Peer Review etc.).

> *[blank field]*

Purpose(s) and intended users

Sources: Initial Information Sheet, Self-Report; Interviews

How was the decision to undertake a Peer Review made? Who was involved?

> *[blank field]*

What was the official purpose of the Peer Review? (F)

> *[blank field]*

What other purposes were important to different stakeholders? (F)

Describe the purposes according to the people who promoted or expected them.

> *[blank field]*

Give a substantiated assessment as to the existence of conflicting purposes:

> *[blank field]*

What were the reasons for choosing Peer Review as an instrument to improve VET instead of other instruments? (F)

> *[blank field]*

How well did Peer Review fit into the overall quality scheme at that particular moment, also taking into account the other quality activities going on at the time (cf. 2.2, 2.5)?

Describe how and how well Peer Review fit into the overall quality scheme, also considering the experience with self-evaluation/self-assessment (F) and the need for specific evaluative information.

Give a substantiated assessment concerning the appropriateness and timeliness of the use of Peer Review in the given situation.

> ....

Who were the intended users 1) according to the management? 2) according to staff?

(Management, teaching staff, other staff etc.)

Intended users according to management

> ....

Intended users according to staff

> ....

Give a substantiated assessment as to the differences in the perception of who were to be the intended users.

> ....

Expertise and competences of Peer Team

Sources: Peer applications, agenda, documentation of Peer Visit, interviews

How, by whom and according to which criteria was the Peer Team chosen?

(Source: interview management, facilitator)

> ....

Did the expertise and competences of the Peer Team fulfil the requirements? (F)

Expert analysis on whether the Peer Team comprised all necessary expertise and institutional backgrounds: esp. field expertise, competence in evaluation and quality assurance (cf. Manual, Peer Profile, Peer Training)

> ....

Based on the account of the VET Provider and the expert analysis, give a substantiated assessment on the extent to which the Peer Team as a whole met the requirements:

> ....

Information and involvement of staff during preparation phase

Sources: possibly self-report, interviews, other documentation furnished by VET Provider

How were staff members informed about the Peer Review in the preparation phase?

> ....

To what extent was the formative function known and accepted throughout the institution?

> ....

How and to what extent were staff involved in preparatory activities concerning the self-evaluation/self-assessment (if applicable) and the self-report?

> (blank box)

Choice of quality areas (F)

How many and which quality areas were chosen? Were special evaluation questions formulated? If yes, which special evaluation questions were formulated

> (blank box)

How and why were the quality areas and special evaluation questions (if applicable) chosen? (see list of possible reasons in Manual)
Who's information needs were considered?

> (blank box)

Give a substantiated assessment

to what extent were the information needs and interests of intended users considered

to what extent did management support the choice of quality areas/special evaluation questions?

> (blank box)

Clarity of quality areas and specific evaluation questions (F)

Sources: *Self-report, Peer Questionnaires, Interviews*

How clear was the self-report (including the special evaluation questions)? To what extent did it encompass all necessary information to prepare the Peer Review?

Expert analysis on the clarity and comprehensiveness of the self-report, feedback from Peers

Give a substantiated assessment on the clarity and comprehensiveness of the self-report and the extent to which further information and clarification was necessary for the Peers.

> (blank box)

How was a common understanding of the quality areas and specific evaluation questions (if applicable) between VET Provider and the Peers ensured?

Describe the activities (who, how, what topic) and give a substantiated assessment whether there was a common understanding between Peers and the VET Provider management/facilitator.

> (blank box)

Design of Peer Review

How appropriate was the design of the Peer Visit for evaluating the Quality areas/specific evaluation questions? (F)

Source: Peer Visit Agenda, Questionnaires Peers and VET Provider, Meta-evaluation

Expert analysis: Check documentation (including data collection instruments used if available) and give a substantiated assessment whether
the quality areas and specific evaluation questions were tackled in an appropriate manner (enough time allotted for each area/evaluation question, all relevant questions covered by instruments)

appropriate methods were chosen

relevant stakeholders involved and the

instruments developed were appropriate.

To what extent were staff and other members of the institution involved in the Peer Visit?

Sources: Peer Visit documentation, interviews management/facilitator (how were interviewees chosen?); if there are signs that interview groups were not representative, follow-up on this question with other interviewees.

Describe shortly who was involved and give a substantiated assessment on the extent to which relevant staff was involved in terms of

A rough percentage

To what extent important opinion leaders (managers, unions etc.) were involved

To what extent a representative cross-section of staff was involved?

Quality of relationship of Peers with staff (F)

Source: Peer and OP Questionnaires, interviews

Describe how the relationship between staff and Peers was characterised and give a substantiated assessment concerning
To what degree the interaction was open and

Extent to which to which interviewed staff felt that their voice was valued

---

Feedback (F)

Sources: Documentation of feedback session, Peer Review Report, interviews

How useful was the feedback delivered during the feedback session?

Give a description of the feedback and how it was characterised by those involved.

Give a substantiated assessment on how useful, i.e. valid, credible, clear, relevant (for further action) and acceptable the oral feedback had been.
Consider also 1) the possible contribution of a communicative validation to validity and 2) the demeanor of the Peers, the wording and the general atmosphere concerning acceptability.

How useful was the feedback delivered in the Peer Review Report?

List the main findings and recommendations:

Based on an expert analysis of the Peer Review Report and interviews make a substantiated assessment on how useful, i.e. valid, credible, clear, comprehensive (all relevant topics covered?), relevant (for further action) and acceptable the report had been:

Dissemination

Sources: Documentation of dissemination supplied by VET Provider, interviews

How and to what extent was the Peer Review feedback disseminated to the intended users?

Describe how the Peer Review results were disseminated

How many and who participated in the feedback session?

How and to whom was the Peer Review Report distributed? (different activities and media: workshops, internal publications, Website etc.)

What other dissemination activities took place after the Peer Visit and for which target groups? What was covered by these dissemination activities? To what extent was the Peer Review Report commented on and discussed?

> ....

Give a substantiated assessment of the extent to which intended users were informed of relevant feedback from the Peer Review:

> ....

Follow-up and instrumental use of results

Sources: Documentation of follow-up supplied by VET Provider, interviews

How was the Peer Review feedback followed-up? Which findings were considered? Who initiated follow-up (were individual initiatives also taken up?), who was responsible, who was involved?

Describe activities undertaken to follow-up the Peer Review relating them to the findings and recommendations of the Peer Review, i.e.

to integrate the findings and the recommendations (which) into general planning,

to introduce specific objectives and targets and

to plan improvements.

> ....

How was this follow-up carried out and supported?

Describe how management supported the follow-up, how user participation was promoted and to what extent extra resources were available:

> ....

How was the follow-up monitored?

Describe how the VET Provider monitored the follow-up:

> ....

Other uses (process use, conceptual use, informal mutual learning)

Sources: Interviews, possibly documentation of follow-up supplied by VET Provider,

What did the people involved in the Peer Review learn during/from this experience?

Give a full account of people's learning experiences (with original quotations of important statements, if possible), considering the person who reported it, different types of learning, different areas and how this was implemented, i.e. led to change.

Kinds of uses/learning

- Eye-openers
- Better understanding

- New ideas
- Personal change

Areas

e.g. (not exhaustive)

- concerning learning and teaching
- quality management and evaluation
- VET management
- Gender mainstreaming and equal opportunities
- intercultural European exchange
- personal and professional development

Implementation

Personal transfer into (daily) practice

Institutional implementation

Improvements in the quality areas chosen

What improvements have been implemented?

Sources: Documentation of follow-up supplied by VET Provider, internal assessments, interviews

Describe improvements implemented using the findings and recommendations from the Peer Review:

Make a substantiated assessment concerning the extent to which findings and recommendations (if any) have led to improvements (in which quality areas, percentage of findings which have led to improvements):

What impact have these improvements had so far?

Describe what kind of impacts (e.g. teachers' behaviours and attitudes; pupils'/students' behaviours, attitudes, learning achievement, etc.....) have been determined and how they were assessed:

Other (intended and unintended) effects

What improvements in other quality areas, if applicable, were prompted by the Peer Review?

Give a full account, if applicable:

What other positive effects were prompted by the Peer Review?

Improvements may the establishment of new contacts and new cooperation schemes (including transnational cooperation), internationalisation of the institution etc.

Another area of improvement may be that the institution's evaluation culture has changed, that the Peer Review contributed to the understanding of evaluation and staff development in the area of evaluation, that external evaluations have become more acceptable etc.

Give a full account, if applicable, and be as specific as possible (e.g. if new cooperation projects have been struck up, give an account of what kind of cooperation, who was involved etc.):

How has Peer Review been used further?

Further use of Peer Review may include e.g.

Conduct of further (national) Peer Reviews

Peer Training of staff

Staff members involved in Peer Review of other organisations as Peers (national and transnational Peer Reviews

Establishment a permanent cooperation (or network) on Peer Review

Peer Reviews as a part of the systematic quality assurance/management system

Give a full account, if applicable, and be as specific as possible:

What negative effects resulted from the Peer Review?

Give a full account, if applicable, and be as specific as possible:

Interviewees

Management: Name, gender, function

Facilitator: Name, gender, subject, additional function, if applicable

Quality manager/quality team: Name, gender, subject, function*

Educational staff (teachers/counsellors) involved: Name, gender, subject, additional function, if applicable

Other Staff (administrative/technical)** involved: Name, gender, function

Educational staff (teachers/counsellors) not involved: Name, gender, subject, function

Other Staff not involved (administrative/technical)**: Name, gender, function

Union representative: Name, gender, subject, additional function, if applicable

Students: Name, gender, study programme, form/class

*if applicable (i.e. if not identical e.g. with Facilitator)
** if applicable , i.e. if the topic of the Peer Review also held relevance for them

List of documents used

Education and Culture DG

Lifelong Learning Programme

Documentation of Peer Review

- Initial Information Sheet
- Self-Report
- Peer Review Report
- Questionnaires of Peers
- Questionnaire of VET Provider (« OP Report »)
- Meta-Evaluation (if applicable)

Other documents

List of abbreviations used

23. 3   Questionnaires

Questionnaires for the following interviewees were developed:

Management

Facilitator

Quality manager

Educational staff involved

Educational staff not involved

Other staff involved

Other staff not involved

Students