

Studies	Study design	Finding	Methodological limitations	Relevance	Coherence	Adequacy	Confidence
Acceptability							
3 (Audrey 2020, Audrey 2021, Fisher 2020a)	Semi-structured interviews	The immunisation team, parents and students were in favour of phone calls to parents or carers when a consent form had not been returned. This was seen as a good intermediate step between non-consent form return and a young person giving self-consent. However, some parents questioned whether this could put additional pressure on parents or carers who were undecided about vaccination.	Serious ¹	High	High	High	Moderate
3 (Audrey 2020, Audrey 2021, Fisher 2020a)	Semi-structured interviews	There were mixed views over self-consent. Some saw it was a positive process to avoid a young person missing out on immunisation if their parent or carer has forgotten to sign the form, and thought that it is a decision that the girl should be able to make about her own life. Others were concerned that this could leave a young person under pressure to tell their family that they had self-consented to vaccination.	Serious ¹	High	High	High	Moderate
Accessibility							

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1 (Fisher 2020a)	Semi-structured interviews	Staff and parents highlighted the additional needs of some parents, such as language and literacy barriers. They discussed the importance of making sure that additional support is provided to these parents to make sure the information provided is appropriate for them to understand	Serious ²	High	High	Moderate ³	Low
2 (Audrey 2020, Audrey 2021)	Semi-structured interviews	The consent process for young people living in the care of the local authority or a foster family was raised as a barrier to vaccination.	Serious ¹	High	High	Low ⁴	Very low
Alternative education settings							
2 (Audrey 2020, Audrey 2021)	Semi-structured interviews	Parents, staff and immunisation teams thought it was important that nurses are familiar with the additional needs of each young person and using that information to help judge capacity to self-consent. Some young people were concerned they would be overlooked for self-consent because of their additional needs.	Serious ¹	High	High	Moderate ⁵	Low
Capacity to consent							
1 (Audrey 2020)	Semi-structured interviews	There were mixed views on the age at which a young person was able to make an informed decision about vaccination. Some staff thought that by year 8 (age 12-13), young people should be able to make this choice, but others thought the decision should be made on an individual basis because the capacity to consent varies considerably at this age	Serious ²	High	High	High	Moderate
Consent form return							
2 (Audrey 2021, Fisher 2020a)	Semi-structured interviews	Paper consent forms were highlighted considered a potential barrier to vaccination because there is the possibility that a young person could lose it, not give it to their parents,	Serious ¹	High	High	High	Moderate

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		or not return it if they don't want the vaccination. Consent forms mailed to the parents or verbal consent were both considered ways to overcome this					
Decision making							
3 (Audrey 2020, Audrey 2021, Fisher 2020a)	Semi-structured interviews	Some parents thought it was important the school-based vaccinations were determined by parental consent while others were less concerned about the need for their consent.	Serious ¹	High	High	High	Moderate
3 (Audrey 2020, Audrey 2021, Fisher 2020a)	Semi-structured interviews	The immunisation team discussed how the processes for self-consent, such as young people saying whether they had discussed vaccination with their family, helped them to make decisions on capacity to consent. However, there were some concerns that an increase in the number of people self-consenting could lead to young people not seeking parental consent	Serious ¹	High	High	Moderate ⁵	Low
Implementation							
1 (Audrey 2021)	Semi-structured interviews	Immunisation teams indicated that not all schools were prepared for the organisation associated with inviting all young people to vaccination sessions	Serious ²	High	High	Low ⁴	Very low
1 (Audrey 2021)	Semi-structured interviews	The immunisation team thought that the benefits of obtaining consent were thought to outweigh the drawbacks of the additional time needed to phone parents	Serious ²	High	High	Low ⁴	Very low
1 (Audrey 2021)	Semi-structured interviews	Very few girls had to self-consent for vaccination but the immunisation team discussed how there were a number of processes to help them assess whether or not a girl could self-consent	Serious ²	High	High	Moderate ³	Low
School-family relationships							

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1 (Audrey 2021)	Semi-structured interviews	Trust between the school and parents or carers was considered very important, and school staff did not want to break this relationship. Some parents indicated that they would not be happy about vaccination taking place without their knowledge while some staff thought it was ok if there was a clear process in place to judge capacity to consent.	Serious ²	High	High	Moderate ³	Low
1 (Audrey 2021)	Semi-structured interviews	There were concerns about the effect of self-consent on relationships between family members. It was suggested that self-consent could put young people under pressure to choose between the school and their family. Young people also had concerns about getting into trouble with their parents if they self-consented.	Serious ²	High	High	Moderate ³	Low
Sources of information							
2 (Audrey 2020, Fisher 2020a)	Semi-structured interviews	Staff thought that the quality of information provided to young people about vaccination would affect their capacity to make informed choices. Young people and their parents both thought that face-to-face education in schools from healthcare practitioners would be more effective than information leaflets.	Serious ¹	High	High	High	Moderate
Understanding the legal framework							
1 (Audrey 2020)	Semi-structured interviews	School staff and parents were both unclear on the legal framework surrounding self-consent for vaccination. Some young people were in favour of being able to give their own consent	Serious ²	High	High	Moderate ³	Low
Vaccination beliefs							
1 (Audrey 2020)	Semi-structured interviews	Most parents were in favour of vaccination but there was an understanding that obtaining consent or self-consent where a family have anti-vaccination beliefs may be difficult	Serious ²	High	High	Low ⁴	Very low
1. Finding was downgraded once because the findings were from studies at moderate risk of bias							

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2.		Finding was downgraded once because the findings were from a single study at moderate risk of bias					
3.		Finding was downgraded once for adequacy because it was supported by a single study that provided some detail or richness in the results that fed into this finding					
4.		Finding was downgraded twice for adequacy because it was supported by a single study that was not particularly detailed or rich in the results that fed into this finding					
5.		Finding was downgraded once for adequacy because it was supported by studies that provided some detail or richness in the results that fed into this finding					