

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

Submission date 29/05/2013	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 07/06/2013	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 18/10/2018	Condition category 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

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
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

Secondary study design

Randomised controlled trial

Study setting(s)

Other

Study type(s)

Quality of life

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

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 measure

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].

Secondary outcome measures

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.

Overall study start date

01/12/2008

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

Age group

Child

Sex

Both

Target number of participants

1333 school pupils from 5 intervention (n = 711) and 5 control (n = 622) schools drawn from the South-West region of the UK

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**

England

United Kingdom

Study participating centre

Department for Health

Bath

United Kingdom

BA2 7AY

Sponsor information**Organisation**

University of Bath (UK)

Sponsor details

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Sponsor type
University/education

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)
ESRC

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Publication and dissemination plan
Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	17/07/2013		Yes	No