

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Protocol for a scoping review on rehabilitation among individuals who experience homelessness and traumatic brain injury
AUTHORS	Chan, Vincy; Estrella, Maria Jennifer; Babineau, Jessica; Colantonio, Angela

VERSION 1 – REVIEW

REVIEWER	Kristina Gicas York University
REVIEW RETURNED	26-May-2021

GENERAL COMMENTS	<p>This protocol is very clearly written and outlines a rigorous methodological approach. It is certainly suitable for publication in its current form. However, this Reviewer would like to strongly urge the authors to consider expanding their definition of homelessness to include those who are precariously housed, which fall under the 'At Risk of Homelessness' category as defined by the Canadian Observatory on Homelessness (COH). These individuals are at risk for homelessness and it is not uncommon for many to transition between the two. Research suggests these really are largely overlapping populations, and the COH acknowledges the fluid experience of transitioning from one to the other. There are also many similarities noted between those who are absolutely homeless and precariously housed, including barriers to accessing care (Argintaru et al., 2013, BMC Public Health) and substantial TBI histories that are associated with loss of stable housing (Stubbs et al., 2021, Canadian Journal of Psychiatry). There is a lot of highly informative literature that would be missed by excluding this subpopulation from the review. The aims of this scoping review would be more fully addressed by expanding the definition of homelessness.</p> <p>The authors should also consider whether incorporating quality (bias) ratings of the included articles would further enhance the methodological rigour of this review.</p>
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REVIEWER	Emily Rosenoff US Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation
REVIEW RETURNED	16-Sep-2021

GENERAL COMMENTS	<p>This will be a wonderful addition to the literature on this important issue. I have only minor suggestions in a few comments.</p> <p>The reviewer provided a marked copy with additional comments. Please contact the publisher for full details.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Dr. Kristina Gicas, York University

Comments to the Author:

This protocol is very clearly written and outlines a rigorous methodological approach. It is certainly suitable for publication in its current form. However, this Reviewer would like to strongly urge the authors to consider expanding their definition of homelessness to include those who are precariously housed, which fall under the 'At Risk of Homelessness' category as defined by the Canadian Observatory on Homelessness (COH). These individuals are at risk for homelessness and it is not uncommon for many to transition between the two. Research suggests these really are largely overlapping populations, and the COH acknowledges the fluid experience of transitioning from one to the other. There are also many similarities noted between those who are absolutely homeless and precariously housed, including barriers to accessing care (Argintaru et al., 2013, BMC Public Health) and substantial TBI histories that are associated with loss of stable housing (Stubbs et al., 2021, Canadian Journal of Psychiatry). There is a lot of highly informative literature that would be missed by excluding this subpopulation from the review. The aims of this scoping review would be more fully addressed by expanding the definition of homelessness.

Thank you for highlighting this very important note on experiences of homelessness. We acknowledge that homelessness is a fluid experience such that housing (in)stability may change drastically and frequently to include physical living situations that are the focus of this review (i.e., unsheltered, emergency sheltered, and provisionally accommodated). We have elaborated on this in the introduction of our manuscript – please see introduction section, paragraph 2.

However, we believe the examination of rehabilitation among individuals at risk of homelessness would be more appropriate as a separate review, one that focuses on different populations at risk of homelessness. We believe these separate reviews will provide an opportunity to better define the population and synthesize the literature in a way that takes into account how rehabilitation (including access to and types of interventions) may be available to or used by individuals who are not in physical living situations consistent with being unsheltered, emergency sheltered, and provisionally accommodated at the time of the study. For example, access to rehabilitation for individuals in short-term emergency shelters may differ from an individual who is precariously employed.

Furthermore, we believe it would be challenging to operationalize the definition of “at risk of homelessness” for this current scoping review, as experiences listed in the Canadian Observatory on Homelessness may not include all individuals who are at risk of homelessness. A separate review to systematically identify factors that contribute to risk of homelessness may be needed to inform the search strategy to ensure we do not miss any individuals who may be at risk of homelessness. Finally, our current review defines homelessness based on the physical living situation at the time of the research studies; to comprehensively capture individuals at risk of homelessness would require identifying all factors, including other social determinants of health, that contribute to risk of homelessness. We have added to the charting table to capture data that describe experiences consistent with those at risk of homelessness. Please see Charting Table, Sociodemographic section.

We thank you again for highlighting this – we further elaborated on this in the limitations section of our manuscript. Please see Strengths and Limitations section, paragraph 1.

The authors should also consider whether incorporating quality (bias) ratings of the included articles would further enhance the methodological rigour of this review.

Thank you for this suggestion – we agree that the inclusion of quality appraisal would improve the methodological rigour of our review, specifically as we aim to generate considerations regarding future research. We have included quality assessment as part of Stage 5, using the Study Quality Assessment Tools designed by methodologists from the Research Triangle Institute International and the National Heart, Lung, and Blood Institute of the National Institutes of Health. These tools will enable us to critically assess the internal validity of each study and findings will be used to inform the

process of applying meaning to the results. However, no articles will be excluded from this scoping review based on the quality assessment, consistent with the goal of our scoping review. Please see Stage 5 section, step #1.

Reviewer: 2

Dr. Emily Rosenoff, US Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation

Comments to the Author:

This will be a wonderful addition to the literature on this important issue. I have only minor suggestions in a few comments (please see attached PDF).

Many thanks for your feedback and suggestions. Below are our revisions based on your comments.

- Comment #1 (original text, page 7, introduction): We elaborated on the introduction to include the bi-directional relationship between TBI and homelessness. Thank you. Please see Introduction, paragraph 2.
- Comment #2 (original text, page 15, charting table): Thank you for this suggestion. We added this to the charting table – “Specify the injury severity, time since injury, method of diagnosis/screening, timing of TBI relative to homelessness (e.g., whether TBI predated homelessness, if the individual was homeless at the time of TBI), and the sample (N,%) of individuals with TBI.
- Comment #3 (original text, page 17, charting table): Thank you. We added this to the charting table – “Note if/describe how the intervention acknowledged and/or accounted for intersecting social identities and vulnerabilities and housing status at the time of intervention”
- Comment #4 (original page 17, charting table): Thank you. We added “Note if the rehabilitation team collaborates with or have access to housing providers and other providers/disciplines not specified in Table 1”

VERSION 2 – REVIEW

REVIEWER	Kristina Gicas York University
REVIEW RETURNED	05-Oct-2021

GENERAL COMMENTS	The authors have adequately addressed my comments. This protocol appears suitable for publication.
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REVIEWER	Emily Rosenoff US Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation
REVIEW RETURNED	08-Oct-2021

GENERAL COMMENTS	<p>The scope is well written and for the most part clear.</p> <p>However, I am not sure if the authors intend to capture rehabilitation programs serving individuals who had very recently experienced homelessness. I would advise that the authors include individuals who had experienced homelessness and are now residing in permanent supportive housing, or similar arrangements.</p> <p>In the U.S. (and I believe Canada as well) Housing First is the preferred evidence-based approach to serving people experiencing homelessness. It is “an approach to ending homelessness that centers on moving people experiencing homelessness into independent and permanent housing as a first step. It provides people with immediate access to permanent housing with no housing ‘readiness’ or compliance requirements, is recovery-</p>
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	<p>oriented and centres on consumer choice, self-determination and community integration.” (from COH)</p> <p>I would hope that individuals identified as experiencing homelessness and having a TBI would be immediately offered a longer-term (permanent) housing situation. I suggest that the authors clarify or expand the scope to include individuals who have “recently experienced homelessness” so that the scoping review can include individuals who are in permanent supportive housing and receiving rehabilitation treatment for their TBI. I would not expect too many individuals to be able to focus on rehabilitation while they are unsheltered or in temporary situations.</p>
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VERSION 2 – AUTHOR RESPONSE

Reviewer: 1

Dr. Kristina Gicas, York University

Comments to the Author:

The authors have adequately addressed my comments. This protocol appears suitable for publication.

Many thanks again for your feedback to strengthen our manuscript.

Reviewer: 2

Dr. Emily Rosenoff, US Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation

Comments to the Author:

The scope is well written and for the most part clear.

However, I am not sure if the authors intend to capture rehabilitation programs serving individuals who had very recently experienced homelessness. I would advise that the authors include individuals who had experienced homelessness and are now residing in permanent supportive housing, or similar arrangements.

In the U.S. (and I believe Canada as well) Housing First is the preferred evidence-based approach to serving people experiencing homelessness. It is “an approach to ending homelessness that centers on moving people experiencing homelessness into independent and permanent housing as a first step. It provides people with immediate access to permanent housing with no housing ‘readiness’ or compliance requirements, is recovery-oriented and centres on consumer choice, self-determination and community integration.” (from COH)

I would hope that individuals identified as experiencing homelessness and having a TBI would be immediately offered a longer-term (permanent) housing situation. I suggest that the authors clarify or expand the scope to include individuals who have “recently experienced homelessness” so that the scoping review can include individuals who are in permanent supportive housing and receiving rehabilitation treatment for their TBI. I would not expect too many individuals to be able to focus on rehabilitation while they are unsheltered or in temporary situations.

Thank you for this comment. The goal of the scoping review is to explore the extent to which rehabilitation, including the types of rehabilitation intervention, is available to, or used by, individuals experiencing homelessness and TBI. Any research study that meets our inclusion criteria – i.e., captures individuals with TBI who are unsheltered, emergency sheltered, and provisionally accommodated at the time of the research study – will be included in this scoping review. As such, this review will capture studies that apply the Housing First approach, as they capture individuals who are experiencing homelessness at the time of the study.

However, this scoping review will not explicitly search for articles that only include individuals with lived experience of homelessness who are currently in permanent housing. Instead, as noted in the original submission, the charting and analysis of the data will note the location of the intervention(s). We believe that a separate review to comprehensively capture rehabilitation for individuals with lived experience of homelessness who are in permanent housing will better address the comments raised by this reviewer. We also know that permanent housing can take many forms (e.g., subsidized and supportive housing or private market housing), which can be better conceptualized and captured in a separate review.

Additionally, while treatment/rehabilitation is indeed provided once an individual is housed, especially for studies that utilize the Housing First approach, rehabilitation may happen at any point in the continuum of homelessness. As such, we have also conceptualized rehabilitation to include not only interventions or programs, but also healthcare providers/professionals engaged in rehabilitation.

Many thanks again for your feedback and the opportunity to further clarify our protocol.

We have clarified the following in this revision:

- Throughout the protocol, specified that this this protocol is for a scoping review on individuals experiencing homelessness
- The charting table to explicitly note to “Describe the rehabilitation approach/type of rehabilitation intervention, how the intervention was delivered, the length or frequency of the intervention, and the setting of/location in which the intervention(s) was/were delivered.”
- The inclusion criteria, to explicitly note that articles must “Focus on individuals who are experiencing homelessness at the time of the research study, as defined in Table 1.”

Finally, we elaborated on the limitations of the scoping review to acknowledge the potential lack of articles that only capture individuals with lived experience of homelessness and are in permanent housing:

- “Rehabilitation studies focused on individuals with TBI who are unsheltered, emergency sheltered, and provisionally accommodated at the time of the research study may describe a different rehabilitation experience than studies that focus on individuals at risk of homelessness or individuals with lived experience of homelessness who are in permanent housing. As such, this scoping review will not explicitly search for articles that only include individuals at risk of homelessness or who are currently in permanent housing. Instead, the charting and analysis of the data will identify and contextualize social determinants of health and other factors that put them at imminent risk of homelessness. It will also extract the definition of homelessness from the research study and note the location of the intervention(s). Future reviews on rehabilitation that are focused specifically on individuals at risk of homelessness, or specific populations at risk of homelessness, as well as studies focused on individuals with lived experience of homelessness and are in permanent housing are encouraged.”