Distress Centres of Greater Toronto

Theory of Change

How DCGT's work leads to lasting impact across the Greater Toronto Area

> *If people in crisis — regardless of language, background, or circumstance — can reach a trained, compassionate responder the moment they need one, then distress is de-escalated before it becomes tragedy, isolation is interrupted, and communities become more resilient over time.*

The Pathway

Our theory of change follows a single causal thread from the resources we build to the outcomes we exist to create. Each link depends on the one before it — which is also why our five strategic priorities map directly onto this pathway.

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACT

01 — IF **We invest in inputs**	DCGT sustains a 24/7, multi-lingual crisis response infrastructure: trained volunteers, experienced staff, technology for inbound and outbound contact, and diversified funding to keep it all running.
02 — THEN **We deliver activities**	That infrastructure lets us answer calls and texts around the clock; recruit, train, and supervise volunteers; build partnerships with community organizations serving equity-denied populations; and support survivors of suicide loss.
03 — WHICH PRODUCES **Outputs the community can see**	More people reaching a trained responder on first contact, in their own language and cultural context; a growing, well-supported volunteer base; and programs that are increasingly co-designed with the communities they serve rather than designed for them.
04 — LEADING TO **Outcomes for the people we serve**	People in crisis feel heard and safer in the moment; risk of self-harm or suicide is de-escalated; isolation is interrupted; and both help-seekers and volunteers experience DCGT as a trustworthy, consistent presence they can return to.
05 — SO THAT **We achieve long-term impact**	Fewer crises in the GTA end in tragedy. Communities that have historically been underserved have a genuine, trusted pathway to support. And DCGT stands as a resilient, sustainable organization the region can continue to depend on — today and as need continues to grow.

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The Problem This Responds To

Demand for crisis and emotional support keeps growing across the GTA, and that need is not distributed evenly. Equity-denied and underserved communities often face the largest barriers to reaching help — barriers of language, culture, trust in institutions, or simply not knowing a resource like DCGT exists. Left unaddressed, unmet crisis need does not disappear; it surfaces as preventable suffering, strain on emergency systems, and lives lost that a timely conversation could have changed.

Underlying Assumptions

This theory of change holds only if a few conditions remain true, and testing them is part of why we track and report on our work:

- A trained volunteer, properly supervised, can be as effective as a formal clinical responder in the critical first moments of crisis contact.
- People will reach out if a culturally responsive, multi-lingual option exists and is visible to them.
- Community partnerships genuinely reduce access barriers rather than simply referring people elsewhere.
- Sustainable, diversified funding is what allows consistency — without it, the chain breaks at its first link.

Why This Belongs in Our Strategic Plan

Each of our five strategic priorities exists to strengthen one or more links in this chain: expanding access grows the inputs and activities that make first contact possible; advancing equity ensures the pathway actually reaches underserved communities; financial sustainability protects the whole chain from disruption; investing in volunteers protects the quality of every activity we deliver; and organizational excellence is what lets us prove — and improve — the outcomes and impact this theory promises. Read together, the plan is not five separate efforts. It is the infrastructure required to keep this theory of change true, at growing scale, for as long as the community needs us.