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Cultivating practices of inclusion towards same-sex families in Italy: A comparison among educators, social workers, and healthcare professionals

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Abstract

LGB+ parented families in recent years are becoming more visible, but limited information exists about how professionals interact with people in these family forms. This study used the framework of intergroup contact theory to investigate whether contact with lesbians and gay men, same-sex couples, and same-sex parents respectively increase inclusive practices towards same-sex families, and whether this association is mediated by professionals' prejudice and endorsement of same-sex families' rights. A questionnaire with scales on: (a) intergroup contact, (b) professionals' orientation towards same-sex families' inclusive practices, (c) professionals' prejudices, and (d) support of same-sex couples' rights was administered to 460 professionals (9.8% males) working in social ($N = 103$), education ($N = 156$), and healthcare ($N = 201$) services in Italy. Path analysis was used to test the prediction that contact increases professionals' intention to embrace inclusive practices towards same-sex families through the mediation of both prejudice and support to same-sex couples' rights to have and raise children. Results showed that contact reduced prejudices towards same-sex families and increased the endorsement of same-sex families' rights, which in turn

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favoured professionals' willingness to modify their practices to include these family forms. Implications for the training and development of inclusive models are discussed. Please refer to the Supplementary Material section to find this article's Community and Social Impact Statement.

KEYWORDS

intergroup contact theory, Italy, LGB+ community, prejudice, professionals' practice orientation, same-sex families, same-sex families' rights

1 | INTRODUCTION

Same-sex families originate from the partnership of either lesbians or gay men who conceive or adopt and raise children within the premise of their intimate relationship.¹ These “new” family forms, as compared with the traditional heterosexual couples with biological children, have been hidden from society until the latter part of the twentieth century (Golombok, 2015). Same-sex families' invisibility has often resulted from prejudice and discrimination practices of agencies, institutions, the broader community, which have gone hand in hand with a persistent lack of legislation that could effectively endorse same-sex families' rights and protect same-sex family members. This has happened globally and across cultures (Feder, 2019; Shreeves, 2019), and has prompted social scientists to ask how they could reduce discrimination against same-sex family members.

1.1 | Contact and prejudice towards same-sex families

Psychosocial literature has addressed the question of reducing prejudice and discrimination towards various minority groups, including LGB+ groups, using the framework of intergroup *contact theory* (Allport, 1954; Pettigrew, 1998; Pettigrew & Tropp, 2006). Intergroup contact theory states that interpersonal contacts with minorities reduce intergroup prejudice; this happens under four optimal conditions, that is, equal status, common goals, cooperation, and authorities' support (Allport, 1954), and Pettigrew and Tropp's (2000) influential meta-analysis confirmed the positive effect of contact. Over the years a substantial number of studies have tested the relationship between contact and stereotypes, prejudice, and discrimination reduction towards different target groups (i.e., sexual and political orientation, ethnicity, religion), as well as in different sociocultural contexts. Among these studies, Herek and colleagues (Herek & Capitanio, 1996; Herek & Glunt, 1993) pioneered the application of intergroup contact theory to the study of *prejudices* towards the LGB+ community. They found that having a close personal relationship with LGB+ groups can reduce sexual prejudice (Herek & McLemore, 2013). Baunach, Burgess, and Muse (2010) also showed that having at least one gay or lesbian friend reduces sexual prejudice for both males and females, with a larger and stronger effect for males. A metaanalysis with 83 effect sizes from 41 articles looked more closely at the relationship between contact and sexual prejudice confirming a significant negative relationship (Smith, Axelson, & Saucier, 2009). This result was also in line with Pettigrew and Tropp's (2006) findings on the effects of contact on sexual prejudice. Furthermore, Mancini and Imperato (2020) showed that being in contact with LGB+ groups promotes intergroup dialogue when it occurs in an online context.

More recent strands of studies have examined prejudice and discrimination towards same-sex couples and parents. For instance, Costa, Pereira, and Leal (2015) found that interpersonal contact of heterosexuals with gay men and lesbians lowered their negative attitudes towards LGB+ parented families. Consistently, qualitative investigations that examined how same-sex family members perceive prejudice and discrimination from heterosexual people

showed that the possibility to have everyday personal interactions with heterosexual persons allowed for the development of a more positive attitude towards these family forms (Hässler et al., 2020; Iudici, Masiello, Faccio, & Turchi, 2020; Tombolato, Bortolozzi Maia, Uziel, & Santos, 2018). Also, an innovative study by Vecho, Gross, Gratton, D'Amore, and Green (2018) showed that sexual prejudice can function as a mediation variable between contact with same-sex couples and people's attitude towards same-sex marriage and parenting.

Further strong support for contact theory has been provided by studies addressing the link between contact with LGB+ community and support for their rights. The underlying idea was that coming out as LGB+ to families and friends would have lowered negative attitudes towards this group and increased the support for their rights (Hoffarth & Hodson, 2020). In a large-scale North American study conducted between 1983 and 2005, Lewis (2011) found that regardless of people's demographics, belongings and beliefs, having more contacts with LGB+ people enabled heterosexual persons to support LGB+ rights. More frequent contact with gays and lesbians is associated with greater support of their rights, including same-sex marriage (Barth, Overby, & Huffmon, 2009; Hoffarth & Hodson, 2016). A more recent study carried out in Italy (Piumatti & Salvati, 2020) confirmed that contacts with LGB+ community positively related to the endorsement of same-sex unions and families' rights, especially in participants with lower levels of religiosity.

Taken together these studies provide a level of evidence on the relationship between intergroup contact and the reduction of prejudices towards same-sex families together with the willingness to endorse same-sex families' rights. However, these studies were carried out with the general population and did not address the perspectives of professionals working with families.

1.2 | Studies on inclusion practices in professional contexts

When looking at prejudices towards same-sex families in professional contexts, the literature is limited, and mainly focused on the study of how positive or negative attitudes and their antecedents, that is, ideology, religion, individual differences, in particular in the Italian context where the present study was carried out (e.g., Baiocco et al., 2020; Everri, Fruggeri, & Venturelli, 2014; Gato & Fontaine, 2013; Ioverno et al., 2018, 2019; Nimbi, Vozzi, Tripodi, Simonelli, & Baiocco, 2020). Similarly, there is a paucity of studies that have considered how prejudice and/or the endorsement of same-sex families' rights influence professionals' orientation to greater inclusive practices in meeting the needs of same-sex families (Averett & Hegde, 2012).

Among the few studies that involved professionals in training, Averett and Hegde (2012) examined the willingness of social workers and teachers to embrace more inclusive practices towards same-sex parents, which included: buying and using books on same-sex families, attending training courses on same-sex parenting, showing LGB+ symbols in their services. Findings showed that social workers trainees were more open to the modification of their practices compared with teachers. Other studies with samples of teachers (McIntyre, 2009; Ryan & April, 2000) found that their lack of knowledge on topics concerning same-sex families made them feel incapable of addressing same-sex families and their children's needs, thereby preventing them from providing a more appropriate educational service. Similar findings were observed in samples of social workers (Krieglstein, 2003) and paediatricians (East & Rayess, 1998), thereby confirming that the lack of contact can both influence professional practices and limit the development of inclusive programmes and interventions respectful of same-sex families' needs.

2 | THE PRESENT STUDY: SOCIOCULTURAL BACKGROUND, STUDY AIM, AND HYPOTHESES

This study was carried out in Italy in 2015 at a time when the legal change to recognize same-sex marriage was central to public debate. At that time, legal recognition of same-sex partnerships was not covered by the country's legal

system, and same-sex couples were not permitted to adopt or have children through assisted technology. The polarization between religious and political factions, who opposed the extension of marriage and family rights to same-sex couples, on one side, and families and minority political parties, charities, and LGB+ activists, who advocated for change, on the other, was very evident in the media and in social exchange (Akrivopoulou, 2016; Gusmano & Motterle, 2019; Lasio, Congiargiu, De Simone, & Serri, 2019; Ozzano, 2020; Ragone & Volpe, 2016).

Eventually, in 2016, Italy became the 27th European country to acknowledge same-sex civil partnerships through the approval of the “Cirinna’s Law” (Officially approved as: “Regolamentazione delle unioni civili tra persone dello stesso sesso e disciplina delle convivenze” 20 Maggio 2016, n. 76). This Law provided allowed same-sex couples with civil partnership rights, but did not extend the full set of rights guaranteed by marriage. The new law for example establishes differences between civil unions and marriage such as the obligation of mutual fidelity and the timing for the termination of a registered partnership.

Step-child adoption, namely the possibility for a partner in a same-sex couple to adopt the biological children of the other partner, was removed from the final version of the legislation, and same-sex couples were not allowed to have children through assisted technology, adopt children, or register children born to these partnerships (Everri, 2016; Taurino, 2016). Only recently, Italian regional courts have attempted to circumvent the limitations imposed by the government laws.² Notwithstanding these recent actions, the ambivalence of the Italian legislature on same-sex families together with the polarization of the public opinion between for and against the recognition have continued. All this has translated into a certain void for agencies, especially when the expectation that agencies develop diversity policies and protocols to respond to minority groups is considered (Everri, 2016). Furthermore, the lack of evidence on the effectiveness and of the circumstances in which their protocols have been applied together with the lack of a clear normative framework has left services without guidance for interventions with same-sex families (Ferrari, 2018).

Therefore, building upon the idiosyncrasies of the Italian social-cultural context, this study intended to examine the willingness of professionals working in services for families (education, social work, maternity, and child healthcare services) to modify their practices to make them more inclusive towards same-sex families' needs. More specifically, we aimed at testing the relations between the contact of professionals working in Italian services with gay men and lesbians, same-sex couples, and families, the professionals' level of prejudice and their support to same-sex families' rights to have/adopt children, and the impact of these variables (prejudice and rights support) on professionals' orientation towards same-sex families' inclusive practices. Consistent with the literature on contact theory and LGB+ groups (e.g., Baunach et al., 2010; Costa et al., 2015; Herek & McLemore, 2013) and the limited studies on the role of contact on professionals' enhanced inclusive practices towards same-sex families (e.g., East & Rayess, 1998; Krieglstein, 2003), the tested hypotheses are as follows:

- H1.** *Professionals' contacts with lesbians and gay men, same-sex couples, and same-sex parents negatively associated with prejudice towards same-sex families and positively associated with same-sex families' rights endorsement.*
- H2.** *Professionals' prejudice towards same-sex families negatively associated with an orientation towards inclusive practices, while professionals' support to same-sex families' rights positively associated with an orientation towards inclusive practices.*
- H3.** *Both professionals' prejudice and professionals' support to same-sex families' rights mediated the relationship between contact and orientation towards inclusive practices.*

Having considered three different working context groups (education, social work, and maternity and child healthcare services), this study also aimed to verify the levels of variation across different professional contexts of education, social work, and healthcare. Based on the available literature (e.g., East & Rayess, 1998; McIntyre, 2009), we hypothesized that:

- H4. *The direction and the strength of the relations between contact, prejudice, support to same-sex families' rights and orientation towards same-sex families' inclusive practices were invariant across the three considered professional contexts.*

Moreover, based on Averett and Hegde (2012) results, we expected that:

- H5. *the average levels of contact, prejudice, support to same-sex families' rights and orientation towards inclusive practices differed across the three professional contexts.*

3 | METHOD

3.1 | Participants and recruitment procedures

A non-probability quota sampling was used once access was gained to range of services. We aimed at reaching at least 250 participants in each of the three selected working contexts located in Northern Italy regions: 250 professionals working in education services, 250 professionals working in social services, and 250 professionals working in maternity and child healthcare services.

First, we sought permission to conduct the study. Once permission was obtained, the questionnaire was circulated by the coordinator to all staff. To ensure confidentiality, all participants were given a sealed envelope and access to a ballot box which was located in the agency. The questionnaire comprised an information sheet written in lay language with research study and data treatment and protection details, and the informed consent form.

Five hundred and five questionnaires were compiled and returned. Questionnaires with missing values on the relevant variable ($n = 26$) were excluded. Also, participants who were not practising professionals (managers, administrative, trainee students [$n = 27$]) were excluded. This left a sample of 452 participants, of whom 150 (33.2%) worked in schools, 103 (22.8%) in social services, and 199 (44.0%) in maternal and child health services. Forty-four (9.7%) of the population were male and 408 (90.3%) were female. The 95% (431) of the sample described themselves as heterosexual and the 54.9% (248) had one or more children. The socio-demographic characteristics of participants are shown in Table 1 below.

3.2 | Measures

An ad hoc questionnaire composed of four scales was used. As illustrated above, participants were also asked for their sex, age, profession, sexual orientation, if they had children or not, and their level of education. Moreover, given the sensitivity of the topic at the time of the survey, participants filled in a scale of social desirability.

Contact with LGB+ community was measured with six items asking participants whether they knew (1 = Yes, 0 = No) and whether they spent time (e.g., hang out together) (1 = Yes, 0 = No) with lesbians and gay men, same-sex couples, and same-sex parents respectively. For each contact target a compositive score was built where 0 = I do not know and I do not hang out, 1 = I know but I do not hang out, and 2 = I know and I hang out. Thus, the global score of contact was finally composed of three items ($\alpha = 0.68$).

Prejudice towards same-sex families was measured with six items adapted from the *Homosexual Attitude Scale* (HAS, Kite & Deaux, 1986) and from the *School Professional's Attitudes Towards Homosexual* (SPATH, Averett & Hegde, 2012). Items were rated on a 5-point Likert-type scale (1 = totally disagree, 5 = totally agree). High scores on the total scale ($\alpha = 0.83$) indicate high prejudice. Three items focused on the lack of parenting skills of same-sex couples (e.g., "Children raised by gay men suffer from the lack of a female reference model"; $\alpha = 0.87$) and three on

TABLE 1 Participants' characteristics (N. 452)

		N	%
Gender	Male	44	9.7
	Female	408	90.3
Age	< 35	140	31.0
	From 36 to 45	134	29.6
	From 46 to 55	133	29.4
	> 55	45	10.0
Work context	Maternal and child health services	199	44.0
	Schools	150	33.2
	Local social services	103	22.8
Profession	Social worker	37	8.2
	Educator	142	31.4
	Nurse	102	22.6
	Teacher	8	1.8
	Physician	54	11.9
	Social work assistant	66	14.6
	Nurses' aides	18	4.0
	Midwife	25	5.5
Sexual orientation	Heterosexual	431	95.4
	Bisexual/homosexual	17	3.8
	Missing	4	0.9
Children	No	204	45.1
	Yes	248	54.9
Educational qualification	High school diploma	193	42.7
	University degree	172	38.1
	Master or PhD	82	18.1
	Missing	5	1.1

the negative consequences on the children of same-sex couples (e.g., “Children raised by homosexual parents have more psychological problems than children raised by heterosexual parents”; $\alpha = 0.67$).

Attitude towards the *endorsement of same-sex families rights* was measured with three items asking participants whether (a) gay and lesbian couples should be entitled to foster a child, (b) adopt a child, and (c) access medically assisted reproduction. Items were rated on a 5-point Likert-type scale (1 = totally disagree, 5 = totally agree). High scores indicated positive attitude ($\alpha = 0.92$).

Professionals' orientation to *inclusive practices* in favour of same-sex families was measured with four items adapted from the School Professionals' Attitudes Towards Homosexuality (SPATH) developed by Averett and Hegde (2012). The four items have been adapted according to the three different working contexts and measured on a 5-point Likert type scale (1 = totally disagree, 5 = totally agree). An example of item related to the educational context was: “I believe it is right that the school makes available books with stories about families with same-sex parents.” Exemplar item for social services was: “I think it is right that social services include gays and lesbians in foster care programmes,” and for maternity and child healthcare services was: “I believe it is right that hospitals allow the non-biological parent of a same-sex couple to exercise the same rights as a heterosexual parent, such as visits,

accessing information, signing documents, interviews.” High scores indicated participants' willingness to modify their practices to make them more inclusive ($\alpha = 0.84$).

Social desirability was measured with the Italian short version of the Marlowe-Crowne Social Desirability Scale (Manganelli Rattazzi, Canova, & Marcorin, 2000). It was composed of nine items measured on a 6-point Likert type scale (1 = totally false, 6 = totally true). High scores indicated high social desirability ($\alpha = 0.66$).

4 | RESULTS

4.1 | Descriptive and preliminary analyses

Descriptive statistics and zero-order correlations are presented in Table 2. On average, participants reported that they knew but did not hang out with lesbians or gay men, same-sex couples, or families. Participants were partially in disagreement on the prejudice scale and partially in agreement on the same-sex family rights scale. Also, participants were partially in agreement on the willingness of making their practices more inclusive in favour of same-sex families.

Design measures were significantly and positively correlated with one another. With the exception of the weak correlation of contact with social desirability, design measures did not significantly correlate with the social desirability measure, showing that data were not affected by this kind of bias. Gender differences (female = 1) negatively related to prejudice ($-.10, p < .05$) and positively related to both same-sex families' rights endorsement and inclusive practices (respectively: $.12, p < .5$; $-.10, p < .5$). Instead, social desirability increased among female participants ($.21, p < .01$) and decreased with educational level ($-.13, p < .01$). Prejudice increased and the support to same-sex families' rights decreased with age (respectively: $.11, p < .5$; $-.09, p < .5$), while age negatively correlated with contact ($-.20, p < .01$) which increased with educational level ($.24, p < .01$). With the exception for social desirability, having one or more child significantly correlated with all the study variables: More specifically, this variable positively correlated with prejudice ($.21, p < .01$) and negatively correlated with same-sex families' rights endorsement ($-.21, p < .01$), contact, ($-.16, p < .01$) and inclusive practices ($-.18, p < .01$). Finally, participants' sexual orientation, in particular the fact of defining themselves as LGB+ people, positively related to contact, rights endorsement, and inclusive practices (respectively: $.18$ and $.13, p < .01$; $.10, p < .05$) and negatively related to prejudice ($-.17, p < .01$) (Table 2).

4.2 | Testing the full model

In order to test the study hypotheses, a full model was performed using M-PLUS, v. 8. All variables of the model were latent variables, and the full model was constructed considering contact as exogenous variable, and prejudice, rights endorsement, inclusive practices as endogenous variables; prejudice and support to same-sex families' rights were allowed to co-vary. Moreover, prejudice was considered as a second order latent variable. Maximum likelihood estimation was performed. Multiple indices of Comparative Fit Index (CFI), Tucker Lewis index (TLI), Root mean square error of approximation (RMSEA), and Standardized root mean square residual (SMSR) was used to assess the fit. Usually, CFI and TLI values greater than 0.95 as well as SMSR value lower than 0.05 indicate an excellent model fit; values of CFI higher than 0.90 and of RMSEA values smaller than 0.08 are indicative of an acceptable fit (Byrne, 2012; Kenny, 2020).

The significant coefficients ($p < .05$; standardized betas) of the full model are reported in Figure 1. The full model showed an excellent fit (Byrne, 2012; Kenny, 2020): $\chi^2(97) = 271.95, p < .001, CFI = 0.96, TLI = 0.95, RMSEA = 0.06, p < .01, 90\% CI [0.06, 0.07], SRMR = 0.047$. The model explained the 62.5% of variance for inclusive practices, the 22.5% for prejudice, and the 18.4% for rights endorsement. All items significantly ($p < .001$) contributed to their latent variable.

TABLE 2 Means and standard deviation, zero-order correlations, and Cronbach alphas (diagonal) of socio-demographic (A, B, C, D, E) and variables design (1, 2, 3, 4, 5) (N = 452)

	M	SD	A	B	C	D	E	1	2	3	4	5
A Gender (1 = female)	0.90	0.30	1									
B Age	2.18	0.99	.01	1								
C Have children (1 = yes)	0.55	0.50	.09	.43**	1							
D Sexual orientation (1 = no heterosexual)	0.04	0.19	-.13**	-.04	-.12**	1						
E Educational level	1.75	0.74	-.11*	-.26**	-.23**	.01	1					
1 Contacts (0–2)	0.77	0.52	.05	-.20**	-.16**	.18**	.24**	1				
2 Prejudice (1–5)	2.57	0.95	-.10*	.11*	.21**	-.17**	.01	-.35**	.83			
3 Rights endorsement (1–5)	3.26	1.33	.12*	-.09*	-.21**	.13**	.01	.38**	-.74**	.92		
4 Inclusive practices (1–5)	3.74	1.04	.10*	-.08	-.18**	.10*	.01	.31**	-.62**	.67**	.84	
5 Social desirability (1–6)	4.30	0.73	.21**	.05	.05	-.04	-.13**	-.11*	.04	-.08	-.06	.66

Note: * $p < .05$, ** $p < .01$.

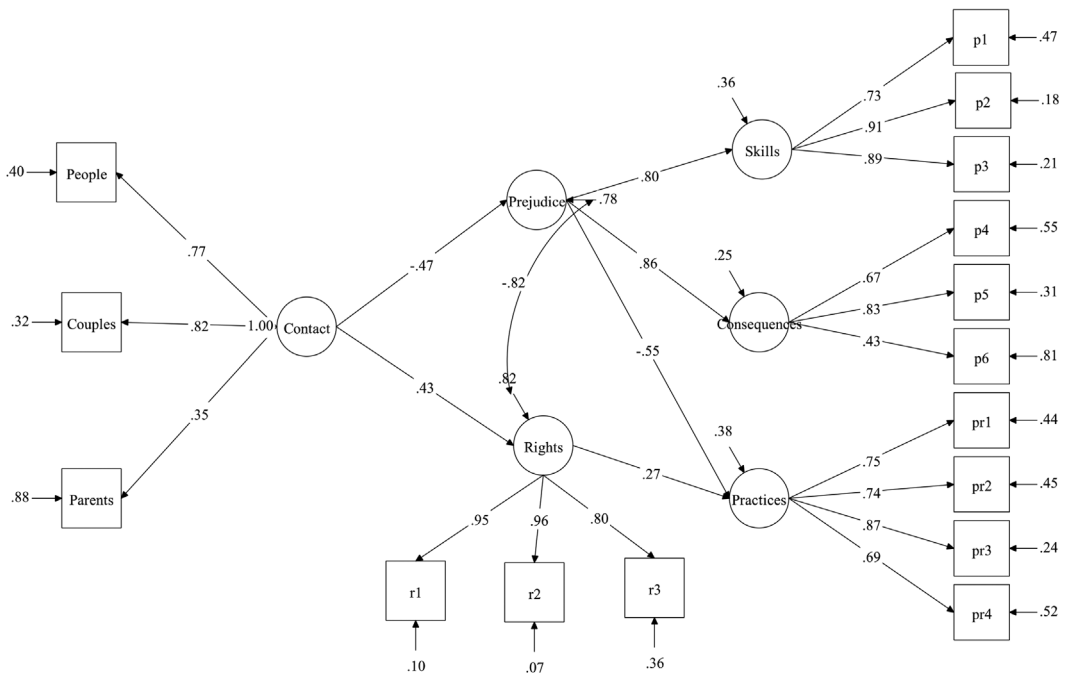


FIGURE 1 The full model tested (Standardized coefficients)

As predicted by hypothesis 1, contact negatively associated with prejudice ($b = -0.48, SE = 0.05, t = -9.19, p < .001, 95\% CI [-0.58, -0.37]$) and positively associate with rights endorsement ($b = 0.43, SE = 0.03, t = 9.34, p < .001, 95\% CI [0.34, 0.52]$). Moreover, as predicted by hypothesis 2, prejudice negatively associated ($b = -0.55, SE = 0.12, t = -4.57, p < .001, 95\% CI [-0.78, -0.31]$) and rights endorsement positively associated with inclusive practices ($b = 0.27, SE = 0.12, t = 2.35, p < .001, 95\% CI [0.05, 0.50]$). Furthermore, confirming hypothesis 3, significant mediation paths were found ($b = 0.38, SE = 0.04, t = 9.10, p < .001, 95\% CI [0.20, 0.46]$): contact increased participants' orientation towards more inclusive practices by decreasing prejudice ($b = 0.26, SE = 0.07, t = 4.00, p < .001, 95\% CI [0.13, 0.39]$) and increasing rights endorsement ($b = 0.12, SE = 0.05, t = 2.27, p < .05, 95\% CI [0.02, 0.22]$).

Taking into consideration the strength of bivariate correlations (Table 2), having or not having children was introduced as a control variable ("Muthens & Muthens' Help Forum," Muthén & Muthén, 2020). Having children significantly correlated with contact ($b = -0.18, SE = 0.05, t = -3.40, p < .01, 95\% CI [-0.28, -0.08]$), prejudice ($b = 0.16, SE = 0.05, t = 3.06, p < .01, 95\% CI [0.06, 0.26]$), and same-sex families' rights endorsement ($b = -0.11, SE = 0.04, t = -2.35, p < .05, 95\% CI [-0.20, -0.02]$), but not with inclusive practices. The full model showed a lower fit than the model without the covariate (Byrne, 2012; Kenny, 2020), $\chi^2(109) = 298.89, p < .001, CFI = 0.96, TLI = 0.94, RMSEA = 0.06, p = .009, 90\% CI [0.054, 0.071], SRMR = 0.046$. Results clearly showed paths very similar to those reported in the model in Figure 1, thus confirming that: contact associated with both prejudice ($b = -0.44, SE = 0.05, t = -8.35, p < .001, 95\% CI [-0.55, -0.34]$; H1) and support to same-sex-families rights ($b = 0.41, SE = 0.05, t = 8.68, p < .001, 95\% CI [0.32, 0.50]$; H1); both prejudice ($b = -0.54, SE = 0.12, t = -4.40, p < .001, 95\% CI [-0.78, -0.30]$) and support to same-sex-families rights ($b = 0.27, SE = 0.12, t = 2.37, p < .05, 95\% CI [0.05, 0.50]$; H2) associated with inclusive practices; both prejudice ($b = 0.24, SE = 0.06, t = 3.82, p < .001, 95\% CI [0.12, 0.36]$) and support to same-sex-families rights ($b = 0.11, SE = 0.05, t = 2.27, p < .05, 95\% CI [0.02, 0.21]$) mediated the relation between contact and inclusive practices as shown by the Model presented in Figure 1 (H3).

TABLE 3 Results for invariance tests across working context groups

Model	χ^2	df	$\Delta\chi^2$	Δdf	p	ΔCFI	CFI	RMSEA
Factor structure constrained to be equal	8.30	3					0.99	.11
Factor loadings constrained to be equal	24.20	13	15.90	10	>.05	-0.01	0.98	.08

Note: $\Delta\chi^2$, Δdf , and ΔCFI represent the changes in chi-square, degrees of freedom, and comparative fit index, respectively, between each hierarchical model. n School = 150; n local social services = 102; n maternal and child health services = 199. Abbreviations: CFI, comparative fit index; RMSEA, root mean square error of approximation.

4.3 | Model invariance across professional contexts (H4)

In order to test whether the direction and the strength of the relations between contact, prejudice, support to same-sex families' rights and orientation towards same-sex families' inclusive practices were invariant across the three considered professional contexts (education, social, and maternity and child healthcare), we ran a multiple group analysis where you constrain paths to be equal across groups and we tested whether the beta coefficients were equivalent across groups. Due to the size of the three professional sub-samples, we used the average score of the observed variables (Kline, 2011). As for the model previously described (Figure 1), the model was constructed considering contact as exogenous variable, and prejudice, support to same-sex families' rights as well as inclusive practices as endogenous variables; prejudice and support to same-sex families' rights were allowed to co-vary. We performed Maximum likelihood estimation and the model showed an excellent fit (Byrne, 2012; Kenny, 2020): $\chi^2(1) = 0.98$, $p > .05$, CFI = 1.00, TLI = 1.00, RMSEA = 0.00, $p > .05$, 90% CI [0.00, 0.12], SRMR = 0.008.

We tested the two invariances, in the path and in the Beta, across the three groups using Multiple Group Analysis chi square and CFI difference tests after we verified the good fit of the model of school and social services sub-samples and the acceptable fit of the model of maternity and child healthcare services sub-sample³ (Byrne, 2008). Table 3 reports results across the three working contexts.

Fit indices supported H4. Thus, results showed that the relations we hypothesized were always the same and were of equal intensity regardless of the context in which the professionals worked. The process leading to a more positive orientation towards inclusive practices was the same in the three sub-samples.

4.4 | Levels of contact, prejudice, support to rights and inclusive practice orientation across professional groups (H5)

The MANOVA results showed a modest statistically significant multivariate effect of the work contexts, Wilks' $\lambda = 0.83$, $F(1, 892) = 11.28$, $p < .001$, $\eta_p^2 = .09$. Results indicated that both professionals working in maternity and child healthcare services ($M = 0.70$, $DS = .50$) and professionals working in educational services (contact: $M = 0.67$, $DS = .51$) had significantly ($p < .001$) less contact ($F[2, 449] = 10.71$, $p < .001$, $\eta_p^2 = .08$) than professionals working in social services (contact: $M = 1.03$, $DS = .49$). Moreover, professionals working in maternity and child healthcare services had significantly greater prejudice ($M = 2.81$, $DS = .79$; $F[2, 449] = 27.02$, $p < .001$, $\eta_p^2 = .11$), a less favourable attitude towards the support to same-sex families' rights ($M = 2.88$, $DS = 1.31$; $F[2, 449] = 16.02$, $p < .001$, $\eta_p^2 = .07$), and less orientation towards inclusive practices ($M = 3.41$, $DS = 1.10$; $F[2, 449] = 19.38$, $p < .001$, $\eta_p^2 = .08$) than professionals working in both social (prejudice: $M = 2.19$, $DS = .69$, rights endorsement: $M = 3.68$, $DS = 1.27$, inclusive practices: $M = 4.03$, $DS = .93$) and education services (prejudice: $M = 2.37$, $DS = .76$, rights endorsement: $M = 3.47$, $DS = 1.27$, inclusive practices: $M = 3.98$, $DS = .89$).

5 | DISCUSSION AND CONCLUSIONS

This study intended to provide a contribution to the strand of studies on intergroup contact theory and same-sex families, a group still highly stigmatized in Italy. In addition, we wished to provide professionals working in education, social, and healthcare services with better knowledge on the processes that can enhance the “cultivation” of more inclusive and respectful practices towards same-sex families.

In line with the literature on intergroup contact theory and prejudice towards LGB+ groups (Herek & Capitano, 1996; Herek & Glunt, 1993; Pettigrew & Tropp, 2006), we found a negative association between the contacts of professionals working in the three different services (educational, social, healthcare) with lesbians and gay men, same-sex couples, and same-sex parents respectively, and their negative attitude towards same-sex families. Professionals with more contacts were also more supportive of same-sex families rights (rights to foster or adopt a child or access to medically assisted reproduction) (Hoffarth & Hodson, 2020; Lewis, 2011). As for practices, in line with our hypotheses we also found that professionals reporting positive attitudes towards same-sex families (less prejudice) and the willingness to endorse same-sex families rights were also more open to their practice modification to align them to same-sex families' needs. These results are in line with current literature on the topic.

The innovative contribution of our study concerned the investigation of the relations between contact and inclusive practices through the mediation of prejudices and support of same-sex families' rights. Our results showed that knowing and hanging out with lesbians and gay men, same-sex couples, and same-sex parents can drive to less levels of prejudices and more openness to the endorsement of same-sex families' rights. This in turn favours professionals' motivation to modify their practices, thereby becoming more open to the inclusion of same-sex families. This result suggests that one path towards the development of more inclusive practices, could start from creating greater occasions to get in contact with LGB+ community. However, as observed by Lewis (2011), a premise for enhanced contact is that LGB+ people must become visible. In this line, if more people are more comfortable at sharing their sexual orientation, thereby coming out to straight friends and family members, or to the broader community such as to professionals, this increases acceptance of homosexuality and, in turn, support for LGB+ people rights, including same-sex families' rights.

The issue of sexual minority visibility as a way to contrast prejudice can be linked to the core issues of the *good practices* elaborated by the same-sex families that are members of the Italian association “Famiglie Arcobaleno” (partner of NELFA⁴) in order to contrast the social disclaimer they suffer. Good practices “... constitute an ‘ecological’ knowledge, that doesn't emerge from abstract modeling, but from the concrete daily life, experienced by the social actors involved” (Ferrari, 2016, p. 119). The good practices elaborated by same-sex families for the families themselves can be synthesized in two main principles: anticipation of events and full disclosure (Sullivan, 2004). In this sense, the good practices emerge as actions that within the relational dynamics between same-sex families and social context favour the contact between straight and LGB+ people at an everyday life base, which, according to the intergroup contact theory and to our findings, has an impact on the change of people's opinions as well as on professionals' practice modification. Alongside same-sex families' good practices, services and the broader community, could favour intergroup contact by creating occasions for making professionals more aware of the needs of same-sex families through tailored training and meetings in collaboration with charities and activists to raise awareness on the topic.

Another prediction we wanted to test concerned the invariance of the relationship between the design variables (contact-inclusive practices relation mediated by prejudice and rights endorsement) in the three different professional contexts. The results confirmed our hypothesis showing that contact reduced prejudice and increased rights endorsement, which in turn changed professionals' practices orientation regardless of the considered working context. Nevertheless, some differences emerged with respect to the average level of the design variables in the three work contexts. More specifically, in line with the studies on contact and professional practices (Averett & Hegde, 2012; East & Rayess, 1998; Krieglstein, 2003), our study confirmed that education and healthcare professionals had less opportunities to get in contact with lesbians, gay men, same-sex couples and parents, therefore the lack of knowledge and interaction made it more difficult to modify their attitudes and practices compared with social workers. This result is not surprising since social workers have more occasions to interact with minorities as part of

their work context, but also their training and code of ethics are more explicitly oriented towards social justice.⁵ This makes social workers a sort of privileged professional category to cultivate practices of inclusions compared to other professional categories who might lack opportunities to know and interact with same-sex families.

Lastly, we believe that the tested model can open the path to further studies that could provide more evidence on how contact, prejudice, and rights endorsement relate in the process of promoting same-sex families inclusion through professional practices. Our findings have also significant implications for service policies in that they show the need to work towards training programmes that can provide professionals with better knowledge about the specific needs of minorities, in order to reduce prejudice and facilitate inclusion. This process, which we named “cultivating” practices of inclusions, cannot be done by services in isolation, rather this needs broader political actions that should involve LGB+ community, charities, and activists' groups.

6 | LIMITATIONS

This study has some limitations. First, the sample was drawn from a specific sociocultural context, which was Italy during a period of intense public debate concerning the extension of the full set of heterosexual couples' rights to same-sex couples (right to get married, have or adopt children, etc.). This might have affected participants' responses in unpredictable ways; therefore, further research in the Italian context could be carried out to assess current professional practice orientation in light of recent social, cultural, and political changes. This could provide further evidence on the current orientation of the professionals towards same-sex families and their rights. Second, the correlational nature of the study can be affected by the possibility to infer causal relationships among the considered variables. Third, this study focused only on participants' sexual orientation, while information about gender identity dimensions should be included in further studies.

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ENDNOTES

- ¹ The literature provides a different definition of same-sex families, in this study we refer to parents who self-defined as gay men or lesbians. We used the term LGB+ to indicated the broader community of people who do not identify themselves as heterosexuals or gender binary.
- ² Joint adoptions by same-sex-couples in EU countries have been validated and fully recognized in Italy (Cass. Civ. I Sez., Sentence n. 14,007, May 31). The same happened for same-sex marriages contracted in other European countries where marriage between same-sex couples is allowed (e.g., Cass. Civ. I Sez., Sentence n. 2,487, January 31, 2017).
- ³ Schools: $\chi^2(1) = 0.64, p > .05, CFI = 1.00, TLI = 1.01, RMSEA = 0.00, p > .05, 90\% CI [0.00, 0.20], SRMR = 0.013$; Local social services: $\chi^2(1) = 0.24, p > .05, CFI = 1.00, TLI = 1.02, RMSEA = 0.00, p > .05, 90\% CI [0.00, 0.21], SRMR = 0.007$; maternal and child health services: $\chi^2(1) = 7.43, p > .01, CFI = 0.98, TLI = 0.87, RMSEA = 0.18, p = .02, 90\% CI [0.08, 0.31], SRMR = 0.035$.
- ⁴ NELFA = Network of European LGBTIQ* Families Associations.
- ⁵ Social Justice is a core principle of social workers' code of ethics: See <https://www.socialworkers.org/>

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SUPPORTING INFORMATION

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