

## **The Lesbian, Gay, Bisexual, Trans\*, Two-Spirit, Queer + (LGBT2Q+) Network: Community Standards of Practice**

The LGBT2Q+ Network of London and Area is a public directory of organizations and service providers who have committed to specific Community Standards of Practice related to serving LGBT2Q+ communities. The Network's Advisory Team coordinates the directory, using the Community Standards of Practice as a tool to identify and improve access to inclusive resources and services for LGBT2Q+ communities.

To be eligible for inclusion in the Network, an organization or provider must read and agree to the Community Standards of Practice, which are outlined in this form. The directory will be posted on the Middlesex-London Health Unit website, and may be duplicated on other organizations' or providers' websites. As a service provider or organization, you may remove yourself from the directory at any time by writing to the Network's Advisory Team.

Organizations/Providers may be removed from The LGBT2Q+ Network for the following reasons:

- Contact information is no longer accurate and has not been updated
- Three or more complaints have been received by The Network's Advisory Team regarding services rendered, and these issues have not been adequately resolved
- The Network ultimately reserves the right to remove any organization and provider from the list at any time

Once you have filled out your information, you can send it electronically to any member of the Advisory Team, or mail your printed copy to: 50 King St., London, ON, N6A 5L7, ATTN: Leanne Powell. The information that you provide will be made public unless otherwise noted; however, you will be notified when your information will become public. Please feel free to include any further relevant information. Updates to the directory will be made on a monthly basis.

The Advisory Team is here to support you or your organization to become a part of the Network. If you have any questions regarding the Network or the Standards of Practice, or if you are interested in further consultation or training to help you become part of the directory, please contact a member of the Advisory Team:

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## Provider/Organization Information

**If you consider yourself a provider please complete the following section:**

Name of provider: \_\_\_\_\_

Signature of provider: \_\_\_\_\_

Credentials of provider: \_\_\_\_\_

Speciality/Services (include eligibility criteria): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

*I agree to have the above contact information publicly released to The LGBT2Q+ Network, and understand that my information will be used and promoted publicly, such as on the internet. I understand that I may remove myself from The Network at any time in writing to Leanne Powell at 50 King St, London, ON, N6A 5L7.*

**If you are an organization please complete the following section:**

Name of organization: \_\_\_\_\_

Name of organization designate: \_\_\_\_\_

Signature of organization designate: \_\_\_\_\_

Name of institutional body/board member designate: \_\_\_\_\_

Speciality/Services/Programs (include eligibility criteria): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

*I agree to have my contact information publicly released to The LGBT2Q+ Network, and understand that my information will be used and promoted publicly, such as on the internet. I understand that I may remove myself from The Network at any time in writing to Leanne Powell at 50 King St, London, ON, N6A 5L7.*

## The LGBT2Q+ Network Community Standards of Practice

Please read each of the statements carefully, and initial beside each statement to confirm that you are committed to the practice expressed in each statement.

The LGBT2Q+ Network Community Standards of Practice	Initials
I understand that sexual orientation and gender identity/expression are different. Sexual orientation refers to an individual’s sexual or romantic attraction. Gender identity refers to a person’s own experience of their gender. Gender expression refers to how a person publicly presents their own gender	
As an organization/provider, I will recognize my knowledge and scope of practice within LGBT2Q+ communities. I recognize that there are resources, guides, and organizations that I can seek knowledge from. Resources that I may utilize include: The World Professional Association for Transgender Health, Sherbourne Health Centre, and Rainbow Health Ontario	
As an organization/provider, I will uphold the ethical rights of all people, including those protected under the Ontario Human Rights Code. I understand the Ontario Human Rights Code and agree to adhere to it	
As an organization/provider, I will establish, promote, and effectively communicate an inclusive, non-discriminatory environment for lesbian, gay, bisexual, trans*, two-spirit, and queer (LGBT2Q+) clients.	
I will work towards ensuring that LGBT2Q+ clients of all ages have the same fair and equitable access to resources and services as straight and cisgender <sup>1</sup> clients.	
I will assure that comprehensive policies are implemented to prohibit discrimination in the delivery of services to LGBT2Q+ people and their families. For these purposes, the terms “family,” and “families” shall be broadly construed, and shall include chosen family as defined by the client	
I will also ensure that my space has comprehensive and easily accessible procedures in place for clients to file and resolve complaints alleging violations of these policies.	
The organization/provider staff will have a familiarity and knowledge of <i>sexual orientation</i> experiences and issues as they pertain to services provided	
The organization/provider staff will have a familiarity and knowledge of <i>transgender</i> experiences and issues as they pertain to services provided	
The organization/provider staff will have a familiarity and knowledge of <i>two-spirit</i> experiences and issues as they pertain to services provided	
The organization/provider will ensure the confidentiality of information about sexual orientation and gender identity/expression.	
When information about sexual orientation and gender identity is collected, clients will be informed how information is collected and how it will be used.	

<sup>1</sup> Cisgender refers to people who are not transgender whose gender identity matches the sex they were assigned at birth

The organization/provider will include LGBT2Q+ people and their families in outreach and promotional efforts.	
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**If applicable:**

The organization/provider will develop and implement intake and assessment procedures to ensure that they meet needs of LGBT2Q+ people of all ages and their families, reviewing existing procedures where necessary	
All case management and treatment plans will include and address sexual orientation and gender identity where it is a necessary issue in client care	
If the organization/provider has a board of directors or other institutional bodies, the board/institutional body shall be encouraged to have representations from the LGBT2Q+ communities	
Organization/provider staff will include, when appropriate, the partners and/or other chosen family members of LGBT2Q+ clients as they would include spouses and families of straight and cisgender clients in discussing diagnoses and/or treatment plans.	