Audrey, 2020

Bibliographic Reference	Audrey, S.; Farr, M.; Roderick, M.; Evans, K.; Fisher, H.; How acceptable is adolescent self-consent for the HPV vaccination: Findings from a qualitative study in south-west England; Vaccine; 2020; vol. 38 (no. 47); 7472-7478

Study Characteristics

Study design	Semi structured interviews
Aim of study	To consider how acceptable the procedures associated with a new HPV intervention were to young women, parents and carers, school staff and immunisation nurses
Study location	UK
Study setting	School based vaccinations
Study dates	2017/18 - 2018/19 school years
Sources of funding	National Institute for Health Research under its Research for Patient Benefit Programme
Inclusion Criteria	Mainstream schools in the South West of England where at least 12 female Year 8 students were not vaccinated during the 2016/17 programme year All alternative education providers in the area
Exclusion criteria	Lack of parental consent to take part in the study
Intervention details	The study evaluated new consent procedures instead of the traditional procedure where only young women with written parental consent were invited to attend HPV vaccination session. The new procedures allowed all eligible young women to attend, irrespective of whether they had returned a parental consent form. The immunisation team sought verbal parental consent by telephone and, if parents could not be contacted, adolescent self-consent was considered
Qualitative study methods	The intervention took place in two local authorities in south-west England where uptake rates of the HPV vaccination programme were ranked 112th and 106th of 119 English LAs (excluding London). School recruitment took place during the 2017/18 and 2018/19 programme years. 15 schools met the inclusion criteria and four (26.7%) consented to take part. All alternative education provider settings (n = 17) were invited to participate in the study, of which five (29.4%) consented. During the 2018/19 programme year all Year 8 young women who had not returned a completed parental consent form for vaccination were invited to take part. Topic guides were developed to cover the same key issues (beliefs about the HPV vaccine, views and experiences of the HPV vaccination programme, and opinions about the new consent procedures) with some adaptations relevant to the differing roles of immunisation nurses, mainstream school staff, alternative education providers, parents and young women. Interviews took place in schools, community organisations, private homes or by telephone, depending on the preferences of interviewees. Interviews were one-to-one, or in pairs or small groups, to suit the participants. All recordings were transcribed verbatim and thematic analysis used with both an inductive and deductive approach to analyse the content, focusing on our main

	research questions while identifying key issues emerging from the data. Coding of all transcripts was undertaken by one researcher and a second researcher double-coded a sub-set of 12 transcripts to check for meaning, relevance and reliability. Consensus meetings were undertaken to review, refine and confirm the main themes and codes relevant to the acceptability of the new consent procedures.
Qualitative population and perspective	53 participants: 1 health service manager and three immunisation nurses who comprised the core immunisation team (all female); five school staff (four female, one male) at alternative education provision for young people with a range of physical and sensory disabilities, or with differing educational and behavioural needs; three staff at mainstream schools (two female, one male); 19 young women (eight Year 8 female students recruited through participating schools, and 11 young women aged 12–17 years attending community organisations), and; 22 parents (21 mothers and one father recruited through community organisations providing support for parents and families). Of the 19 young women interviewed: eight were from BAME communities; all of them received the HPV vaccine; 12 returned a signed parental consent form (one of whom had signed the form herself), six received the vaccine following parental verbal consent at the vaccination session, and 1 self-consented.
Relevant themes	Six relevant themes were identified: 1. Understanding the legal framework: Parents and school staff were unsure of the legal framework regarding self-consent: "We all think it's the parents but actually they [young women] can give consent, is that correct?" 2. Primacy of parental consent: There were mixed opinions on whether consent should be the parent's choice, or whether young people should be able to consent for themselves 'I don't think it's fair if a child wants to have a vaccine for their future, so they don't get ill, and their parents say no"; ''It's her body so if she wants that, I think her parents should understand that if she wants to take the consequences, if they believe there are any, like it's her decision" 3. Vaccination beliefs: Most participants supported vaccination but discussed how letting young people consent for themselves is more difficult when a parent is against vaccination "'I would want my kids to be vaccinated, I would think it would be a positive thing. But then it's not going to be so positive if it's somebody that didn't want them to be vaccinated" 4. Capacity to consent: Participants had mixed views about the age at which young people could self-consent. It may vary between individual students "'Year 8 is a hard one. Some of them are still babies when they come and talk to you, they can't even say the word sex or pregnant without getting all embarrassed. And some of them are really mature, really sensible, really know their own mind and can give consent, so it's a really tricky age. I would love to say yes they should all be able to consent for their own health matters and be able to consent for them but truly some of them are not mature enough so it's a real split at that age I think" 5. Prioritising relationships: There were concerns over whether allowing young people to self-consent could damage trust between the parents and the school, or between family members ''I suppose ultimately parental relationships are really important to us. . . I would hate to drive a wedge in between us and the family" 6. Self-consent in practice: Participants had mixed experiences of situations where young people have been vaccinated based on self-consent "We have had some people that we've self-consented and the parents have come back and said 'Thank you very much', you know, 'I haven't been very organised today, things have been a bit mad, I really did want her to have it done so that's great, thank you very much'"; ''We have had a couple I know that have called in most upset that we'd taken self-consent"
Additional information or if only extracted	During the 2017/18 programme year, only four young people self-consented. All were given information about the study and invited to participate in an interview but did not get parental consent to take part. Because of the relatively low number of people who self-consent, the inclusion criteria was changed in the 2018/19 programme year to

some of the data and why etc.	include all Year 8's where a completed parental consent form for vaccination had not been received by the school. The number of young people recruited in school settings was lower than anticipated so community groups for parents and young people in Bristol and South Gloucestershire were also approached, with 6 agreeing to help with recruitment

Risk of bias (CASP qualitative checklist)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Moderate *(Only the views of girls who had the vaccine were considered)*
Overall risk of bias and relevance	Relevance	Highly relevant

Audrey, 2021

Bibliographic Reference	Audrey S, Evans K, Farr M, Ferrie J, Yates J, Roderick M FH; Implementing new consent procedures for schools-based human papillomavirus vaccination: a qualitative study; British Journal of Child Health; 2021; vol. 2 (no. 2)

Study Characteristics

Study design	Semi structured interviews
Aim of study	To consider the practicalities and implications of implementing new consent procedures, including parental telephone consent and adolescent self-consent, in two local authority areas in the southwest of England
Study location	UK
Study setting	School based vaccination
Study dates	2017 - 2019
Sources of funding	National Institute for Health Research under its Research for Patient Benefit Programme
Inclusion Criteria	Year 8 female students who could speak English
Exclusion criteria	None reported
Intervention details	Same intervention as Audrey 2020 - intervention with new methods of obtaining consent for HPV vaccination
Qualitative study methods	Mainstream schools with at least 12 female Year 8 students who had not been vaccinated during the 2016/17 programme year were sent information packs about the study and invited to participate. Depending on preference, young women and parents were interviewed separately, with their parent/daughter or with a peer/peers. The interviews were conducted by one researcher and took place within schools, community organisations, homes or workplaces. Interviews were halted after data saturation was reached. Digitally recorded, semi-structured interviews were used with topic guides focusing on understanding of HPV and the vaccination programme, adolescent consent for healthcare, views of the new consent procedures, experiences of the new procedures in practice, implications for other schools-based adolescent vaccination programmes. Thematic analysis was done using the framework approach. Both inductive and deductive approaches were used, focusing on the main research questions regarding participants views and experiences of the vaccination programme and adolescent consent while capturing additional issues as they emerged from the data.
Qualitative population and perspective	Participants from 4 mainstream schools and 5 alternative educational settings. 53 participants were interviewed: • The immunisation programme manager and three immunisation nurses (who comprised the permanent team delivering the HPV vaccination programme) • Three members of staff in mainstream schools • A staff member from each of the five alternative educational settings • A total of 22 parents (21 mothers and one father), of whom five had daughters participating in the study • 19 young women. Eight (aged 12–13 years) were recruited at school and experienced the new consent procedures, and 11 (aged 13–17 years) were recruited from community organisations
Relevant themes	Themes were presented in relation to different stages of the vaccination process: 1. School preparedness: Some schools were not prepared for inviting all girls to the vaccination session, irrespective of whether they had a consent form "…

	the consents and what we're doing, and the fact that we need everybody down, we need to speak to everybody… I think it doesn't get read." 2. Written parental consent: Although most consent forms were returned, it was acknowledged that some would not be for a variety of reasons, such as not being given to parents, being signed but not returned, or that written consent is not suitable for some households "The vast majority of them [parental consent forms] will come back on or before the deadline and then, no matter how much chasing you do with a particular, with a very small group of students thankfully, you will still never get them all returned." 3. Telephone consent: Staff, parents and students were satisfied with phone calls as a method of obtaining consent. The benefits were thought to outweigh the drawbacks associated with the time needed for the immunisation team to make the calls " 'It's a lot of work and for those schools that you get 30, 40 plus consent forms not coming back in, and you've got all those young people with you and you're trying to make all these phone calls. Yes, it is frustrating but actually, the fact that they get a good percentage of those come back as positives, actually that's good because those young people wouldn't necessarily have got vaccinated otherwise.' 4. Self-consent: Very few students were assessed for self-consent, and the immunisation team identified situations where this process had been effective, but also times where a student had been vaccinated against her parents wishes 5. Catch-up clinics: Immunisation teams thought there were positives of clinic sessions, if a girl needed more time to think about the vaccination, or if she didn't want to have it in school. However, it was highlighted that the school-based system was more convenient than having to phone for an appointment "That's why it is better if we can go through the young people in schools [be]cause parents, if they're not going to engage, won't take them anywhere.' 6. Alternative educational settings and additional needs: School staff and parents highlighted the importance of the immunisation team understanding the additional needs of the students and basing the process on an individual students' needs "I think you'd have to take it on an individual case because a lot of the children are really bright and switched on and know a lot about a lot of things and it's not saying they wouldn't understand but I think because the extra, the nature of their disability, I think you would have to be a bit more careful with consent."

Risk of bias (CASP qualitative checklist)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes

Section	Question	Answer
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Moderate *(Only the views of girls who had the vaccine were considered)*
Overall risk of bias and relevance	Relevance	Highly relevant

Fisher, 2020a

Bibliographic Reference Fisher, H.; Evans, K.; Ferrie, J.; Yates, J.; Roderick, M.; Audrey, S.; Young women's autonomy and information needs in the schools-based HPV vaccination programme: a qualitative study; BMC public health; 2020; vol. 20 (no. 1); 1680

Study Characteristics

Study design	Semi structured interviews
Aim of study	To consider the perspectives of young women, parents and professionals about HPV vaccination, and how this was influenced by the content and form of the information provided in the intervention
Study location	UK
Study setting	School based vaccination
Study dates	2017/18 – 2018/19 school year
Sources of funding	British Heart Foundation, Cancer Research UK, Economic and Social Research Council, Medical Research Council, the Welsh Government and the Wellcome Trust
Inclusion Criteria	Mainstream schools in the South West of England where at least 12 female Year 8 students were not vaccinated during the 2016/17 programme year All alternative education providers in the area
Exclusion criteria	None reported

Intervention details	Parental or young person consent - follow up study from Audrey 2020
Qualitative study methods	Observations of vaccination sessions took place in three of the mainstream schools during and field notes recorded the context and any specific incidents relevant to uptake. Topic guides were developed to cover these issues (beliefs about the HPV vaccine, views and experiences of the HPV vaccination programme, and opinions about the new consent procedures) with some adaptations relevant to the differing roles of immunisation nurses, mainstream school staff, alternative education providers, parents and young women. Semi-structured interviews were used. Interviews with girls and their parents either took place separately, with their parent/daughter or with a peer/peers. Thematic analysis was used with both inductive and deductive approach to analyse the content, focusing on the main research questions while identifying key issues emerging from the data. One researcher coded the transcript and another double-coded them and checked for meaning, relevance and reliability
Qualitative population and perspective	The immunisation programme manager, 3 immunisation nurses, 3 members of staff from mainstream schools, 1 member of staff from the alternative education providers, 22 parents and 19 girls who had the vaccine
Relevant themes	2 themes were identified, with 5 sub-themes in total: 1. Young people's autonomy – school-based vaccination sessions: Much of the vaccination sessions are dictated by staff and based on parental consent "'If my mum picks up [the phone], I'm having the jab" 2. Young people's autonomy – autonomy during consent procedures: Participants felt that young people had some responsibility in the role of retuning their signed consent forms "Even though it's prioritising parental consent, you're putting that responsibility on the child to get that important literature home and get it processed and get it back into school but they're not actually responsible for it. It's kind of quite strange 3. Communication about the vaccine programme - information for young women: Some suggested that the information was targeted at parents, or that information leaflets alone weren't enough to engage young people. Information led to discussion between some families but not others "You need to guide them through it a bit more rather than just sending information and expecting them to read it and act on it. I think they probably wouldn't at a young age.' 4. Communication about the vaccine programme – young women's communication preferences: School-based and face-to-face education about the vaccine and the vaccination session was preferred "'I think if you have sessions within schools then that's a lot more structured, you have to focus, you have to learn … so that's something that has to happen, but if it's a leaflet that can get lost or screwed up, that's got so much potential to not get anywhere" 5. Communication about the vaccine programme – information for parents: Leaflets alone were not considered enough by participants. There were concerns about people who look up more information from other sources and may be presented with misinformation "When you search something on the internet obviously there needs to be some way that the parent can distinguish between the two because there's always going to be one for and one against and they're both going to be telling it from their point of view"

Risk of bias (CASP qualitative checklist)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Moderate *(Only the views of girls who had the vaccine were considered)*
Overall risk of bias and relevance	Relevance	Highly relevant

Jackson, 2010

Bibliographic Reference	Jackson, C.; Cheater, F.M.; Peacock, R.; Leask, J.; Trevena, L.; Evaluating a web-based MMR decision aid to support informed decision-making by UK parents: A before-and-after feasibility study; Health Education Journal; 2010; vol. 69 (no. 1); 74-83

Study Characteristics

Study design	Semi structured interviews and questionnaire which included open-ended questions
Aim of study	Feasibility study designed to assess the acceptability of the Australian MMR decision aid adapted for use by UK parents
Behavioural model used	Not reported

Study location	England
Study setting	Two childcare organisations located in a moderately deprived community in one city in the north of England
Study dates	May 2006 - July 2006
Sources of funding	Department of Health Public Health Initiative Award
Inclusion Criteria	Parents of children eligible (approaching eligibility) for first- or second-dose MMR vaccination (aged six months to five years) English-language literate and had internet access.
Exclusion criteria	None reported
Intervention details	Parents were sent a flyer with the website address and password to access the decision aid. The aid was based on a decision aid developed in Australia in 2004, with some content adapted to be relevant to the UK. Content included background information on what MMR is, the immunisation schedule and how the MMR vaccine works. Information was also provided on common symptoms and complications of each of the three diseases as well as safety and side-effects of the vaccine. Interactive content was included to help the decision making process, prompting parents to consider their reasons for or against vaccination and to record their intentions towards the MMR vaccine
Number of participants	27 parents (5 took part in interviews)
Duration of follow-up	3 months
Qualitative study methods	Questionnaire was sent out to all parents (30 parents) at 1 week and 3 months after the intervention. Acceptability was assessed based on the 1 week questionnaire and semi-structured phone interviews. The questionnaire included multiple choice items (which did not meet the inclusion criteria for this review) and open-ended questions to examine parents' views on the decision aid and it's impact on their decision making process. 5 parents were randomly selected for the interviews. Interviews were recorded and transcribed fully. No further information was provided.
Qualitative population and perspective	Parents of children who are aged 6 months - 5 years and are eligible for MMR vaccination
Relevant themes	1. Content - The information was presented in a balanced way ""“It went through, you know the statistics for something happening, you know, something good, and something bad, and yeah, it didn’t sort of hold anything back. If there was anything they had to put on and it was negative, they still gave you it. It wasn’t just ‘we want you to have MMR so we’ll just give you all the good side’. They gave you a balance.” 2. Decision making - The decision aid helped parents make informed decisions and reduced their need to ask further questions “To a point, it’s [the decision aid] been too useful because when I actually went to take [name of son] to have his MMR done, and they said, ‘have you any questions?’ I thought well no actually because I mean I’m pretty happy with what we’re doing”

Additional information or if only extracted some of the data and why etc.	Education intervention. Only data from the open-ended questions in the questionnaire were extracted as the multiple choice outcomes did not meet the inclusion criteria for this review.

Risk of bias (CASP qualitative checklist)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(Limited information about recruitment methods and no explanation of reasons for low recruitment (36% of those invited))*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Limited information about the interviews and very small number of people (5) were asked to take part in the interviews)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(No information about how the study was explained to participants and limited information about gaining consent)*
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Limited information about analysis methods)*
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research has some value *(Feasibility study to justify more detailed research on the decision aid)*
Overall risk of bias and relevance	Overall risk of bias	High *(Limited information about recruitment methods. No explanation of low study participation and very few parents were invited to take part in interviews. No information about how the study was explained to*

Section	Question	Answer
		participants and very limited description of the analysis methods.)
	Relevance	Highly relevant

Lwembe et al., 2016

Bibliographic Reference Lwembe S; Green SA; Tanna N; Connor J; Valler C; Barnes R; A qualitative evaluation to explore the suitability, feasibility and acceptability of using a 'celebration card' intervention in primary care to improve the uptake of childhood vaccinations.; BMC family practice; 2016; vol. 17

Study Characteristics

Study design	Focus Groups With parents and carers of children under 5 Semi structured interviews Phone interviews with policy makers and practitioners
Aim of study	To provide a qualitative evaluation to assess the feasibility, suitability and acceptability of the delivery of the 'Celebrate and Protect' programme by identifying specific barriers and facilitators to delivering the programme and to provide some suggestions for learning in future programmes.
Behavioural model used	Not reported
Study location	UK
Study setting	9 London PCTs (Barking & Dagenham, Bexley, Greenwich, Kensington & Chelsea, Hammersmith & Fulham, Newham, Tower Hamlets, Waltham Forest and Westminster)
Study dates	July 2012 - February 2013 (programme began in July 2012, focus groups held between October 2012 - February 2013)
Sources of funding	NHS, Local Government and Sanofi Pasteur MSD
Inclusion Criteria	Policymakers, primary care staff and parents/carers of children under 5 the sample was not specifically designed to be representative the participants were of diverse ethnic and socio-economic backgrounds
Intervention details	The Celebrate and Protect Programme: aimed to increase uptake of childhood vaccination by supplementing current GP practices' current call/recall activities. A celebration card and immunisation schedule was sent out by the GP practice staff to families of children before their vaccination was scheduled. The celebration card was sent to parents/carers of children under five to attend an initial 6–8 week check (new-borns) and vaccination appointments (1 year olds and 4 year olds) with their GP practice. Cards continued to be sent out until the first or fourth birthday. The card intended to celebrate the birth or birthday of a child and act as a 'call to action' for the parent/carers to contact the practice and book a health check or vaccination. The card for new-borns included a message inviting parents/carers to make an appointment with the practice to discuss any questions they had about the baby's health and for the baby to be examined, when it is usual for babies to receive their first set of vaccinations. Cards distributed within PCTs that had a universal tuberculosis (TB)

	vaccination programme included an additional message for parents/carers to make an appointment for TB vaccination. Birthday cards for 1 year olds included a message that the child's vaccinations were due and an invitation to contact the GP practice to make an appointment. Birthday cards were only sent to 4 year olds who had not yet received their immunisations. The cards also contained information signposting parents/carers to the 'Red Book' (the Personal Child Health Record), and www.immunisation.nhs.uk, along with an insert with information about the recommended schedule of vaccinations.
Qualitative study methods	Three sample groups were identified (15 policymakers identified by purposive sampling, 9 primary care staff recruited by canvassing 23% of GP practices involved in the first phase of the trial, and 31 parents/carers of children under 5, recruited via PCT immunisation coordinators with the aim of identifying 2-3 participants from each PCT (6 of the 9 PCTs were eventually represented). Semi-structured telephone interviews were undertaken with all policymakers and practitioners by a member of the evaluation team. Focus groups were selected as the most appropriate data collection methods for parents and carers to include as many views as possible but with limited available resources (3 focus groups in East, South-East and North West London). These were facilitated by a member of the evaluation team using a topic guide. Focus groups and interviews were audio-recorded, transcribed by a project administrator and validated by two evaluation team members. Data was analysed thematically using the Johnson and Sholes (2005) suitability, feasibility and acceptability framework
Qualitative population and perspective	Policymakers, primary care staff and parents/carers of children under 5
Relevant themes	1. Acceptability - Communication with parents, methods of communication "You need to get your child to the clinic. You need to get them immunised. This [celebration card] is like; it is more of a positive reinforcement. The letter is more; you have been told off." 2. Accessibility - Ensuring all parents receive the intervention "…(Celebrate and Protect) doesn't cover new parents/carers … they do not see us … see health visitor…health visitors remind them but [the] call has not come from [the] surgery so mothers forget…" 3. Content - Need for vaccine information and knowing who to contact "…There's nothing on here to say why you should have your baby immunised…" "…Quite dry information, it just gives you the name of the inoculation. I'm not a doctor… 4. Implementation - Using the intervention as a replacement or an addition to existing services "birthday cards have lessened my workload…don't have to make phone calls.... surgery does not have to pay for postage.... reduced workload as do not have to speak to address concerns…" 5. Sources of information - Views on the pharmaceuticals company's role in the intervention "as long as ethical issues are covered as required by DH policy document…we need to get used to working with private providers", "…I saw on the telly about price fixing with pharmaceutical companies, where they offer GPs incentives to prescribe their product...."
Additional information	Reminder intervention

Risk of bias (CASP qualitative checklist)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *(Partly - parents/carers recruited were not necessarily registered to one of the GP practices participating in the first wave of the programme. Fewer primary care staff participated than expected)*
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Limited information about recruitment methods and whether the choice of location or data collection method may have affected the results)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(States that informed consent was obtained but limited other information)*
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research has some value
Overall risk of bias and relevance	Overall risk of bias	Moderate *(Limited information about recruitment methods and whether the choice of location or data collection method may have affected the results. Limited information about informed consent)*
	Relevance	Highly relevant

Rockliffe, 2020

Bibliographic Reference Rockliffe L; Stearns S; Forster AS; A qualitative exploration of using financial incentives to improve vaccination uptake via consent form return in female adolescents in London.; PloS one; 2020; vol. 15 (no. 8)

Study Characteristics

Study design	Focus Groups Focus groups in study 1 and free text questionnaire responses in study 2
Aim of study	1. To assess the acceptability of financial incentives to promote vaccine consent form return among adolescents. 2. To explore the potential mechanisms by which financial incentives might change behaviour amongst this group
Behavioural model used	Not reported
Study location	UK
Study setting	Secondary schools in London
Study dates	Study 1: March 2018 - April 2018. Study 2: July 2016 - January 2017
Sources of funding	Cancer Research UK
Inclusion Criteria	Female students aged 13-14 from 2 secondary schools in London who had previously taken part in the feasibility trial when aged 12-13 Study 1 Female students aged 12-13 from 3 secondary schools who had been offered the incentive during the previous 4 weeks Study 2
Exclusion criteria	None reported
Intervention details	Incentivised HPV vaccine consent form return (see Rockliffe 2018)
Qualitative study methods	The study was made up of 2 studies. Study 1 used focus groups with adolescent girls to explore the acceptability of incentivising HPV vaccination consent form return. Six focus groups were conducted in schools with an average of 6 students per group. Discussions were directed using a topic guide that explored participants' experience of being offered the incentive in the previous trial, attitudes towards the use of incentives in the context of vaccination in general, and preferences for the nature of the incentive. Participants were also asked about two alternatives :1. every person is offered £3 if they returned the consent form and 2. individuals are offered entry into a prize draw to win a £300 shopping voucher with one winner if they return the consent form. Study 2 used free text responses from a questionnaire where girls were asked to respond to the question "What did you think about being entered into a prize draw to win a £50 voucher if you returned the HPV vaccine consent form?". Participants could provide multiple opinions and data was used for triangulation of Study 1 findings. Participants were recruited from the group of students that took part in the feasibility trial (Forster 2017). Data was analysed using Braun and Clarke's phases of thematic analysis for Study 1, using Sekhon's framework of acceptability as a guide. Two researchers applied the coding framework to the free-text data generated in Study 2. Disagreements were resolved by discussion.
Qualitative population and perspective	36 girls took part in Study 1, of which 26 returned the form and had the vaccine, 2 had not returned the form and 8 had received no doses of the vaccine. In Study 2, 80% of those invited to complete a questionnaire returned it. 93% of those had returned their consent form and 89% had received the dose of the vaccine.
Relevant themes	1. Acceptability - Positive and negative emotions associated with the prize draw, relevance and appropriateness of the incentive "I think it was a good prize. I mean, you can't expect much but it was a good prize. . . I think it was kind of motivating

	because, you know, you get shopping in return", "if the money is quite low then they wouldn't be that like jealous. But if it's really high then there might be more chance of people getting annoyed about it" 2. Decision making - Child involvement in decision making "I guess it was motivation to give in your HPV vaccines [consent forms] but I think quite a lot of parents were just forcing us to do it anyway so..." 3. Misconceptions - Confusion over the validity of the prize "if it was like, £10 to the same amount of people. Or £50 to, like, a smaller amount of people then it might be more believable"
Additional information	Some participants may have participated in both studies, but data were collected anonymously so it is not possible to determine how often this occurred

Risk of bias (CASP qualitative checklist)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Limited information about the relationship between researchers and participants)*
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Low
	Relevance	Highly relevant

Rockliffe, 2018

Bibliographic Reference	Rockliffe, Lauren; Chorley, Amanda J; McBride, Emily; Waller, Jo; Forster, Alice S; Assessing the acceptability of incentivising HPV vaccination consent form return as a means of increasing uptake.; BMC public health; 2018; vol. 18 (no. 1); 382

Study Characteristics

Study design	Semi structured interviews and questionnaire
Aim of study	To assess the acceptability of the incentive (chance to win a shopping voucher for vaccine consent form return) for adolescent girls, their parents, and participating school staff
Behavioural model used	Not reported
Study location	UK
Study setting	Schools in 3 London boroughs (Enfield, Southwark and Lambeth)
Study dates	July 2016 - January 2017
Sources of funding	Cancer Research UK and Public Health England
Inclusion Criteria	Secondary schools in Enfield, Southwark and Lambeth with female year 8 students
Exclusion criteria	None reported
Intervention details	Year 8 girls were given standard information about the HPV vaccination and a consent form to be signed by their parent, and returned to school. Girls were offered the opportunity to be entered into a prize draw to win one of several £50 Love2shop vouchers if they returned their consent form, signed by their parent. This was communicated to girls verbally by their form tutors and via a letter. Girls returning a signed consent form were entered into the prize draw regardless of whether the form said ‘yes’ or ‘no’ to vaccination. The prize draws were at the school level and eligible girls had a 1-in-10 chance of winning.
Qualitative study methods	All schools in the 3 London boroughs were invited to take part. 6 schools participated and year 8 girls from these schools, their parents and staff members took part. Girls and their parents were asked to complete a questionnaire 1 week after vaccination day, assessing unintended consequences of the intervention, possible mechanisms of action and attitudes towards the incentive. Attitudes were assessed using two free-text response acceptability questions (the focus of this study) which asked the question “What did you think about being entered into a prize draw to win a £50 voucher if you returned the HPV vaccine consent form?” Parents were provided with information about the aim of the trial and use of the incentive, and asked via questionnaire whether they thought it was a good idea. Staff members involved in running the trial were interviewed via telephone using a semi-structured interview guide which covered topics relating to the acceptability of the incentive. Topics assessing incentive acceptability included ‘attitudes towards the incentive’, ‘initial thoughts about taking part’, and ‘overall experience of participating in the trial’. Data was analysed thematically, with questionnaire responses and interview data analysed separately. Two reviewers coded the data and a coding frame was developed. Inter-rating reliability was assessed and discrepancies were resolved.

Qualitative population and perspective	80% of girls who were offered the incentive returned the questionnaire and 17% of parents. Six staff from 4 of the 6 participating schools were interviewed (1 school in the control arm and 3 in the intervention arm)
Relevant themes	1. Acceptability - Positive and negative emotions associated with the prize draw, relevance and appropriateness of the incentive “I think it's a really cool idea and definitely encourages people to bring their forms back into school”, “I think that it is unnecessary because the consent form is very important and the girls should know well enough that it's essential to bring it back to school” 2. Decision making - Student-focused intervention for parent/carer decisions “As the 12 year old child still needs parental consent it is unclear why the form is not sent to/returned by the adult - no need to involve/bribe the child in this transaction surely?" 3. Misconceptions - Confusion over the conditions for entering the prize draw “It would help them to get the vaccination because of the prize they might win” 4. Perceptions - Encouraging consent form return and response to the incentive “Um, they were, they were really keen actually… yeah, that, that was, um, quite a big… because it was quite a big prize actually, so I think, yeah, they were, they were so pleased”

Risk of bias (CASP qualitative checklist)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell *(Stated the methods used for data collection but not explained why they were chosen)*
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(Described who was invited to take part but 85% of schools invited did not respond or declined the invitation. No discussion about the reasons for low recruitment)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(The authors discussed what methods were used but did not explain why.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Limited consideration of the relationship between researchers and participants)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Study was granted ethical approval but limited explanation of how the study was explained to participants before obtaining their consent)*

Section	Question	Answer
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	High *(A low percentage of schools accepted the invitation to take part in the study, but no discussion of the reasons behind this. Limited information about why data collection methods were chosen. Limited information about how the study was explained to participants)*
	Relevance	Highly relevant