



Street outreach programs for people experiencing homelessness in Canada: A systematic review

Date prepared: May 7, 2025

Summary

Homelessness is an ongoing problem in Canada. We conducted a systematic review to provide a general idea of Canadian street outreach programs (SOP) and evaluate their potential to improve the quality of life of individuals experiencing homelessness. We found that SOP can support the immediate needs of people experiencing homelessness on the street. In addition, these programs can also help improve the quality of life of people experiencing homelessness by providing stable housing, socialization, and employment.

What does this mean?

SOPs are easily accessible and can provide social, physical, and mental health support to people who are experiencing homelessness. SOP can also help address the root causes of homelessness such as poor health and financial hardship to help people obtain and keep their housing.

Citation: Riches L (Patient Partner), Eze N, Asante B, Memedovich A, Skidmore B, Clement F. *Street Outreach Programs for Individuals Experiencing Homelessness in Canada: A Systematic Review*. Health Technology Assessment Unit, University of Calgary, December 2024

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What is the current situation?

Homelessness is an ongoing problem in Canada, and more than one in ten Canadians have experienced absolute (e.g., sleeping rough) or hidden homelessness (e.g., couch surfing) at some point in their lives. Street outreach programs (SOP) help people experiencing homelessness by providing them with support like healthcare, sanitary products, or referrals to other resources on the street.

By doing this, SOP may help to address the root causes of homelessness such as health issues or unstable finances.

What questions did we aim to answer in our research?

In people experiencing homelessness, do street outreach programs have the potential to improve quality of life?

How did we approach these questions?

We conducted a systematic review based on a registered protocol (PROSPERO CRD42024556836) and followed the recommendations of the Cochrane Handbook and the PRISMA reporting standards. Five databases and grey literature were searched and PRESS reviewed by experienced librarians. We included studies that provided support to people experiencing homelessness on the street and reported on all the outcomes.

What answers did we find from our research?

We included ten studies from four provinces Ontario (n=5), British Columbia (n=3), Quebec (n=1), and Alberta (n=1). Mobile clinics and other SOP delivered by healthcare workers provided accessible healthcare to people experiencing homelessness on the street. Sports, peer support, and general SOP supported immediate needs and offered useful resources and connections. People experiencing homelessness reported reduced alcohol and cigarette intake, better health and quality of life through socialization, stable housing, and employment.

How confident are we in these findings?

This review may not represent all SOP across Canada, because we only identified published programs from four provinces. Additionally all but one of the included studies were observational, which are usually lower in quality than randomized studies. Therefore, our findings should be interpreted with caution.