

# Student well-being: The "Be the best you can be" programme

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<b>Registration date</b> 07/06/2013	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 18/10/2018	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

In recent years, there has been growing concern regarding the health and wellbeing of children within the UK. 'Be the best you can be' is a child-centred education programme that has been designed to foster positive physical, psychological and social development. Such improvements are hypothesised to arise via teacher and peer coaching, designed to aid pupil awareness and responsibility. The aim of the work is to test whether participation in this programme will lead to increased levels of well being, self-esteem, self-perceptions and adaptive learning strategies and also to see if it will lead to desirable changes in health-risk behaviours (i.e., physical activity level, dietary intake, smoking and alcohol consumption).

### Who can participate?

Year 7 and Year 8 secondary school pupils (boys and girls) within participating schools, located in the southwest region of the UK, can take part in this study.

### What does the study involve?

Ten schools were randomly allocated to either receive the programme or normal PSHE classes (control). Schools participating in the programme will received an inspirational talk from an exceptional achiever. They underwent 11 one-hour teacher-led classroom sessions during their normally scheduled Personal, Social and Health Education (PSHE) classes (i.e. in which they identify their aspirations, values and interests through various activities). The programme concludes with pupils giving short individual presentations to an audience consisting of the guest speaker, fellow students and school staff (i.e. a session called the 'celebration'). Participants in the control schools received normal PSHE classes.

### What are the possible benefits and risks of participating?

There are no direct benefits to participants, although it may be interesting to find out how the programme has had an effect on their peer group as a whole. There is a small risk of pain or discomfort. There are no obvious risks related to participation.

### Where is the study run from?

The Department for Health, University of Bath, UK.

When is the study starting and how long is it expected to run for?  
The active phase of collection commenced in January 2009 and ceased in June 2010.

Who is funding the study?  
Economic and Social Research Council (UK) (RES-177-25-0011)

Who is the main contact?  
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## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
RES-177-25-0011

## Study information

**Scientific Title**  
Enhancing the well-being, health and life aspirations of secondary school pupils: a randomised controlled trial of the "Be the best you can be" programme

### Study objectives

1. Engagement in the 'Be the best you can be' intervention will lead to increases in markers of eudaimonic well-being, hedonic well-being and self-esteem.
2. Engagement in the 'Be the best you can be' intervention will lead to desirable improvements in reported modifiable health-risk behaviours (i.e., physical activity level, dietary intake, tobacco use and alcohol consumption). Further, in a subsample we will also test whether changes in objectively assessed physical activity levels and a basic anthropometric marker (i.e., age adjusted assessments of BMI) occur as a function of participating in the programme.
3. Student improvements on markers of health and well-being will be mediated by increases in their perceptions of an autonomy supportive teaching context, satisfaction of autonomy, competence, relatedness and also by improved levels of autonomous motivation.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

University of Bath, School for Health Research Ethics Approval Panel, 19 November 2008

**Study design**

Single center cluster randomised controlled trial

**Primary study design**

Interventional

**Study type(s)**

Quality of life

**Health condition(s) or problem(s) studied**

Health and Well-Being (Psychological and Physical)

**Interventions**

Developed by a team of educational experts, education policy makers and university scholars, the programme entitled 'Be the best you can be' is designed to foster positive physical, psychological and social development. The programme commences with an inspirational talk from an Olympian, Paralympian or some other exceptional achiever and is intended to provide initial motivation to the pupils by helping them to understand what it feels like to be successful, the journey of personal growth involved and the skills and dedication needed to achieve ones dreams. The programme continues with 11 one-hour classroom sessions supported by a delivery team consisting of year tutors, teachers, Personal, Social, and Health Education (PSHE) staff and a senior staff member. In these sessions, pupils are challenged to identify their aspirations, values and interests and through activities such as personal development planning, peer-mentoring, group discussions and self-coaching develop learning, self-management, self-reflection and interpersonal skills necessary to support the perusal of their identified ambitions, goals and objectives. The programme culminates with a final optional session in which the pupils are invited to deliver short individual presentations to an audience consisting of the guest speaker, fellow students and school staff. This presentation provides the pupil with an opportunity to reflect upon their personal achievements, share with others what the programme meant to them and reflect on the life skills developed through the intervention.

**Intervention Type**

Other

**Phase**

Not Applicable

**Primary outcome(s)**

All outcome measures assessed at pre-intervention, post-intervention and at 3-month follow-up.  
1. Eudaimonic well-being: assessed via self report measures at the contextual level using the Personally Expressive Activities Questionnaire [Waterman, 1993] and at life-domain level by items from previously validated questionnaires (i.e., the Personal Growth subscale [Kasser & Ryan, 1996], Prosocial subscale of the Strengths and Difficulties Questionnaire [Goodman, 1997], Subjective Vitality Scale [Ryan & Frederick, 1997], and the Proactive Attitude Scale [Schmitz et al., 1999].

2. Hedonic well-being: assessed by self-reports using the Positive and Negative Affect Scale for Children [Laurent et al., 1999] and Life-Satisfaction in Adolescents Scale [Funk et al., 2006]. Self-esteem will be assessed by Rosenbergs scale [1969], and adaptive learning strategies by the Patterns of Adaptive Learning Scale [Midgely et al., 2000].

### **Key secondary outcome(s)**

1. Self-reported physical activity levels will be assessed by the Physical Activity for Older Children and Adolescents Questionnaire (PAQ-A; [Kowalski et al., 1997]). Smoking and Alcohol Intake will be assessed by subscales from the CDCs Youth Risk Behavior Survey [Centers for Disease Control and Prevention, 2007], while dietary intake will be assessed by the Food Frequency Questionnaire [Slimani et al., 2000].
2. Weight and height (to provide Body Mass Index scores)
3. Objectively assessed physical activity level data will be obtained from a subsample of 125 participants in the form of minutes of Moderate-to-Vigorous Physical Activity per day using ActiGraph GT1M units.
4. To explore the psychological processes underpinning the study hypotheses,: Perceptions of Autonomy-Support [Williams & Deci, 1996], Basic Need Satisfaction (viz., for autonomy, competence, and relatedness) [Standage et al., 2003], Self-Regulation Towards Learning [Ryan & Connell, 1989], the activity Value/Usefulness, Choice, and Interest/Enjoyment subscales from Intrinsic Motivation Inventory [Ryan, 1982].
6. Gender, SES, ethnicity and access to facilities affect adolescent health behaviours and well-being. Thus, these variables will be recorded and controlled for in the analyses.

### **Completion date**

30/06/2010

## **Eligibility**

### **Key inclusion criteria**

Year 7 and Year 8 secondary school pupils in classes from participating schools

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Child

### **Sex**

All

### **Key exclusion criteria**

Inability to be involved in the intervention (in the opinion of the schools)

### **Date of first enrolment**

01/12/2008

### **Date of final enrolment**

30/06/2010

## Locations

### Countries of recruitment

United Kingdom

England

### Study participating centre

Department for Health

Bath

United Kingdom

BA2 7AY

## Sponsor information

### Organisation

University of Bath (UK)

### ROR

<https://ror.org/002h8g185>

## Funder(s)

### Funder type

Research council

### Funder Name

Economic and Social Research Council (ESRC) (UK) ref: RES-177-25-001

### Alternative Name(s)

Economic and Social Research Council (ESRC), ESRC

### Funding Body Type

Government organisation

### Funding Body Subtype

National government

### Location

United Kingdom

# Results and Publications

## Individual participant data (IPD) sharing plan

### IPD sharing plan summary

#### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	protocol	17/07/2013		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes