



Article

Walking the Tightrope: Discretion, Moral Distress and Trespassing Practices Among Social Work Practitioners Within Italian Repatriation Centers

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Abstract

This article presents the results of a study on the dilemmas and practices of social work practitioners involved in the Italian return procedure, in particular those working within repatriation centers. Although social work plays an increasing role in migration governance in Italy, the knowledge on day-to-day experiences and practices of social work practitioners working within repatriation procedures remains limited. Based on a Horizon project exploring the impact of return policies on migrants and on those involved in their implementation, this article explores how social work practitioners navigate conflicting mandates, restricted discretionary space, and the limited recognition of their role. The study, which uses qualitative research methods, combines three analytical perspectives: Lipsky's theory of street-level bureaucracy; research on moral distress and ethical conflict; and theories of recognition. The empirical material consists of a number of semi-structured interviews and focus groups conducted in 2025 across a number of Italian regions involving 53 individuals. The findings highlight the persistent tension between care and control, showing how constraints on discretion, conflicting mandates, and limited recognition contribute to experiences of moral distress, while also prompting situated strategies to preserve spaces for care, advocacy, and agency. The fieldwork shows the presence of "trespassing practices", which refers to actions that emerge as attempts to reclaim discretionary space, alleviate ethical tensions, and maintain the supportive aspects of social work practice, while also functioning as forms of coping and situated agency.

Keywords: migration; social work; return policies; repatriation centers; trespassing practices



Academic Editors: Kati Turtiainen and Eveliina Heino

Received: 16 July 2026

Revised: 28 September 2026

Accepted: 1 October 2026

Published: 7 October 2026

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1. Introduction

Over the last twenty years, migration policies in many European countries and in the EU have become more restrictive, resulting in the proliferation and hardening of immigration control mechanisms. As part of this, the administrative detention of migrants with irregular immigration statuses has been key, particularly in immigration detention centers (Bosworth 2014, 2025; Majcher et al. 2020). The latter constitute one of the main tools used by the Italian state to manage undocumented migrants, including their identification, expulsion and return¹ (Campesi 2014, 2024). These formally administrative facilities are aimed at confinement and detention and thus operate according to a security-based logic. The literature has linked their organisational practices based on this logic to dynamics of depersonalisation, which can negatively affect detainees' psychological well-being. Furthermore, certain analogies with total institutions (in particular mental health hospitals) leading

to potential pathogenicity and psycho-pathogenicity have been made (von Werthern et al. 2018; WHO 2026).

Despite the growing interest in the literature in the administrative detention of migrants, there is little exploration of the role of social work in immigration detention centers. This research is particularly lacking in relation to Italy and with regard to the day-to-day experiences, practices, and strategies of “social work practitioners” (for details see Section 2). More attention needs to be paid to how these workers address the tensions between institutional constraints and their mandates, and how these tensions translate into specific and situated practices.

Despite operating in institutions primarily aimed at control and detention, social workers are meant to provide support, guidance and mediation for detained migrants. This can give rise to tensions between their professional and institutional mandates and lead to a redefinition of the meaning and practices of social work. Although social work is founded on principles of promoting well-being, defending rights and valuing each person, the scope within which social workers can act is greatly reduced by the organisational and institutional context. Indeed, standardised procedures, regulatory constraints and organisational priorities focused primarily on the management and control of detention can severely limit their autonomy. This reduces room for initiative, makes personalised interventions more difficult, and limits the possibility of developing stable and medium-term interventions. Together, these factors can have a significant impact on the ways in which social work translates its principles into practice. The literature has shown that social workers operating in contexts with strict organisational constraints and ambivalent institutional objectives tend to develop discretionary practices and coping strategies that influence the implementation of public policy (Lipsky 1980; Maynard-Moody and Musheno 2003). Immigration detention centers are today particularly significant for understanding how these practices and strategies are redefined in a context in which autonomy is severely curtailed and opportunities for intervention are limited to predefined procedures, roles and institutional objectives. In such cases, discretionary practices used by social workers do not disappear, but tend to shift towards micro-practices and situated adapting strategies, often taking almost invisible indirect forms. This can lead to a redefinition of practices and have significant effects on a subjective and ethical level. In particular, some studies have shown that constraints placed on acting in accordance with ethical values can produce forms of moral suffering linked to the concept of “moral distress” (Jameton 1984; Rushton 2018) or to experiences of invisibility, lack of recognition and organisational marginalisation, which further undermine the meaning and value of social work.

The literature highlights two main issues relating to social work in immigration detention centers. On the one hand, it shows that social work can become aligned with the institutional logics of these settings, which are characterised above all by control, thereby functioning to increase regulation and containment. On the other hand, it points to the necessity and capacity of social work to maintain and develop a critical and emancipatory role through practices oriented towards support, rights protection, and the creation of spaces for social intervention, even when operating in highly restrictive settings.

As regards the first issue, Park (2019) shows that welfare and social work institutions cannot be considered to be entirely separate from migration control: their policies and practices can become entangled with processes of migration regulation. For example, welfare policies and the ways in which welfare services are organised can shape migrants’ living conditions, even when migration control is not their explicit aim. Furthermore, Schweitzer and Streiter (2025) point out that social workers can be drawn into forms of “everyday bordering” not simply through applying restrictive rules, but because legal and organisational frameworks can turn welfare provision into a site of immigration control.

With regard to the second issue, the literature highlights the complexity of the relationship between support and control, suggesting that social work can have a supportive and emancipatory role in restrictive contexts. [Briskman \(2013\)](#), [Furman et al. \(2012\)](#), and [Hermansson et al. \(2022\)](#) show that social workers can use their discretion to protect migrants' rights, provide care and advocacy, and create spaces that preserve their autonomy and respect their professional mandate. Thus, social work is not necessarily limited to implementing institutional mandates, but can contribute to challenging certain practices, negotiating operational spaces, and developing alternative forms of intervention ([Cleton and Chauvin 2020](#); [Cleton and Schweitzer 2021](#)).

This article examines the experiences, dilemmas, and practices of social work practitioners involved in return procedures in Italy, with a particular focus on their role in repatriation centers. While the existing research (see Sections 2 and 3) has predominantly focused on the ways in which professionals working within the context of return and reintegration procedures are included in processes and practices of governance, persuasion and control, this article draws on our field research and empirical data to examine the moral stress arising from embedded tensions and constraints, and also explores the supportive function of social work practitioners in these contexts, including how they create or maintain spaces for support, care and advocacy. By focusing on the experiences and practices of social work practitioners involved in repatriation procedures in Italy, this article contributes to the existing literature by examining the strategies these workers develop to negotiate spaces for social intervention and for the recognition of their work. Combining a literature review with ethnographic material, it thus advances the current research by exploring coping strategies adopted by social work practitioners in an attempt to reclaim margins of autonomy, alleviate moral distress and reaffirm the meaning of social work in restrictive contexts. We argue that social work within immigration detention centers involves intertwined dynamics of limits on discretion, ethical tensions, and a lack of recognition, which can give rise to ambivalent practices. On the basis of our empirical research, this article explores the concept of “trespassing practices”, defined as actions through which social work practitioners use their discretion to reinterpret and redefine the boundaries of their role, opening up spaces for critical reflection and transformation. These practices can be interpreted as attempts to reclaim autonomy and to alleviate moral distress, functioning both as coping strategies and as forms of situated agency within institutions ([Field and Birger 2026](#); [Scott 1985](#); [Zacka 2017](#)).

This article is organized into four further sections: Section 2 outlines the methodology, presenting the case study and the research methods; Section 3 focuses on the concepts of discretion, moral distress, and recognition present in the literature of social work, and on the literature on social work in immigration detention centers; Section 4 presents the findings, which are organised around the concepts of Section 3; and Section 5 discusses the results in the light of the theoretical framework, concluding by outlining some implications for the future of social work in these contexts.

2. Methodology

Immigration detention centers in Italy (hereafter, we will use the term “repatriation centers” when referring to the Italian context) fall under the jurisdiction of the state (specifically the Ministry of the Interior), but their management is assigned to private entities through a bidding process. These entities include for-profit consortia, multi-service co-operatives specialising in reception and social welfare, and non-profit social cooperatives. They are referred to by law as “enti gestori” (managing bodies). The protocols and service specifications governing repatriation centers, which are stipulated by the Ministry of the Interior, do not require them to employ professional, qualified social workers such as those

usually employed in public sector social service institutions. They instead refer in general terms to activities involving “social assistance” and “support” for detained people, without demanding that practitioners have specific credentials or qualifications (such as professional social workers).

The tender contract specified in Italian legislation on the management of repatriation centers requires that the managing body provide: ‘a general support service to individuals’, which includes linguistic and cultural mediation and legal information; social and psychological support to ‘ensure the immediate assessment of personal situations and appropriate care and assistance’; and Italian language courses and the organisation of leisure activities. These activities—which, in functional terms, can be defined as “social work”—are carried out by people with a variety of educational backgrounds, qualifications, and professional profiles who are employed by the managing bodies. They are not always professional social workers and often do not have a social work qualification². In fact, it is common for their undergraduate degree to have no relevance to social work, and in some cases they have no higher education at all. Thus, the Italian state hires so-called “operatori sociali” (“social work practitioners”) who do not have the training or qualifications required of professional social workers in the strict sense. For this reason, in this article we use the term “social worker” when discussing the subject in general and theoretical terms, while we use “social work practitioners” when referring to our empirical research in Italy.

The empirical material consists of a number of semi-structured interviews and focus groups conducted in 2025 across various Italian regions involving 53 individuals (of these, 35 were interviewed and 18 participated in focus groups). The interviews included questions on the various aspects and stages of the repatriation process, including administrative detention in repatriation centers. Most of the interviewees were state agents involved in the repatriation procedure—which we have called the “repatriation chain” (see below)—and practitioners supporting migrants at risk of repatriation. The interviewees included: 4 police agents involved in the repatriation procedure; 2 doctors and 2 nurses from the Italian national health service; 1 nurse employed by the “enti gestori”; 1 doctor working for an NGO; 7 social work practitioners employed by the “enti gestori” (one was a qualified social worker, the others had degrees in other disciplines); 18 social work practitioners employed by the public sector and NGOs/charities (four of these were qualified social workers, the others had degrees in other disciplines); 4 judges; 10 legal advisers; 1 Refugee Status Determination Officer; and 3 rights monitors employed by the state. Given the nature of the return procedure and the specificities of repatriation centers, this article also reports on the experiences of a number of doctors and nurses involved in the repatriation chain. Although they are healthcare workers rather than social work practitioners, we are interested in the social dimension of their work and not in the medical care they provide. Likewise, the judges and rights monitors are not social work practitioners but also provided useful and interesting insights into the reality of repatriation centers.

The group of social work practitioners included individuals from a variety of educational and occupational backgrounds, reflecting the composition of those offering social assistance and support in Italian repatriation centers. This mixed composition is analytically relevant to this study as it reflects the specific institutional and organizational structure of social support in Italian repatriation centers. As we have said above, the practices of social assistance and support we observed in Italian repatriation centers cannot be equated with professional social work, nor can the professional identity, ethical obligations, and institutional mandate of qualified social workers be attributed to all those who perform assistance and support functions within these centers. For this reason, when referring to the Italian context and in the analysis of empirical data, we use the term “social work practitioners”.

The Italian return procedure, in line with European Return Directive 2008/115/EC, is aimed at forced removal from the state and is divided into various stages³. Firstly, the foreign national's irregular status is established and an administrative expulsion order is issued by the Prefecture. The foreign national is then identified through photographic evidence and fingerprinting, and the consular authorities of the foreign national's country are contacted to verify their identity and issue a consular laissez-passer as a travel document for their return to their country of origin. Afterwards, if a lack of flights or missing documents means that repatriation cannot take place straight away, migrants are sent to a detention and repatriation center ("Centro di Permanenza per il Rimpatrio"), where they can currently be held for up to 18 months. In the meantime, the court validates the order for return to their country of origin, which involves a detention hearing and the judge's verification of the formal and substantive legality of the measure. Finally, the foreign national is transferred to their country of origin with a police escort who accompanies the foreign national for the entire duration of the journey and hands them over to the authorities on arrival. Given the extensive use of detention and its length, detention in repatriation centers is a central element of the deportation chain. Against this background, the article focuses on the experiences of social work practitioners who provide "social assistance" (as defined by the Ministry of Interior) within these settings, as part of the return procedure.

In order to gain access to the field and contact interviewees, we used maximum variation sampling and snowball sampling. The former is appropriate for the phase prior to data collection, when the aim is to develop multiple perspectives across diverse geographical contexts. In this way, we identified both the various figures directly involved in the implementation of returns and those who support migrants at risk of repatriation. Once data collection had begun, snowball sampling helped us to identify and interview individuals relevant to the study. We developed the codes used for data analysis through thematic analysis, which allows for the identification and description of relationships between themes (Boyatzis 1998). We adopted a "hybrid approach" to code generation (Boyatzis 1998, p. 51), integrating the researcher's thoughts, ideas and perceptions with empirical data and the literature. To assess the internal validity of the themes, we used constant comparative analysis (Strauss and Corbin 1990). The data were analysed with NVivo 15, using a conceptually clustered matrix (Miles and Huberman 1994), which allows for the identification of causal networks and, through the assignment of codes, to observe how one element leads to another in linear and intertwined patterns.

As we have seen, Italy has a particular way of structuring social support in repatriation centers. However, we have drawn both on the international literature on social work—focusing particularly on ethical concerns, discretion, conflicting mandates, moral distress, and forms of resistance in institutional contexts—and on the international literature on social work and return. This offers us a well-established theoretical framework for analysing our research subject within repatriation centers. We thus use the social work literature as a theoretical reference, using the concepts developed in this field to provide us with a lens through which to interpret the empirical data, while taking into account the specific characteristics of the Italian context. Thus, the concepts drawn from the literature on social work are used to refine our analysis of topics such as discretion, conflicting mandates and the relationship between care and control, while the empirical claims remain grounded in the accounts of the heterogeneous group of social work practitioners included in the study.

3. Understanding the Link Between Social Work and Repatriation Centers: Discretionality, Moral Distress, Recognition

Social work in immigration detention centers lies at the intersection between migration control policies, administrative control mechanisms and the protection of fundamental

rights. In these contexts, the role of social workers develops within an institutional framework characterised by a dual, potentially contradictory functional logic: on the one hand, immigration detention centers aim to manage irregular migration through detention and deportation; on the other, they formally provide for the presence of professionals tasked with supporting, guiding and caring for detained migrants. In our study, it is thus important to explore how the social work practitioners navigate the tension among institutional constraints, the forms of social assistance they are expected to provide, and, where applicable, their professional mandate in their daily practice. Lipsky's theory of street-level bureaucracy offers an initial interpretative framework for understanding these dynamics. Lipsky argues that social workers who work directly with service users operate under organisational constraints, with limited resources and, at times, competing objectives, while retaining a certain degree of discretion in their daily practice. Furthermore, through their day-to-day decisions and practices, they help to translate and adapt public policies to the specific circumstances of service users, thereby shaping their implementation. Thus, frontline workers do not merely implement policies but also perform a mediating function between service users' needs and the demands and objectives of organisations, negotiating reciprocal expectations and divergent claims within the boundaries permitted by the institutional context in which they work (Lipsky 1980; Maynard-Moody and Musheno 2003).

These theoretical perspectives are particularly relevant to the study of immigration detention centres, in which tensions between discretion, institutional constraints, and the broader logics of immigration control can become very pronounced. In fact, their room for discretion is significantly reduced in contexts with standardised protocols and procedures, centralized security and control requirements, and rigid administrative logics. Fabini (2017) shows that the ability of social workers to tailor social intervention to the needs of service users is severely limited in such conditions. In their research on the social support provided to undocumented migrants in Malmö in Sweden, Nordling and Persdotter (2021) show how limiting social workers' room for discretion can lead them to reinforce mechanisms of control and contribute to forms of indirect internalised bordering. Furthermore, immigration law can play a crucial role in redefining the role of the social worker. For example, the social work's orientation towards human rights can be restricted by legal categories linked to residence status. This means social work shifts from being needs-oriented toward having a more bureaucratic procedural function (Lundberg and Kjellbom 2021).

The restriction of discretion can risk leading to a substantial redefinition of the social worker's role, shifting from a relational and transformative function to a predominantly executive and procedural role. Social workers can find their tasks reduced to minimal information sharing or bureaucratic management and mediation, serving to maintain internal order rather than to strengthen people's agency or to facilitate pathways to social inclusion (Fabini 2017; Bosworth 2014). Social work thus risks being progressively stripped of its professional content, becoming highly marginal in relation to institutional objectives of control.

This has a significant impact not only on the practices of social work but also on the experiences of those working in the sector. Some studies have highlighted feelings of powerlessness, frustration and a loss of meaning in work contexts where the tension between the supportive and helping dimension of social work and organisational demands becomes particularly pronounced (Bosworth 2014; Turnbull 2016). In Lipsky's terms, there is a tension between expectations, regulations and operational conditions that can result in social workers adopting different coping strategies: from reduced relational investment to the routinisation of practices, and from forms of emotional detachment to forms of conflictual negotiation with organisational logics (Lipsky 1980; Zacka 2017).

It is precisely in the gap between what would be professionally and ethically appropriate and what is actually practicable that the need arises to integrate Lipsky's theory with further theoretical frameworks that focus on the ethical aspects of social workers' experiences. Despite the significant contribution of the theory of street-level bureaucracy, it does not fully analyse the subjective effects of limiting social workers' discretionality, nor does it completely capture the kind of distress that results from it. In other words, it tends to skim over how the reduction in scope for action does not merely produce changes at an operational level, but also directly affects social workers' sense of professional identity and their relationship with their professional values (Banks 2012; Gray and Webb 2010).

In this context, the concept of moral distress proves useful (Jameton 1984; Rushton 2018) as it allows us to identify and analyse a specific configuration of social workers' professional experience in which they not only have limited scope for action but are also aware of the ethical problems with the practices they are called upon to implement or witness (Fourie 2015; Jameton 1984; Rushton 2018). Moving from Lipsky's theories to that of moral distress is not merely a question of deepening our theoretical focus but introduces another element to the research: the subjective ethical implications arising from the difficulty of acting in accordance with your professional mandate.

Moral distress is particularly relevant in contexts where social workers perceive a morally appropriate course of action but experience institutional, legal or organisational constraints that make it difficult for them to pursue it fully. This concept therefore allows us to capture something that is not fully explained by a mere reduction in discretionary space: what is at stake is not only whether social workers are able to make decisions, but whether they are able to act in ways that they consider to be consistent with the values and responsibilities of their role. This distinction is important in immigration detention centers, where social workers can be required to engage in practices that they may perceive as difficult to reconcile with principles of care, dignity, autonomy and social justice. Indeed, social workers might perceive the needs and vulnerabilities of the people they support as difficult to reconcile with organisational regulations prioritising security, administrative efficiency and migration control. Moral distress can therefore emerge not only from individual encounters with particularly difficult situations, but from the repeated experience of being positioned between competing institutional and professional expectations. This moral distress is connected to their inability to fully honour their professional mandate: social workers can still be formally responsible for supporting and protecting service users, while lacking the authority, resources or institutional recognition needed to do so.

It is important to distinguish moral distress from more general forms of occupational stress or frustration. While the latter may result from high workloads, limited resources or difficult working conditions, moral distress specifically concerns the ethical dimension, for it arises from the sense that a situation, practice or institutional decision is wrong or harmful, combined with having limited capacity to address this wrong. This distinction is particularly relevant in immigration detention centres, in which social workers need to navigate tensions between their commitment to the people they support and the institutional, administrative, and control-oriented demands that shape their working environment.

Moral distress emerges as a structural dimension of social workers' experience, given that they are confronted daily with situations of vulnerability, suffering and perceived injustice while having limited possibilities to intervene in ways that are consistent with their values. Importantly, understanding moral distress as structural does not imply that all social workers experience distress in the same way or to the same degree. Rather, it highlights that individual experiences of distress are shaped by recurring organisational and institutional conditions which restrict the possibility of acting in accordance with ethical values. The focus therefore shifts from the supportive role of social workers towards the work they

must do to negotiate the tensions between their professional mandate and the institutional context in which they practise. When this tension becomes particularly pronounced, it can lead to feelings of frustration and guilt, as well as burnout, disengagement, and the gradual erosion of professional identity (Rushton 2018; Epstein and Hamric 2009). Moral distress is thus not merely an individual condition, but also an indicator of the systemic contradictions of social work in the contexts in which it is practised.

At the same time, moral distress should not be understood only in terms of its negative consequences. Experiencing an ethical conflict brings to light the points at which ethical values come into conflict with organisational expectations, thus making visible the limits of that institutional setting. In this respect, the experience of moral distress is closely connected to the ways in which social workers recognise and respond to institutional constraints. Moral distress can prompt social workers to seek ways to respond to situations they deem problematic, rather than simply withdrawing from them. They can attempt to find alternative ways of supporting service users, reinterpret their formal tasks, or use the limited spaces available within the organisation to pursue their professional objectives. These responses to moral distress allow us to identify new forms of agency.

Looking at our empirical research through the concepts of discretion and moral distress, this framework allows us to identify what we have called the “trespassing practices” of social work practitioners (in Italian detention centers). These are understood as actions that stretch, reinterpret, or creatively navigate the formal limits of their role while remaining within the rules and procedures set by the institution. Such practices can be seen as strategies through which social work practitioners simultaneously seek to take back discretionary space and reduce ethical dissonance, thus constituting both coping strategies and forms of institutional micro-resistance (Scott 1985; Zacka 2017). This kind of micro-resistance is not directed towards rejecting or circumventing institutional rules, but towards opening up spaces for dialogue and reflexivity within the organisation, with the aim of critically engaging with existing practices and contributing to their improvement. At the same time, these “trespassing practices” also shed light on the conditions under which social work practitioners experience and negotiate their role, bringing issues of recognition (Honneth 1995) and emotional labour (Hochschild 1983) to the fore. Indeed, a lack of institutional recognition combined with the high emotional burden of social work (Guy et al. 2008) can reinforce the marginalisation of their role and fuel dynamics of distress (Fraser and Honneth 2003).

Social Work in Immigration Detention Centers

The literature on immigration detention centers offers a particularly challenging environment for social, educational and care professionals (Bosworth 2014; Furman et al. 2012; Leerkes and Broeders 2010). As seen in the Section 1, research shows the deep tensions between immigration control and the protection of migrants’ fundamental rights. Furman et al. (2012) and Vandevoordt (2018) point out that immigration detention centers pose a challenge for international social work. The authors emphasise that social workers are often in an ambivalent position, having to provide support and assistance to people deprived of their personal liberty within contexts aimed primarily at immigration control.

Although the coexistence of support and control functions is an intrinsic aspect of social work and characterises numerous fields of intervention in social work (Alfandari et al. 2023; Day 1981; Scarcelli 2021), in the context of the administrative detention of migrants this balance appears particularly fragile. In immigration detention centers, social workers operate within organisations whose primary aim is not social inclusion or the promotion of well-being, but rather the administrative management of detention and the enforcement of return measures. Under these conditions, the literature (see Section 1) highlights the

risk that practices of support and assistance may become an integral part of the control mechanism, generating mistrust, difficulties in building relationships, and ethical tensions for social workers.

In immigration detention centers, which are dominated by the administrative management and control of migrants, the supportive aspects of social work risk becoming overshadowed, making it more difficult to recognise and practise the intertwining of the dimensions of assistance and control that characterise social work. In such contexts, social control is predominantly viewed by institutions and social workers themselves as coercion, while opportunities to provide forms of support are limited and usually largely unrecognised.

In the absence of a shared framework that legitimates support even in conditions of control, social workers' practices tend to be reduced exclusively to the logic of containment. This makes it more difficult to build trust with detainees and generates ethical tensions among social workers. As shown by [Furman et al. \(2012\)](#), social workers in detention settings are constantly called upon to negotiate the boundary between care and institutional control, whilst [Briskman \(2013\)](#) highlights the need to maintain a critical stance capable of safeguarding the rights of detained individuals even when organisational and political logics tend to prioritise security and migration control. This seems to be consistent with the critical tradition of social work, in which the promotion of human rights, social justice and the empowerment of each person are an essential component of its professional mandate ([Dominelli 2002](#)). Some of the literature has also focused on the role of social work in advocacy and in the promotion of human rights. [Briskman \(2013\)](#) argues that social workers cannot limit themselves to a purely welfare-based role but must develop forms of advocacy regarding the conditions experienced by detainees. Through participatory research and professional activism, social work can help foster changes aimed at safeguarding fundamental rights. This reflects a broader ethical stance that guides social work practice across all contexts.

It is worth pointing out that this article does not deny the existence or necessity of the controlling dimension of social work but instead explores how this dimension is addressed and negotiated in practice and, more specifically, whether and how spaces of support, care and advocacy can be maintained within procedures that are structurally oriented towards repatriation.

One theme that recurs often in the literature is the effects of detention on the mental and physical health of migrants. Various studies have documented that detention in immigration detention centers can generate or exacerbate conditions of anxiety, depression, post-traumatic stress disorder and other forms of psychological distress, whose consequences may continue even after release ([Steel et al. 2006](#); [Robjant et al. 2009](#)). Indeed, the World Health Organisation has emphasised that the administrative detention of migrants has significant negative effects on health and that alternatives to detention should be prioritised ([WHO 2022](#)). This scientific evidence further reinforces the role of social and healthcare workers, who are called upon to intervene in contexts where the risks of vulnerability and a deterioration in well-being are particularly high.

The literature has also examined the roles of different social actors involved in different stages of return and reintegration processes. [Kalir and Wissink \(2016\)](#) show that NGO practitioners operate within the institutional context of return, negotiating support provision in relation to broader processes of migration management. [Junuzi \(2026\)](#), analysing the role of reintegration agents after return, highlights that supportive functions are shaped by the institutional requirements characterising the post-return phase. While focusing on distinct actors and stages of return, these studies highlight the need to examine how supportive roles are negotiated within broader institutional processes of migration control.

Social work in immigration detention centers is thus characterised by constant dilemmas. Social workers have to reconcile principles of protection, empowerment, social justice and respect for human dignity with institutional aims of control and return. Further research is needed on the working conditions of social workers, the strategies they adopt to address the contradictions they face, and the contribution that social work can make to the development of migration policies that are more oriented towards human rights and the well-being of migrants.

It is thus important to stress the complexity of the position of social workers within contexts of migration control. Their professional mandate to provide support and care is exercised within institutional settings whose primary objectives focus on migration control and the implementation of return procedures. The coexistence of these professional and institutional logics can generate tensions, particularly when the support social workers are expected to provide is difficult to reconcile with organisational priorities and constraints. Against this backdrop, this article explores how social work practitioners involved in the Italian repatriation chain navigate these tensions in their daily practice and how supportive practices are constructed and maintained within the context of return procedures. Thus, focusing on the experiences and practices of social work practitioners involved in the Italian return procedure, this article builds on existing research by analysing discretion and moral distress in such contexts, also analysing the ways in which they address the constraints of the settings in which they work in order to provide support and care.

4. Results and Analysis

4.1. *Conflicting Mandates*

The data collected confirms that activities of ‘social assistance and support’ carried out in repatriation centers are subject to various structural tensions due to a constant conflict between professional, institutional and social mandates. If not adequately addressed by all the actors involved in the work context, these tensions could generate different forms of systemic moral distress.

A key source of tension can be found in the role of healthcare workers both within and outside repatriation centers. In Italy, before being admitted to a center, migrants are examined by a doctor from the national health service, who certifies their fitness to live in confined conditions. The doctor’s certificate states that they have no physical or mental conditions incompatible with detention and repatriation procedures (including their transfer from the repatriation center to the airport, air travel, their handover to the authorities in their country of origin, as well as the possible use of force and means of restraint [immobilisation techniques, handcuffs, restraint straps]). Where necessary, the doctor evaluates whether the national health service can provide the migrant with appropriate care. However, the medical assessment is usually hurried and superficial due to the urgency imposed by the expulsion and repatriation procedures. Indeed, in Italy, a health certificate is required for a judge to approve detention and must be issued within 48 h of the migrant being detained. Those interviewed report that the accelerated expulsion and repatriation procedures put huge pressure on doctors to carry out medical examinations as quickly as possible. In their interviews, some health professionals reported at times perceiving an institutional expectation that medical assessments be conducted within the procedural requirements of detention and repatriation. For instance, one doctor told us:

Usually the police were in the clinic when the examinations took place. There was a general atmosphere of intimidation, people felt intimidated [...] The examinations were very brief because the police officers accompanying the migrants were always in a hurry. They had to urgently arrange the transfer,

so we had 10–15 min for the examination. Without a cultural mediator [...]. Their hands, wrists and forearms would be examined to check for scabies, there would be a chest auscultation, and their blood pressure would be taken. The migrant would be asked if they took any long-term medication, but not always. There was one case in which a patient refused to be examined and the police handcuffed them.

More than a simple organisational problem, these types of experiences seem to reflect the tension between the different institutional approaches underlying the repatriation procedure. On the one hand, the medical assessment is designed to ascertain a person's health status and identify any vulnerabilities they might have. This requires sufficient time, spaces that ensure confidentiality, and, as far as possible, an atmosphere that encourages people to express themselves. It also means that efforts must be made to ensure that the purpose and meaning of the examination are clearly understood, particularly where there are language barriers, information asymmetries and difficulties in understanding on both sides. On the other hand, the medical assessment is part of a procedure governed by timeframes and administrative requirements that determine the conditions in which it is carried out. Thus, although professional autonomy does not disappear, it is constrained within strict limits.

As seen above, healthcare staff (doctors and nurses) working in repatriation centers are employed by the managing body, not by the national health service. As a result, they are split between protecting migrants' health and following the managing body's directives, between highlighting problems with the center and repatriation procedures and minimising their reporting of these issues. Several interviewees described difficulties in reporting organisational issues or in advocating for procedural changes, pointing out that they had little power to influence the decision-making processes that govern the repatriation centers.

Our research has revealed the significant pressure that the institutional mandate puts on the professional mandate. Principles such as respect for the person and the protection of health, as well as autonomy and freedom in professional practice, can come into conflict with the logic of control and forms of institutional coercion that characterise repatriation centers in particular and the repatriation chain in general. Rather than being expressed through explicit confrontation, this conflict between the professional mandate and the institutional mandate tends to be expressed in subtle forms that redefine professional priorities. In these contexts, activities traditionally associated with the protection of health and respect for the person are increasingly incorporated into broader administrative procedures, taking on functions not envisaged by the profession. An incident reported by a nurse regarding a COVID-19 swab test is a good example of this:

And then there was the routine COVID-19 swab test that had to be carried out on those due to be repatriated [...]. Some refused to have it done, and I said, 'You can't force someone to have a COVID-19 swab; you can't make them do it' (...) I said, 'Look (...) I refuse to do it'. I'm a nurse, you can't physically perform a throat swab by force because you'll hurt the patient. You have to sedate them, otherwise you can't do it without hurting them [...].

As in the previous case, what is of analytical interest here lies not so much in the event itself as in the professional dilemma it reveals. The testimony shows that those operating in these settings sometimes have to deal with demands which are difficult to reconcile with the professional standards meant to guide their actions. It is in this gap between what is professionally appropriate and what is practically feasible that forms of moral tension emerge. As discussed in the literature, these moral tensions are particularly high in contexts

subject to severe institutional constraints and indeed are a significant part of the experience of working in such contexts.

4.2. *Limits on Discretionality and Misrecognition*

Our research suggests that the organisation of the repatriation centres can shape and constrain social work practitioners' ability to exercise discretion, understood in Lipsky's sense as the room for manoeuvre between a policy text and its implementation. Although the tender contract requires that the managing body provide several services and activities, the literature ([ActionAid 2024](#); [Cocco et al. 2024](#); [Esposito et al. 2020](#)) and our own research reveal a very different picture. For example, one social work practitioner—who also told us that her colleagues complained that she was making 'too many lists', that is, collecting too many requests from migrants and passing them on to staff at the center—recounted that:

There were these little balls of liquid soap, and I had to call the police officer to hand out the soap. Some staff members told me I couldn't give out more than two balls of soap because someone had attempted suicide by swallowing it. But the migrants told me that this was the only way they had of washing their clothes.

The analytical significance of this episode lies in the way social intervention is shifted to a highly situated and micro-operational level. Discretion does not disappear, but is exercised within a circumscribed space, often limited to managing daily needs, mediating the distribution of minimal resources and carrying out practical tasks (distributing soap, clothes and meals in accordance with the repatriation center's rules on security). In these conditions, the role of social work practitioners in creating strategies aimed at care, the empowerment of each person and transforming reality and the status quo tends to be minimised ([Borlizzi and Santoro 2022](#); [Figoni and Rondi 2023](#); [Manghi 2021](#)).

Furthermore, the reduction in discretion is intertwined with major difficulties in obtaining role recognition, with various dynamics revealing at least partial disregard for social work practitioners' expertise and autonomy. The interviews enable us to identify at least three analytically distinct dimensions of this disregard. The first concerns the relationship between the social work practitioners and the institution. Here the recognition of their role and expertise appears to be subordinate to the organisational priorities governing repatriation procedures. We have already seen examples of this, including cases involving public-sector doctors who reported that they needed more time and better conditions to conduct medical assessments in accordance with their professional standards.

The second type of disregard concerns the internal dynamics within managing bodies, in which the contribution of social work practitioners is sometimes changed in accordance with operational requirements not envisaged by their role. One example of this is the case of a social work practitioner, recently hired at a repatriation center, who was asked to wear a doctor's white coat:

But I told them I'm not a doctor. They replied that if there's a riot or a fight, it's best to make yourself recognisable (...) So this is a way of making it clear to me that it's a violent environment. I know I'm not going to a nursery, and I agreed to wear a doctor white coat (...).

As well as this episode, there is evidence of organisational expectations that contribute to a symbolic redefinition of social work practitioners' role, attributing meanings to it that do not always coincide with those claimed by social work practitioners themselves. In this sense, role recognition does not appear to be a given condition, but a process that is continually negotiated within organisational relationships.

The third type of disregard concerns the relationship with the wider social services network. Within this network, the activities of “social assistance and support” in repatriation centers tend to be scarcely recognised and seen as peripheral. For example, the aforementioned interviewee described their attempt to build links between the repatriation center and local social services by sharing information on the resources available to people due to be released. The responses they received from some members of the local social services show that, in the relationships between the repatriation center and the local area, even activities generally considered consistent with social work can come up against obstacles in terms of recognition and integration. These difficulties can manifest themselves in limited information sharing, problems with establishing stable channels of communication between the various services, and issues with developing care pathways and responses designed jointly by the various stakeholders within the service network.

Overall, our research suggests that social work practitioners in repatriation centers operate within limits that are continuously up for negotiation. Limited space for discretion combined with difficulties in having their role recognised by the various actors involved and problems establishing forms of inter-institutional collaboration all contribute to redefining the meaning attributed to their role and the ways in which it can be carried out in practice. Thus, the difficulties reported by the interviewees do not relate exclusively to organisational or managerial issues but point to broader problems linked to maintaining continuity between values, operational conditions and institutional expectations.

4.3. Moral Distress and Trespassing Practices

The dilemma of conflicting mandates, the limiting of discretion and the lack of role recognition have a significant impact on social work practitioners at both an operational and ethical level. The issue of moral distress clearly emerges as interviewees grapple with the feeling that they cannot work in accordance with their principles. Moral distress is manifested in swings between disbelief, frustration, a sense of powerlessness and anger. The interviewees express scepticism and, at times, a sense of unease about the tasks they are called upon to perform, which they do not consider consistent with their role, as well as about the conditions under which they are required to work. These are often accompanied by feelings of disgust, rejection and disorientation, which have an inevitable emotional impact. The interviewees experience feelings of powerlessness when trying to carry out their work in the interests of migrants’ wellbeing. In particular, reference is made to growing difficulties in supporting people detained in repatriation centers, also due to a national regulatory framework that is highly restrictive and not conducive to establishing pathways to regularisation and inclusion. For example, one social work practitioner states: “it is difficult to work to guarantee that a person who finds themselves here in Italy has the chance of getting a residence permit or of being included in a regularisation process”.

Burnout, guilt, frustration and disengagement are common and can lead people to take time off from work and to resign. As one social work practitioner points out:

The legal advisors we work with now spend 18 h at work, so there is also the issue of the impact on the mental health of those working in our sector, who now find themselves spending at least three days a week inside the repatriation center (...) think of everything that this does to a professional’s work and life.

Within the organisational structure and logics of repatriation centres, some adapt and scale back their role, while others adopt new practices and engage in acts of micro-resistance, going beyond the “social assistance” expected by the institution. These are actions we have called “trespassing practices”, which go beyond the institutional mandate and form part of a re-evaluation of the operational limits imposed by the context, in order to support detained migrants and to follow their values.

Caught between complying with administrative procedures and institutional obligations on the one hand, and safeguarding migrants' wellbeing and upholding their professional values on the other, some social work practitioners adopt practices of situated disobedience, advocacy and reinterpretation of the rules. Those interviewees that engaged in such practices dealt with situations in different ways (political, humanitarian, of self-protection) depending on their connection with and dependence on their employer (the national health service, a managing body, an NGO, etc.). For example, rules on access to healthcare or reception services for undocumented migrants are sometimes interpreted in an inclusive manner, as this intervention from a healthcare worker in a focus group also showed:

[Working in this context] means... always seeking quite creative solutions to try to support migrants in social and legal terms, try to change the timelines [to allow sufficient time for a careful and thorough diagnosis], and therefore trying to... produce the necessary documentation (...) documenting any existing health condition, including those that may not be readily apparent during a single, rushed examination.

The analytical significance of these practices lies in the fact that they throw light on social work practitioners' attempts to preserve the relational and supportive function even under particularly restrictive operational conditions. These trespassing practices can be seen as strategies through which social work practitioners seek to reclaim space for discretion and to follow the principles that are meant to guide their actions.

They actually constitute humanization practices. For example, when social work practitioners from organisations fighting human trafficking and severe exploitation go into repatriation centers to conduct interviews with detained migrants and identify potential victims of trafficking, they are sometimes confronted with situations where basic needs are not being met, which hinders the identification process. As one social work practitioner told us:

We keep on going there. Despite everything, we keep going to the repatriation centers, we keep supporting the detained migrants. As far as we can, we try to support [...] For example, we brought clothes to the young man [who didn't have suitable clothes] [...] to address these basic needs and to keep going there, and perhaps, rather than completing the identification process in three interviews, we do four or five interviews, until we reach the level of care and attention [necessary for carrying out the interview].

Although significant, these trespassing practices do not resolve the tension between different mandates, the limiting of discretionality, or role delegitimization, let alone reduce the moral distress that is produced. At the same time, they demonstrate that social work practitioners actively seek to preserve spaces for interventions, thereby at least partially re-establishing the continuity between their values and helping relationships in daily practice. This shows that social work practitioners often find themselves having to adopt alternative approaches to address the problems in the repatriation chain and, in particular, in repatriation centers. Indeed, although these contexts rely on the work of social work practitioners and healthcare workers, whose professional mandate is geared towards the protection of the individual, they also tend to restrict the spaces within which a critical social work practice can develop. In this frame, social work practitioners would not merely implement existing procedures, but also reinterpret them, seeking to tailor institutional rules and constraints in a way that is consistent with their mandate. This dynamic could give rise to different forms of dialogue with institutions that could bring about at least partial rethinking of modes of intervention and organisational practices.

5. Discussion and Conclusions

Overall, although our findings derive from an empirical study based solely in the Italian context, they provide further evidence that repatriation centers and, more generally, repatriation procedures, are an area of particular interest for social workers, for research on social work and migration studies. Indeed, it is a relatively new context, which has developed mainly around objectives of control, detention and enforcement in relation to undocumented migration, and was not originally conceived as a specific or significant sphere for social intervention. However, our research reveals that social and relational factors are a constitutive and inescapable aspect of these contexts. They permeate the entire experience of those involved and make activities and practices aimed at support, mentoring and protection inevitable.

The evidence collected reveals a field beset by tensions that are manifested on multiple levels: between mandates; between discretionality and organisational constraints; between role recognition and subordination to the logic of repatriation procedures; and between care objectives and control objectives. At the same time, our research shows that social work practitioners employed within the Italian repatriation chain develop a significant capacity to assess and interpret the needs of detained individuals, claiming more space for intervention and directly or indirectly contributing to challenging the perception of repatriation centers as mere functional sites for enforcing repatriation. In fact, through their daily practices and the building of support networks, a different interpretation of these contexts emerges: they are also understood as places where complex needs, vulnerabilities and calls for protection arise that require specific responses.

Thus, the “trespassing practices” observed in our research can be interpreted as indicators of the tensions running through these contexts and of attempts by social work practitioners to redefine their role in practice. This enables them to take back room for manoeuvre, maintain their sense of efficacy and manage the ethical and emotional difficulties that arise in their day-to-day work. However, these seem to be predominantly individual strategies, developed informally and often without structured spaces for reflection and discussion. The lack of opportunities to share their experiences limits possibilities for transforming these practices into collective resources and into processes able to more stably redefine their role. As a result, they often remain confined to the individual and local levels: this allows them to confront certain immediate challenges but rarely produces lasting changes at the organisational, institutional or professional levels. Thus, greater investment is needed in processes of shared critical reflection, discussion and the collective construction of knowledge, so that individual experiences can translate into broader drivers of change, capable of fostering dialogue with institutions, thus influencing not only day-to-day practices, but also the organisational logic, operational methods and institutional assumptions found in repatriation centers and the repatriation chain as a whole. Furthermore, the tensions revealed in our research in Italy are not an anomaly but appear to be characteristic of other periods in which social intervention was introduced into new contexts. The emergence of social intervention over time demonstrates that similar dynamics have accompanied it in fields that are now well-established, such as mental health, substance abuse or the criminal justice system.

In light of all of the above, repatriation centers can be interpreted, at least within the Italian context, as an arena for the ongoing construction of spaces of social intervention. As [Dominelli \(2010\)](#) points out, social work always develops within social and institutional frameworks characterised by power relations, inequalities and tensions between control and emancipation. The findings of this study show that these dynamics become particularly intense in repatriation processes, prompting social work practitioners to question their role, its boundaries, and the possibilities for promoting rights, recognition and social justice even

in contexts strongly oriented towards social control. Rather than offering definitive answers, this emerging field presents an ongoing challenge in relation to the future of social work and a vantage point from which to understand its transformations, ambivalences and potential.

Author Contributions: Conceptualization, F.C., E.M. and F.P.; Methodology, E.M. and F.P.; Investigation, F.C. and F.P.; Writing—original draft, F.C., E.M. and F.P. All authors have read and agreed to the published version of the manuscript.

Funding: This research was funded by European Commission grant number 101094107-MORE and the APC was funded by European Commission grant number 101094107-MORE.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki and with the Ethical Standards Committee of the project MORE grant number 101094107 (protocol code D9.1, approved by the European Commission on 22 December 2023).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The datasets presented in this article are not readily available because the data are part of an ongoing study. Requests to access the datasets should be directed to the corresponding author.

Conflicts of Interest: The authors declare no conflicts of interest.

Notes

- ¹ Here we use “expulsion” to refer to the administrative order issued by the public authority demanding the person return or be returned to their country of origin, and “return” to refer to the practical act of carrying out the expulsion.
- ² This is part of a broader phenomenon in Italy, in which the majority of integration and social support activities for immigrants, as well as the entire reception system for asylum seekers and refugees, has been entrusted to non-profit organizations (NGOs, charities, etc.), which employ social work practitioners from various educational backgrounds without requiring them to have a qualification in social work.
- ³ Legislative decree 286/1998 and subsequent amendments.

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