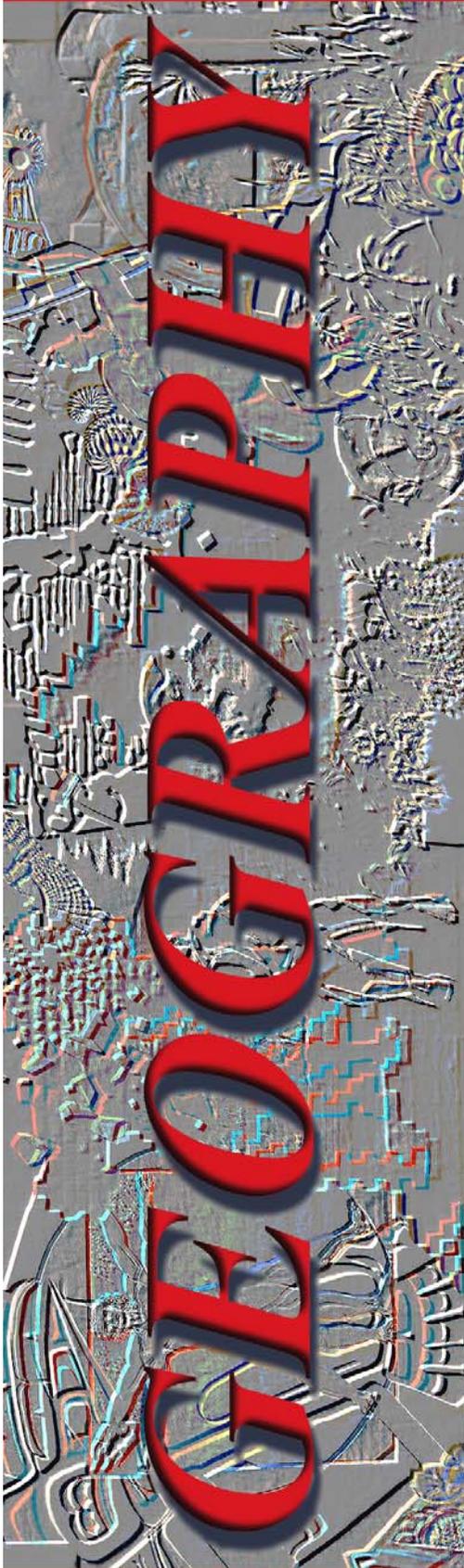


Professionals Relocating:

*Zimbabwean Nurses and Teachers
Negotiating Work and Family
in Britain*

JoAnn McGregor



The University of Reading

Geographical Paper No. 178

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ABSTRACT

The opening up of skilled labour markets in Britain to international migrants as a means of rectifying shortages of doctors, nurses, teachers and social workers coincided with a deepening economic and political crisis in Zimbabwe from the late 1990s. This article discusses the experiences and perspectives of Zimbabwean nurses and teachers who came to work in the UK in this context. It examines the role of social networks and recruitment agencies facilitating entry into each profession, and investigates trajectories of work and experiences of negotiating a changing migration regime. Zimbabwean professionals' perspectives on their work, life, home and the future depend on political and economic developments in Zimbabwe, Britain and other diasporic locations, in which opportunities for earnings and individual careers are embedded in considerations relating to family and prospects for belonging as these are shaped by reactions to new geographical and cultural contexts. The outcome of these investigations contributes to debates about professional mobility that extend beyond individual choice in a political economic context, and raises some of the moral economy issues involved in reconfiguring gender relations, family life and a "home from home", highlighting a diversity of strategies and perspectives, and their role in shaping diasporic identity, and links with the homeland and other places. It underlines the role of children as an important focus of moral and cultural debate.

Keywords: professional mobility, Africans in the UK, children, gender, transnational families, diasporic identity

INTRODUCTION

The recent high profile public debate about skilled migration to Britain has raised two key concerns (Buchan, 2003; Buchan *et al*, 2005; Deeming, 2004; Eastwood *et al*, 2005; Scott *et al* 2004; see also Crush, 2002; Hardshell and MacDonald 2000). First, there is a developmental concern about the effects of the brain drain on the public services of sending countries, and related debate about the ethics of recruitment and state regulatory policies. Second, there is a growing anxiety that international recruitment fails to address the low pay, status and demanding conditions of work in Britain that have created staff shortages in the first place. The latter concern has been heightened as other countries, such as the USA, are also turning to the global market to recruit nurses, and are offering significantly better pay and conditions than Britain. The perspectives of internationally recruited professionals on their work and life in the UK have thus taken on a new importance and a number of studies have addressed the question “Here to stay?” particularly in relation to nurses (Buchan, 2003; Buchan *et al*, 2005). Other overseas professionals filling skills gaps, such as teachers and social workers, have attracted much less public attention in Britain, despite their increasing importance.

This article contributes to debates about skilled migration to the UK by providing insights into Zimbabwean nurses and teachers’ experiences of moving to Britain, their perspectives on their careers, relationships, family life, home and ideas about the future. It draws on insights from debates about migrants’ social networks and the tensions and challenges of reconfiguring family life in a transnational context (on transnational motherhood, see Ehrenreich and Hochschild, 2003; on “astronaut families” see Ong, 1999; Waters, 2002; Yeoh and Willis, 2004; on Caribbean families see Chamberlain 1999, Goulbourne and Chamberlain 2001). Although this literature is well developed in relation to some transnational communities, notably the Chinese business diaspora, Philippino domestic workers and Caribbean migrants among others, the theme of family and debates about children are undeveloped in relation to studies of new African diasporas in the UK (none of the articles in key collections such as Koser, 2003; or Killingray 1994; address these issues).

Recent surveys of overseas health professionals in the UK have furthered understanding of skilled migrants’ perspectives on work and mobility in some important ways. They have also begun to draw attention to contrasts between different national groups. Philippino nurses, for example, are more likely to be considering moving to the USA than Southern and Eastern Europeans, or Africans;

Southern African nurses, in contrast, tended to be older, to have experienced significant deskilling and mostly planned to return home after a few years (Buchan *et al*, 2005). Yet the insights such surveys can provide are limited by their methodology. One off questionnaires cannot capture the full range of issues involved in decisions to stay or move, as these are constantly remade over time. Many studies have shown how intentions to return, for example, may be genuinely felt, but may be constantly deferred in practice, leading to a prolonged temporariness in outlook, which is characteristic in the formation of transnational communities (Basch, 1994; Smith and Guarnizo (eds), 1998; Vertovec, 1999; Manuh, 2003). Individualistic approaches to migration have long been criticized through social networks approaches, which highlight the way individuals' mobility is shaped by their family, community, business and other connections, creating networks of opportunity (or disadvantage) between places that change over time (for overviews of theoretical debates surrounding social networks see Vasta, 2004; Meagher, 2004; Rogers and Vertovec, 1995; Tilly, 1991). The gendering of these networks has been the focus of some debate (Boyd, 1989), as have class and age (on class see Van Hear, 2004). Regarding age, Werbner's study of Pakistani Muslim communities in Manchester has drawn attention to the way in which, as young people reach adulthood, prospects for work and accumulation are increasingly embedded in ideas about upholding longterm moral values, as these are shaped by multiple and conflicting diasporic identities (Werbner, 2002). Below I hope to show how Zimbabwean professionals' decisions relating to their children, which are centrally important in relation to ideas about the future, are embedded in moral debate about ethnic, national or regional identity, and notions of 'African' values.

The first part of the article explores the processes by which Zimbabweans entered employment into the two state regulated professional labour markets in the UK, one of which – nursing – is strongly feminized. It investigates the relationships and social networks in which decisions to move were embedded, and the role of these networks and private recruitment agencies in negotiating a shifting migration regime (on the importance of considering organized recruitment into professional labour markets, see Raghuram and Kofman 2002; Kofman *et al* 2000). The second part examines the way in which nurses and teachers have reconfigured their family life after securing professional work in the UK, briefly considering the strains of transnational mobility on marriages/partnerships and focussing on the arguments used in debates about whether or not to bring children to the UK. In these debates, positive attitudes towards the prospects for children's education in Britain were weighed up against the financial costs of supporting children in the UK and negative assessments of aspects

of British society and Britain as an environment for raising children due to the influence of the unruly (“unAfrican”) behaviour of British children, excessive state regulation of parental discipline at home, the culture of indiscipline in secondary schools, and the prospects for children’s loss of language and identity. The different means through which Zimbabwean professionals working in the UK have managed their family networks both reflects and helps to shape processes of diaspora formation and diasporic identities, orientation towards and embeddedness in different local and transnational contexts. The paper is based on interviews with 37 black Zimbabwean professionals (twenty one nurses and sixteen teachers) conducted as part of a broader study of the new Zimbabwean diaspora in the UK.¹ Before turning to their attitudes towards work and family, it is necessary first to review the circumstances that encouraged professionals to leave Zimbabwe in such large numbers.

Professionals leaving Zimbabwe

At Zimbabwe’s independence in 1980, nationalist commitment ran high, and the overwhelming majority of the small number of Zimbabwean exiles, students and professionals who had been based in the UK during the liberation war returned to Zimbabwe, enthusiastic to rebuild the country. There was a small outflow of professionals in the early postcolonial context, but the numbers grew significantly through the 1990s. The exception to this general pattern was the Matabeleland region, where the conflict of the 1980s and state massacres of Ndebele civilians caused an exodus, the legacies of which were a profound sense of exclusion from the state and nation (Alexander, McGregor and Ranger, 2000). The more general brain drain out of the country accelerated from the mid 1990s, as the effects of neo-liberal structural adjustment policies were felt, exacerbated by corruption and economic mismanagement (Gaidzanwa 1999; Tevera and Crush 2003). At the end of the decade, economic decline was transformed dramatically into economic plunge and political crisis, as an embattled ruling party resorted to a violent and exclusive brand of populist nationalism to try to bolster support in the face of challenges from a new political opposition (Bond and Manyanya 2003; Raftopoulos, 2004).

The crisis that has unfolded since the year 2000 has produced a new “migration order” (Van Hear, 1998). As Zimbabwe became the most rapidly shrinking economy in the world, and the state unleashed violence against members of the new political opposition and others, families from all social classes have increasingly been compelled to send members outside Zimbabwe’s borders to ensure basic survival,

escape assaults or meet aspirations for accumulation or education. Rampant inflation meant that the purchasing power of public sector wages, which had long been in decline, collapsed to the point that essential commodities and education for children were unaffordable. In addition, public servants, particularly teachers stationed in the rural areas were targets for persecution, and the urban middle classes more generally were regarded with suspicion as potentially disloyal. In this context, Zimbabwean migrant communities in the countries of the region swelled dramatically, particularly South Africa and Botswana, and middle class families with the funds and connections flew members further afield to Britain and other global destinations. Hostility to the large Zimbabwean influx in South Africa and Botswana contributed to the movement outside the region. A survey of nurses in Zimbabwe conducted in 2002 showed that 71% were considering leaving the country in the near future: their reasons included better earnings abroad, the need to save quickly for later use at home, pessimism about Zimbabwe's future, fear of crime and violence, the impossibility of making ends meet on public sector salaries, the need to ensure children's future, the demanding nature of their work, lack of opportunities for professional advancement, and fear of contracting Aids at work, due to the absence of basic equipment such as gloves (Chikanda 2005: 2, 19). For health professionals, the UK was by far the most popular destination, followed by South Africa, Botswana, Australia, the USA, New Zealand and Canada (Chikanda 2005).

The mounting political and economic pressures to leave Zimbabwe, were of course, entangled in complex ways with individuals' family and other relationships, and were shaped by the social networks to which they were connected. Thus while some of the professionals interviewed in this study left for reasons directly related to political and economic changes, for example in the wake of violent assaults or threats, to save to build a house or to fund children's university education, others left to start a new life in the wake of a failed marriage, or for other personal reasons.² Collective family decisions were often important, for example, when the sale of family assets was necessary, or when women took the lead, which was common given the feminization of employment opportunities in key sectors such as nursing and care, as wives were more constrained to move without their husband's and broader family consent.³ Women's migration has often been the focus of moral debate, as those who have taken the lead stand accused of abandoning children and husbands (though the women left behind by mobile husbands have also organized to raise the profile of the "Abandoned Wives of Zimbabwe").⁴ Aside from networks developing around particular professions, individuals with family or other ties to the small numbers of Zimbabwean exiles, professionals and students who had stayed on from the 1970s, the

migrants from Matabeleland who left in the wake of state massacres in the 1980s, or had personal experience of study in Britain were in a better position to move than others.

The ‘popularity’ of the UK as a destination for the Zimbabwean middle classes was not only the product of social networks developed through a history of colonial and postcolonial connections, but also reflected organized recruitment into public service professions. From the late 1990s until 2002, private recruitment agencies supplying the British labour market with nurses, teachers and social workers had offices in Zimbabwe, and held periodic recruitment drives in public venues.⁵ Thereafter, agencies and employers based in Britain were still accessible on the web, and through information passed through networks of contacts between relatives and former colleagues, or after arrival in Britain. Some British based institutions had particularly good connections to Zimbabwean networks, such as the significant number of nursing agencies and colleges set up or run by Zimbabweans themselves. Migration chains also developed specifically around nursing training as a route of entry, and up to late 2002 Zimbabweans of all ages and professions flocked to take advantage of the bursaries available to overseas applicants. A Zimbabwean woman who came to Britain to enrol on a nursing course recounted “the motivator who encouraged me to go was a friend’s boyfriend, he told me ‘enrol on a nursing course and you’ll have an invite to the UK, it’s simple, easy as that’... Of course I had to negotiate that with my husband, but we decided it was the only way we would ever make money and have a future, so I came first and he followed.”⁶ Nurses who had trained in some London colleges before late 2002 recalled being in classes that were more than two thirds Zimbabwean.⁷

By late 2002, Zimbabweans were one of the largest groups of asylum seekers in the UK, and the fourth largest foreign nationality in the UK nursing workforce. Estimates of the numbers of Zimbabweans in the UK ranged from just below 200,000 to 1.2 million (Mbiba 2004). There is a strong class dimension to those who have moved from Zimbabwe to Britain, due to the expense of travel beyond the southern African region, reinforced by the collapse of the Zimbabwe dollar (such that flights could no longer be purchased in local currency after 2002), and a new visa regime, imposed by the UK in late 2002. The diaspora press is full of adverts taken out by “nurses seeking sponsorship to relocate”, who lack relatives already in the UK or other connections allowing them to mobilize the finance to make the move.⁸ It is not only in relocating that family and social networks are implicated, but also in negotiating work, to which this paper now turns.

Nursing

Despite the relatively well developed social networks linking Zimbabwean health professionals to UK health sector labour markets, Zimbabwean nurses who had qualified before coming to Britain mostly did not describe a smooth entry into professional employment in the UK.⁹ Two thirds of the twelve nurses interviewed who relocated already qualified regarded their entry into nursing in the UK as difficult, and several felt exploited.¹⁰ Overseas nurses are particularly vulnerable to exploitation when they first arrive and complete their adaptation courses (cf Anderson and Rogaly 2005, Buchan *et al* 2005). The main difficulties described by the Zimbabwean nurses who moved ready qualified were indebtedness caused by outlays for travel/visas and adaptation courses, overwork and exhaustion from taking on double shifts to pay off debts, a lack of information regarding reputable recruitment agencies and insecurity related to legal status. The problems of securing a smooth transition from adaptation courses into work were seen to be getting worse in the light of changes in the UK migration regime, which had increased problems of transferring from one legal status to another.

The most serious complaints about adaptation courses related to those offered by the private sector in nursing homes, as the experience of two female nurses can illustrate. They applied separately from Zimbabwe in 2001 via an agency to a college in Northern England, and paid over £1000 to secure a letter of acceptance on an adaptation course. Each was the first in their family to move to the UK, had been encouraged to move through former colleagues, and left behind husband and children. On arrival, they spent two weeks living in college accommodation (for which they were charged extra) before being placed for experience in one of a network of private nursing homes, where they lived in. They worked for a period of three months, being classified and paid by the homes as carers on £4.30 per hour even though they were doing the work of nurses, and needed to take on extra work to repay debts (despite restrictions on doing so). One of the nurses described receiving threats and verbal abuse from the matron of the home. She recalled:

It is a bad system, they want to possess you, you are trapped and you don't feel free....[The home owner] kept threatening to phone the Home Office. I was on a student visa at that time. We didn't know our rights then, so she could just threaten and we were afraid... We all left that home as soon as we could, she was always short of staff. I couldn't stay on there, it even put me off [the town of X] as a place to live.¹¹

At the end of the three month period, they were eligible for registration with the Nursing and Midwifery College, but the home owner obstructed their registration, to prolong their stay.¹² Though most nurses managed to register within a further three months of completing their three month training, one nurse described taking two years to finally be registered.¹³ Another nurse had already been on her adaptation course at a private nursing home for 6 months at the time of her interview and described how the home manager kept extending the period of the course: “I am not happy with the adaptation, they seem to disregard my qualification and they would want to extend the duration of my adaptation. They do not stick to the time required in the NHS. This I think is to have cheap labour ...”¹⁴ She was anxious to complete her course as quickly as possible so that she could get secure work and bring over her three year old child, and was concerned by the prospect of prolonged separation. Indeed, nurses with children, particularly mothers, who were the “pioneers” in the family in terms of movement to the UK, often looked back on the years before they had managed to sort out their registration, work, accommodation and movement of other family members a difficult and stressful time, when relations with children and spouses were under strain.¹⁵

Even for those nurses who trained in the UK (such as those who had taken up bursaries before 2002), transition into regular work was not always smooth, and many have had to return to Zimbabwe in order to take up offers of work. For example, one male nurse, sponsored on a bursary, finished his training in September 2004. At the end of the course, he applied for a job with a London NHS Trust, but calling for references delayed the outcome of the interview to the point where his student visa expired, such that he transferred to a visitor’s visa and was not able to work. He then had to return to Zimbabwe so that his employer could request a work permit while he was still outside the UK. He explained the stress this caused: “it was very hard – I hadn’t saved and I was forced to rely on friends [for two months]... in the end I had to go back to Zimbabwe and organized someone to DHL me my work offer... then I had to go to the British Embassy for entry clearance.”¹⁶ Another registered male nurse had similarly been offered work, but was in limbo when interviewed, due to his visa status. He described: ‘My situation is dicey... it’s difficult to live with such insecurity and I’ve got a wife and kids back home who are looking to me... it was a mistake to leave it so long to come here, those who came earlier had it easier.’¹⁷

His relative and host (also a nurse) was relatively well established in the UK, and could afford to put him up and cover his costs while he was in limbo, he explained: “he’s alright because we’re looking after him, he’s got support, but think of the others without that backup, the stress, the drink the breakdowns...”¹⁸ Aside from the stress

and costs of returning to Zimbabwe, the process of applying for visas back home was regarded as risky, and those who had left for political reasons feared detention and interrogation. One nurse told of a colleague who had failed to get clearance to return to the UK after visiting her family in Zimbabwe despite holding a valid work permit.¹⁹ The insecurity of student nurses and qualified nurses in the process of getting work in the UK was demonstrated clearly in July 2005, when Zimbabweans rounded up for detention and deportation (some of whom subsequently embarked on hunger strike) included at least one student nurse studying legitimately, plus another qualified nurse in transition to work.²⁰

Although the bursaries for nursing available before 2002 had encouraged entry into the profession, many Zimbabweans trained as nurses because they felt they had no choice. Nursing is commonly upheld as “the one channel for getting regular work in the UK”, and many people felt – and continue to feel - that they lack other options.²¹ One woman who had just registered and started in her first job felt “I want to get out of nursing.... it’s a dirty job, it’s less valued, you’re not recognized, you’re still serving. The role of a nurse is just like a carer. In Zimbabwe, a nurse or a midwife is a somebody, responsible and so you might favour a job for that, but if you’re just treated like a worker to be ordered about, how is that? But the thing about the health sector is that it’s easy to get a job...that’s why I’m a nurse.”²²

Men in particular often described nursing as a negative career choice. A former teacher recalled: “I trained as a nurse due to my immigration status - that was back in 2000, it was the only way to be stable”.²³ Another male teacher who retrained elaborated: “I didn’t take the nursing job willingly, I just found myself without other opportunities, so I’m not motivated to go further through with the training, I felt I wouldn’t last long, so I almost quit. I’m still undecided, I did a diploma not a degree in nursing – I chose not to go on because I didn’t think I’d last long... I still feel a teacher, I decided to go into nursing because of a lack of opportunities for teachers, I thought of nursing as a job for females”.²⁴

In terms of work aspirations within the UK health sector, most of the Zimbabwean nurses interviewed aspired to work in the NHS, which they felt gave better opportunities for training and career development than the private sector, offered more diverse experience and facilitated negotiating the UK immigration bureaucracy. Those nurses working in private nursing homes mostly reported aspiring to move into NHS work in the future. Nursing home jobs were only actively chosen by those who wanted more flexible, less demanding work, particularly those trying to juggle work

and care for children. Thus four of the nurses interviewed described being “stuck in nursing homes” because of childcare obligations. Three of these were single mothers,²⁵ and the fourth was in a two profession household, but her husband’s nursing career took first place, and she had primary responsibility for looking after the children.²⁶ All four had explored the possibility of NHS jobs, which they regarded as preferable both from the point of view of salaries and careers, but had not managed to find jobs with a flexible enough shift pattern. Rotating shifts, in particular, were felt to be unmanageable in conjunction with childcare. They thought NHS jobs were more strenuous than some private sector nursing home work: one mother of three children, working for a hospital at the time of the interview, was planning to move to a nursing home for the same reason, because her job was “too demanding” and she could find work in a nursing home that was “less hard work”.²⁷

Those working in the private sector described more problems with racism than those working for the NHS. Many NHS nurses described indirect racism from colleagues and superiors, particularly complaints about their accent, and of having to work doubly hard to prove themselves. But most of the incidents of racism they recounted in interview related to problems with clients (mostly but not always white).²⁸ Some nurses working in the NHS had made formal complaints regarding racism from patients or colleagues, but most felt that bosses were aware of anti-discrimination legislation and procedures and “tried to be fair”.²⁹ The nurses working in nursing homes and in other private sector institutions, in contrast, frequently described problems of institutionalized racism, and described instances of direct racist abuse from colleagues, clients and bosses, and inadequate procedures for making complaints.³⁰ Four nurses described working in nursing homes in which the carers working beneath them refused to accept their authority, had aligned with residents who were racist, and management had not intervened in their support.³¹ This was also a common experience in placements during adaptation courses in nursing homes.³² Unlike the hospitals, where nurses described formal policies and general awareness of anti-discrimination laws, the management of nursing homes was often cast as unprofessional, personalized, and colluding in the racism of white staff and clients. One nurse described how racism in a large family-run residential home in North London was only resolved when the home was taken over by a charity:

It was my first real experience of racism. The white carers couldn't take orders from us black nurses, they were forever fighting with us, and the senior people didn't intervene. But then [a religious charity] took over and wouldn't tolerate racism, so then if we had a problem we could invoke them... They sent us a form to complain and they dismissed the manager... Now it's much better.

The residents used to call us names because of our colour. But then all the residents got a letter saying it is out of order and they've got used to us.³³

Most nurses criticized the treatment and undervaluation of nurses in the UK, the low pay for demanding work.³⁴ They repeated well known problems about salary levels particularly in the South East, about stress and work/life balance. Only those in households with two professional salaries described themselves as relatively “comfortable” in terms of income, and even they also struggled to fit in work and childcare if they had children in the UK, and complained of working too hard and of lacking a social life. Those who were most satisfied with their job were sometimes in specialized areas, for example, an occupational health adviser and paediatric nurse in the NHS both described feeling a valued part of a team.³⁵ Most nurses topped up their main job with agency work to meet expenses that included not only costs of living in the UK but also support for family back home, investment in property, and fees for relatives in school and university education (either in Zimbabwe, the UK or elsewhere). Bringing family to the UK increased costs significantly as it demanded a major reorganization of living, as sole migrants (male or female) or couples commonly lived in shared homes/ flats to maximize their earnings. Single mothers trying to support their families in the UK on a sole income were in the most difficult position, particularly if they lacked support networks in the form of friends or relatives to help with childcare. One mother in her late thirties, for example, was solely responsible for two young primary school children and her younger sister's university education: she made ends meet with a full time job in a nursing home, plus additional shift work with an agency. She described:

Back home they think you're sitting pretty, when you're working to die. They don't know you're struggling. Some people died of stress. I know what it feels like, you come from a night shift and have to prepare the children for school, getting them up and making lunch and taking them there and then you go to work and then you get them from school and prepare them a meal. At work, you're afraid to sit, if they give you a task to do seated, you'll fall asleep, so you have to stay on your feet just to stay awake. You have no rest at all, you can't turn down the agency if they find you a shift or they'll wipe you from their books and you need it, it's very difficult. If you tell people back home you're working 24 hour shifts, they'll think you're lying, but it's very common....³⁶

Another single mother had more flexibility as her two children were older, one just enrolling in nursing herself. She described how the way she had organized her working life changed after she fetched her children, yet she too depended on juggling her main job in a nursing home, three regular shifts per week at another home where

she was bank staff, and occasionally topping up her salary further with better paid agency work:

Salaries are very low...£10.50 per hour, you need to do extra. I bring home £1500 a month, net. Without overtime I couldn't manage. The mortgage is £909 plus £500 a month for my child in college. I HAVE to do overtime. Renting is cheaper on a monthly basis, I did that previously, staying with other Zimbabwean friends, three of us sharing a house for £375 a month each with a bedroom. But when I brought my kids over, I had to change... Overtime makes things possible. I get £ 2300 net with overtime, so I'm comfortable...If I transfer to an agency I can earn more money, but there's also a risk, it's not so stable. I join agencies when I feel like it, to augment my salary... Now I've joined bank staff with another nursing home, it's little money, but it's worth it, it's only 5 minutes to get there. I need the rest, I'd rather rest and retain my sanity. So I can do three shifts a week on top of my job...³⁷

Deskilling and a loss of status were problems for many of the qualified nurses who had relocated to the UK, and also for some of the older trainees in Britain, who had experience as professionals outside the health sector, or had run their own businesses. One nurse explained her responsibilities in Zimbabwe and the dramatic change when she came to Britain;

I was in charge of a 70 bed hospital, and then my next job was running a private hospital and two satellite clinics [and an AIDS/HIV outreach programme], and then here I had to go in at the bottom at the first entry point, it was very hard, to go from sitting at a desk planning to being one of those told to do this and that. It needed a lot of courage to do that, courage and determination. I nearly broke down...Looking back now it was worthwhile, but it was very hard at the time.³⁸

Despite the problems they described, most of the nurses saw their future in nursing. Only one nurse among those interviewed was actively considering relocating to the USA, where she had a sister working as a nurse. Despite the problems nurses described with their work, employment was stable, and many were aware of being relatively privileged among Zimbabweans in the UK. Nurses were able to use work in Britain not only as a short term strategy of coping with Zimbabwe's economic plunge and political crisis, but were also securing longer terms goals of accumulation and investment in property and/or in their own and their children's education. Before turning to the ways they had reconfigured family responsibilities after securing regular professional employment, however, the paper first investigates teachers experiences of negotiating work in the UK.

Teaching

In contrast to nursing, UK teaching labour markets have been much less accessible to Zimbabwean professionals, and the career itself has been unattractive. Unlike nursing, teaching is not a feminized profession. Indeed, some areas with vacancies are in conventionally “male” subject areas, such as maths or science. The reasons some Zimbabweans have been excluded from UK teaching jobs include diploma rather than degree level qualifications and a mismatch between acute teacher shortages in particular subjects and the skills Zimbabwean teachers brought with them. In addition, many Zimbabwean teachers ended up in the UK asylum system, unable to use their skills, partly because so many had direct experiences of violence, partly because social networks and organized recruitment into teaching were much less well established than with nursing. Moreover, teaching in the UK had the reputation of being “a job no Zimbabwean could want to do”.³⁹ Bloch’s survey of Zimbabweans in the UK shows that of the 83 former Zimbabwean teachers who responded, only 33 were still in teaching in the UK (Bloch 2005: 54-5).

The seven teachers interviewed for this study, who were still working in their profession at the time of the interview had entered teaching in the UK in different ways. Only one had applied directly for a job via a recruitment agency based in Zimbabwe and entered the UK on a work permit,⁴⁰ the others came as students, visitors or dependents of others, and found work after arriving.⁴¹ The process of adapting qualifications to British standards and gaining Qualified Teacher Status (QTS) was criticized for some of the same reasons as with nursing. Teachers complained of low levels of pay before gaining QTS and of discrimination in comparison to EU nationals.⁴² All had opted for school based assessments for QTS (rather than doing a year long graduate training), which in theory could be completed in 1-2 months, but in practice most reported taking a year to complete.⁴³ One teacher had still not finished the transfer course after three years teaching in a secondary school.⁴⁴ The status of trainee was a problem for those with lengthy experience, as it involved beginning at the bottom again, with authority constantly being questioned by superiors and colleagues. One former headmaster with more than ten years experience reported how difficult he found it being a “trainee” and having a mentor who had less experience than he had, and whose behaviour was unprofessional:

This idea of QTS is a problem, the other teachers see you as unqualified and want to tell you what to do. My mentor had only four years experience, they’re only now recognizing I’m skilled, you can read it from the behaviour. He’s now asking me for lesson plans for other teacher, to help them, but at

first he was policing me and trying to find fault. I wouldn't do it like this... He'd say things in front of the students, it was very unprofessional, the Head of Department was also unprofessional, talking, criticizing me in front of the students....⁴⁵

Most of the teachers who had not come to the UK on a work permit found it difficult to find secure jobs, and many had spent months or years as dependents of relatives with more stable work, or had to combine teaching with unskilled manual work to make ends meet. Most spent time doing supply teaching or tutoring before finding permanent jobs; some had also worked for further education colleges or as teaching assistants. Even those with degrees from the UK and past UK teaching experience described it as difficult to get permanent mainstream teaching jobs on their return to Britain after 2000.⁴⁶ For teachers without degree level qualifications, these were the only options within the teaching field in the UK.

Supply teaching was generally described as a negative experience, due to stress and irregular hours. None of those who had worked as supply teachers had received briefings about indiscipline or techniques for handling bad behaviour in class before their first job, and only one had belatedly benefited from a course on how to handle indiscipline.⁴⁷ They described having to pick up techniques through their own initiative from other teachers, after the humiliation and stress of classes where pupils took advantage of the fact they were new.⁴⁸ Though irregular hours are a key problem for many supply teachers, one of those interviewed had been offered a “longterm” (six year) supply teaching contract by a primary school, giving him the stability that allowed him to bring over his family including his wife (also a teacher), who was offered a similar longterm contract as a nursery nurse in the same school.⁴⁹ Irregular and insufficient hours were also key concerns of the two teachers in further education colleges (plus the additional insecurity on the part of one who was a failed asylum seeker). Both were dissatisfied with their job because students were not motivated to learn, having enrolled for immigration reasons, to allow work.⁵⁰

Those teachers working on permanent contracts in the main school system were also dissatisfied with their jobs. Salaries were less of an issue than conditions at work, particularly indiscipline, stress, excessive hours, and loss of status. Bad behaviour in class was described by most teachers as a “major worry”, as the “most difficult aspect of the job” and the reason why colleagues left the profession.⁵¹ Several described experience of having things thrown at them, of fights in class, and of racist and other abuse. Many had worked in “failing” schools, where as many as half the children were on the special needs register.

Indiscipline was a major problem at a practical level – in Zimbabwe, teachers were used to a culture of respect in schools and to maintaining it by beating – but it also went to the heart of different values and attitudes towards raising children. The Zimbabwean teachers agreed unanimously that child rights were “a hindrance to the education system”, that the “children have rights, yes, but things have gone too far.”⁵² One was of the opinion “child rights means parental abuse - and abuse of teachers”.⁵³ A secondary teacher with experience of several schools described: “Discipline is the biggest thing, there is a culture of lack of respect in general, and particularly in some schools, such as X school, where I now teach...”.⁵⁴ Another secondary school teacher compared secondary children in Zimbabwe who, “see the value of education... they are willing to learn and want to uplift themselves and become better people. They see you as an authority figure. The parents are very supportive of teachers, they reinforce, in Zimbabwe it was a better experience being a teacher, here it’s not satisfying, I’m trying to get out because of the problems you see in schools all the time, you come home depressed and bitter and disillusioned, you don’t want to go back the next day, I don’t enjoy going to teach at all.”⁵⁵

All teachers working at secondary level had experienced racist abuse from children, and some described instances of institutionalized racism. The worst instances of racism were not always experienced in the worst schools in the major cities. One secondary school teacher, with experience in “challenging” multinational schools in Slough and London described his worst experience of racism in a good school in an affluent small commuter town in the Home Counties:

It was a good school and good students, but other teachers were a problem, things that applied to other teachers didn’t apply to you, they didn’t circulate circulars to me. Even the head of department was a problem...you’d put in a request and she wouldn’t take it to admin, other staff would be privileged. I was the only black person in the school and I felt out of place, other teachers didn’t see I had the same qualifications as they had, they really isolated me, and ruled me. The students didn’t believe I had authority and tried to verify things with another teacher. They kept asking ‘when will I get a real teacher’. They doubt you all the time. They cross check with the other teacher. If you differ they think the other teacher is automatically right and treat you as unqualified. Other teachers would undermine me, asking the students, ‘how is he doing’? You’re not on the same side as the teachers...

All the teachers made negative comparisons between their experiences of teaching in Britain and teaching in Zimbabwe. The majority described their most satisfying work in Zimbabwe, particularly in rural schools, where many had felt “really

appreciated”.⁵⁶ The positive comments about teaching in Britain were confined to reflections on the resources available and smaller class sizes. Aside from the issue of indiscipline, many criticized the lack of flexibility in the curriculum, and the lack of creativity and responsibility in teaching. One elaborated “I feel I’m a specialist who can please and enjoy my work very well in Zimbabwe, rather than here, where somebody is policing you, you’re not given the kind of independence and responsibility you have at home, the national curriculum now is just following a prescription...”⁵⁷ Many of the teachers envisaged a future teaching in Zimbabwe, rebuilding the state education system, should the situation improve.

The nine teachers in the study who had discontinued teaching had mostly been working as supply teachers and had no prospect of securing permanent teaching jobs without further training (the one exception was a secondary school teacher, who had left a permanent job to set up a cleaning business). Four had retrained as nurses, one had retrained as a nursery nurse, two had gone into carework to support part time study, and one had registered for a PhD.⁵⁸ The reasons they gave for leaving teaching were indiscipline, followed by racism, stress, irregular work, difficulty finding work, no degree, low pay and legal status. A teacher re-training as a nurse explained how she had worked in supply teaching in London and Essex, sometimes doing primary and sometimes secondary level placement: “I found it very stressful...Every day I would come home from work complaining – I found I couldn’t sleep, they’d be insulting you, they’d say is this your natural hair, making personal comments about what you looked like – in Essex some of the primary kids hadn’t seen black people close up before. If you think of how people back home behave, they sit down when you want to teach them, not here, some places you can’t get the children even to sit down. You feel so frustrated, what am I doing this for?”⁵⁹ A secondary teacher who had left teaching to set up a cleaning business felt “No one coming from Zimbabwe can want to teach here, finding a child abusing and insulting you and even beating you, it’s very un-African”. He elaborated: “At home teachers are respected, feared – children will get off the pavement for you”.⁶⁰

The teachers who had secured regular work in the school system, however, were, like nurses, in a position envied by many others in the diaspora. They had a stable income from which to make plans, to save and invest (in Zimbabwe or Britain), to purchase property of “the type teachers in Zimbabwe don’t even dream of”,⁶¹ and to fund education for themselves and their children. The indiscipline they had faced on a daily basis in British schools was an issue of far greater importance than simply their work. All but two of the Zimbabwean nurses and teachers interviewed for this study

were parents. Below, the paper turns to consider how this issue affected decisions about how to reconfigure family life around professional work in the UK, reflecting and reshaping notions of morality and identity, defined in ethnic, national, Southern African or pan-African terms.

Reconfiguring family life

All of those interviewed regarded Zimbabwe as home; Britain was at best a temporary home, and most envisaged their stay in Britain as short term, enforced as a result of the current political and economic situation in Zimbabwe. In the context of this general temporariness in perspective, however, the professionals varied considerably as to how tied in they were to the British context, and related to this, how they had reconfigured family and social networks after securing regular work in Britain.

Of the professionals with children interviewed in this study, 38% had either kept all their children at home in Zimbabwe, or lived only with babies/toddlers while keeping older children in Zimbabwean schools. A minority had children in other diasporic locations, particularly South Africa. These transnational parents included working couples and lone fathers or mothers with spouses and children at home, and a large number of single parents (overwhelmingly women), who were separated, divorced or widowed. Transnational family arrangements, through which internationally mobile parents organize children to be brought up by grandmothers, aunts or others can be seen as an extension over different geographical space of common strategies of parenting through the extended family (reinforced by the effects of HIV/AIDS). Yet moving beyond Southern Africa introduces particular strains on family relations: as noted above, decisions to move interacted with personal relationships and placed huge pressures on marriages, not only during prolonged periods of separation, but also when the “pioneer” had managed to bring his or her spouse to the UK, as diaspora life often involved renegotiating domestic roles in the light of feminized employment opportunities, work/life imbalances, and the lack of support from maids and extended family. Marriages have come under particular strain when professional women have brought over husbands with non-transferable skills, who failed to get regular, well paid work (as in the case of the three nurses in this study who experienced divorces after bringing their husbands to join them).⁶²

Almost all of the professionals interviewed here had to spend an initial (often prolonged) period of separation from spouses and/or children. Even when the lead

family member had found secure work, it was by no means automatic that close family would be allowed into the UK. Those who had succeeded, felt they were “lucky” they had managed to get family through immigration.⁶³ Two professionals in this study had initially failed to bring in kin: one nurse had tried to bring in a nephew whose own parents had died, but he was refused entry repeatedly, first as a relative, the second time as a student, and finally came in as an asylum-seeker, though the case was turned down.⁶⁴ Another nurse described how she and her husband (also a nurse) both in professional work “could not believe it” when their three children were deported back to Zimbabwe:

I cried a lot at the airport to no avail, hoping the immigration officer would change his mind. I thought about the cost of the three tickets that we had bought for our children who were now being returned to Zimbabwe. I had to take some time off later to go to Zimbabwe and bring our children here. I was only allowed to bring the two that were under 18, and it was painful to leave behind my eldest son because he was older...I had to find him a place at a college to bring him here on a student visa, which was granted and he joined us a year later.⁶⁵

She felt “the British don’t understand our African extended families, they don’t understand that a child is not independent just because he has reached 18, he is still under our control if he is under our roof”.⁶⁶

For many of the parents of these transnational families, however, keeping children in Zimbabwe was a positive choice. The cost of supporting children in the UK was a major factor in this decision, as many envisaged themselves as working for a few years to save as much as possible as quickly as possible, before returning home. But money was not the only concern. Most of the parents interviewed emphasized their negative assessment of Britain as a place to bring up children – particularly the indiscipline in schools, the controls on parenting, the lack of respect, the lack of space, the potential for children to lose their language and identity, and an over-emphasis on sex in teenage youth culture and the media. Some continued to uphold the positive features of childhood in Zimbabwe, even in the current context, as remittances allowed for children to be sent to top class private boarding schools, where educational standards have been maintained. Parents sometimes expressed their desire for their children to remain in Zimbabwe in terms of inculcating ‘African values’ of respect for family and authority, as well as in terms of national or ethnic identity. Related to this, many parents planned to bring teenagers over to the UK only once they had finished school and could work, or combine work and study. The main disadvantages of this kind of long distance parenting were described as loneliness

(particularly for those separated from spouses as well as children), the difficulty of organizing regular visits to maintain contact with children, and fears over the reliability of relatives entrusted to look after children.

A male nurse, who had worked in the UK since 2000, and whose wife was also working in the UK, explained their reasons for leaving children at home in the following way:

I haven't brought the children over here, maybe later on when they've finished school we'll bring them over to work. It's too expensive to have children here, my wife is here too, my sister is looking after our children back in Zimbabwe. I can mix, going back and forth, I don't want the kids here, they'll grow up tough... at home I'm sending them to private boarding school, it's affordable with me here - two days wages here is a term in boarding school back home. We can't bring them over here until they can support themselves. Also children can run around back home, not like here, there's no space and you're not allowed to do that.⁶⁷

Another nurse (a single mother) was highly critical of the behaviour of friends' children in the UK, who were unruly and were losing their language ability, and whom she felt "did not behave like Africans". She had left her children first with her mother, and following her mother's death with her sister, despite also worrying that her sister "had her own life to sort out, her own priorities – not like my Mum who would just look after things for me". Yet she was adamant that her child should not be brought up in Britain: "I'm a patriot, very patriotic, I don't like lots of things about British society – teenagers are unruly or they can be cuddling in the parents home at fifteen, when they're too young for that...I want my child to be brought up in Zimbabwe, he should know where he comes from, he needs to know his rural home [Nyanyadzi] when he's at home from boarding school".⁶⁸ Others expressed their concern for children's identity less in pan-African or Zimbabwean nationalist terms, but emphasized ethnicity: a father (and Ndebele nationalist) had left his wife and four children in Zimbabwe in 2000, though tried to visit at least once a year, and explained his motivation in terms of a desire for the children to be brought up according to Ndebele tradition, and to go through the (Khumalo royal) rituals he himself had gone through as a child.⁶⁹

For those in secure professional work, it was affordable to travel backwards and forwards to Zimbabwe at least once a year. Exceptionally, one nurse (a father) said he managed to make three visits per year. Affordability was not the only constraint on maintaining contact, however, as problems with immigration and broken marriages could add to difficulties. A teacher (and father) from Matabeleland, working in a

further education college, for example, was separated from children from his first marriage who were with their mother in South Africa, and was self-critical about his inability to fulfil his role as father and provider, and to influence his children as they were growing up.⁷⁰

It was also common for parents to have very young children with them in the UK, but for the older children to continue in school in Zimbabwe. Organizing family in this way meant elevated costs in the UK, as couples with toddlers tended to rent family homes and moved out of shared accommodation (though some single mothers continued to operate in shared units). Yet, parents felt it avoided risking exposing older children to the bad influences of school and British youth culture. Those in London, Birmingham and other big cities were worried about the potential influence of black British youth culture, cast as oriented around violence, drugs and failure.⁷¹ A teacher and father in South London who had kept his family at home explained: “Jamaicans look down on us, they can tell you to go back to the jungle, feeling superior, it’s not nice to live and work around them. There’s also a class issue because they’re not educated like we are – look at their children, the youth don’t want to improve themselves, they just like violence and drugs, that’s what they’re interested in. I don’t want my boy influenced by that”.⁷² A trainee nurse who lived in the UK in an affluent provincial town in the South East with her husband and toddler had also decided against bringing her teenaged children to the UK. She explained:

We’ve got two children at home, but it’s a difficult decision what to do with them, we’re still contemplating that. They’re at the age when they’re going into secondary school. At home they’re safe, and their behaviour is good, what you’d expect, their personality is developed better than it would be here. We think it’s a risk to bring them here, we’re not sure of the schools and the influence of the other children... We’re worried of the behaviour, they’ll unlearn what they’ve been taught at home. The little one is here with us at the moment, but we don’t like that either, we can’t discipline like we would at home, he’s very rude. It’s not human, they don’t allow you to treat kids in a way that makes them nice to be with, they answer back all the time, he’s too noisy. We’re planning to take him back to Zimbabwe for a year, just to discipline him, we’ll send him to his grandmother.⁷³

For parents (particularly single parents), having a baby, toddler or young child greatly reduced the potential for earning through extra shift work, unless friends could help, while couples often had to re-negotiate the father’s role in childcare.

The majority of professionals interviewed in this study, however, had brought all their children to the UK (or only had children since they had moved), and as a result were

much more oriented to the UK context: some had mortgages and a minority had stopped sending regular remittances to Zimbabwe. They maintained contact with grandparents and other relatives through much less frequent visits, indeed some ceased visiting home. Others invested major effort into developing Zimbabwean community activities in the UK, such as churches and youth groups: for parents, churches provided not only a sense of community and means of coping themselves, but also a means of passing values onto children, and (in Zimbabwean churches where vernaculars are used) of exposing them to public occasions where Shona or Ndebele was spoken, fostering a sense of Zimbabwean and ethnic identity, and sometimes also providing formal language lessons.

Parents often decided to bring children to the UK for negative reasons: most commonly because support networks in Zimbabwe were risky or had collapsed. Stories circulate about remittances sent home to support children being misused by relatives or unreliable spouses. A nursery teacher explained bringing up her children in the UK, in the light of insecurity in Zimbabwe:

Children can be brought up OK here, it all depends on the parents, if you're strict and you know what you want from a child it's still OK to bring them up here. If it was stable at home I'd send my child back to be brought up there, but she might starve, you leave the child with relatives but you don't know how they're looking after her, you can send money saying spend it on the child, but they can spend it on something else, you can never know what your money is used for ... Your child can be deprived even if you're sending money. It's better to be with the child. My sister left her son at home when he was still not one year old, but her relatives couldn't get formula milk, they had to go to South Africa and Botswana for that, then they were diluting it too much, it's no good and the child was suffering, she was very dull to leave the child...⁷⁴

One nurse had brought her children over to stay with her only after her mother in Zimbabwe died, and she lacked other close relatives she trusted to look after them. She explained:

I'd always said I didn't like the way children are brought up here and I didn't want to bring mine here. My four and a half year old daughter is now getting rude, the other day she kicked me just because she was feeling angry – behaviour like that is not tolerated back home. If I had someone reliable back home I'd leave them there...⁷⁵

Her mother's death forced major changes in the way she organized her family life and commitments. Bringing two young children and her sister over from Zimbabwe

meant setting up as a separate family unit, which to afford, necessitated moving out of London to reduce rent. She juggled double shifts and childcare until her marriage (to an increasingly stressed and abusive husband) fell apart, after which she could only do extra shifts at weekends when her sister came back from University or when she could rely on a friend, and the financial contribution she made to remaining family in Zimbabwe ceased altogether. The divorce had meant a breach of relations with her in-laws back in Zimbabwe and the cessation of all financial flows to relatives in Zimbabwe. Another nurse (from Matabeleland) had similarly experienced a divorce after trying to manage a family and work in the UK, and had also stopped sending money home after a breakdown in relations with her own father when he remarried after her mother died. The family support network consulted and implicated in her own divorce were her three brothers (based in Swaziland, Tunisia and the USA).⁷⁶

Another important argument in favour of bringing children over was the deterioration of Zimbabwean education in state schools, given the lack of resources and the flight of teachers, and concerns regarding localization of exam qualifications in state schools, which had previously used Cambridge Board.⁷⁷ One teacher commented: “The localization of exams, that was a bad step, in the past they’d be recognized, now the government is damaging the education system, which is what allowed us to come here. My ten year old and the others need to do their GCSEs and A levels and university here, the future lies with the opportunities that can attract them after that. They’ll be able to get a job back home or anywhere else.”⁷⁸ Two (male) teachers brought their wives and children over as soon as they had stability, considering educational opportunities better in Britain than in the Zimbabwe: both aimed to go back, had invested in property in Zimbabwe and were still supporting parents and siblings in Zimbabwe.⁷⁹ But they were aware of creating ties and obligations in Britain through mortgages and children in the UK system. One reflected, “with peace, we want to go home and start afresh, we want to save as much as possible for that. I never really considered a future of being here, except for the education of my children... that can hold me here, and the mortgage can take twenty years to pay off”.⁸⁰ One reflected: “Education here is good for my kids.... You need to train your own children, I don’t mind my children learning here as long as I have time for my kids, to influence and shape them....it’s up to me to teach my own kids good morals. Of course, my child will be influenced by the environment, by other kids, I have two kids and they are becoming wild....”⁸¹

Parents differed as to whether they smacked their children – some tried to maintain control as they would have done at home, drawing distinctions between discipline and

abuse, depending on the reasons for, and levels of smacking. Others decided not to in the light of stories circulating about children ringing childline or the police, and parents being monitored by social services, having disciplined children in ways considered normal in Zimbabwe. Some parents were considering sending children back to Zimbabwe to be disciplined (though it is perhaps significant that none had actually done so). A former teacher turned businessman, whose aim was to expand into a business field that would allow him to return to Zimbabwe argued: “Generally in city schools here, children don’t value education, that’s why I don’t want to stay – at school here, they’re in an environment where they’re not motivated, yet they’re intelligent.... My eldest son is at a Catholic school, it’s OK, but it’s better [in the private schools] at home than here, I want to transfer back to Zimbabwe for his sake....so he can learn respect and be motivated with his life”⁸²

Children in the UK were thus real ties into a future in Britain, less as a deliberate plan or choice, but as an emergent reality. One teacher felt: “It’s my children who will decide about the future, once they have finished university”.⁸³ Those interviewed who had been in Britain for decades had often not made a positive decision to stay, but had repeatedly deferred going back, prolonging to earn more and to see through their children’s education. A former nurse, now running a care agency, who came to the UK in the late 1970s, is active in exile politics and still holds Zimbabwean nationality. She explained:

My husband and I still hold Zimbabwean passports, we always wanted to return. But to return, you need to be financially secure, that is why we kept delaying, we kept putting it off. Then we had children and first we wanted them to finish their primary, now they’re in secondary, we don’t want to interrupt that.... So it just happened like that, we’re still here, without ever having decided to stay.⁸⁴

A nurse with four children in the UK system was just investigating a mortgage reflected: “My future is back in Zimbabwe, but the children, I don’t know, they have qualifications from here, their friends are from here, I don’t know...”⁸⁵ Another nurse had two children who had been in secondary school in Birmingham for four years:

I think of going home, but the children don’t think of that. I still think of my chickens and my garden. I have to do the best for my children. They’re getting motivated at school, doing well, they’ve got a wide range of friends from all races... They have no connection with things back in Zimbabwe.... But for me, this place will never be home, for us to feel at home, I’d like to be knitting and sewing, but I can’t sit at home and do that. We were spoilt back home, we always had help, the children used to do that, you come from work

and you don't have to do housework. It's so hectic here, it's too much... I'm a village kind of person, I like that, a quiet sort of life....⁸⁶

Many of the older parents envisaged retiring to Zimbabwe themselves, to live in the "beautiful mansions" they had built back home, regardless of their childrens' decisions.

Yet a minority had been outside Zimbabwe for so long, that although they thought of Zimbabwe as where they came from they could not honestly say they regarded it as home, and did not think they would go back. One teacher, for example, left Zimbabwe in the early 1980s for training in Cuba and worked in Zimbabwe on his return only for a matter of months before leaving to work in Namibia until applying to a recruitment agency to come to the UK, where his family had joined him. He envisaged his future in southern Africa broadly, but probably in Namibia or South Africa rather than Zimbabwe, as the salary levels were better and work was less demanding than the UK, but the proximity to Zimbabwe would allow him to keep touch with family there.⁸⁷ This was particularly common for those from Matabeleland. The 1980s conflict in Matabeleland produced not only a more significant early exodus from Zimbabwe, but also a more profound alienation from the nation, to the point that many identified not only as Ndebele but as Southern African rather than Zimbabwean and had kin networks that were characteristically dispersed in South Africa and elsewhere in the region. One Ndebele teacher, who had children in international schools in South Africa, envisaged his future vaguely in "the international circuit" rather than in relation to an eventual return to a Zimbabwean homeland.⁸⁸

Yet assessments of the prospects for political and economic change in Zimbabwe were bleak in general, and all agreed that any idea of return had to be on hold for the foreseeable future. A group of male nurses from central Zimbabwe, for example explained:⁸⁹

A: we'd go back if we could, but me, my future is here, things are not changing back home and my wife came here in 1995, it's a long time....

B [trainee]: My future is here too, we have to bring our families, I'll do that as soon as I get a secure job...

C: The future is totally unsettled, yes we have elderly parents at home, and we look after them, but you don't have to send much, we send money for them and for a few small projects back home, but here I've got my beautiful young girls, the eldest, she remembers Zimbabwe, she's torn apart like us, living in

two hemispheres, but the youngest doesn't know Zimbabwe. But my future is in this country, though it's linked to the future of Zimbabwe, so long as the current system is in place, I shudder to think how long it will take to change and how, it's traumatic. I try to avoid thinking about the future, avoidance is the best way to cope... It's difficult to think about, we've lost our country, we're disenfranchised – not just voting but belonging, that feeling of saying that place is mine ...

CONCLUSION

As the numbers of Zimbabweans in the UK have grown, those in professional jobs have been important in shaping the contours and cleavages of new diasporic communities and are playing a prominent role in developing diaspora associational life. They have relative stability from regular salaries, options for further study and internationally transferable skills. This paper explored their perspectives on their work and family life, with the aim of shedding light on future mobility, and contributing to debates over skilled migration to Britain that go beyond a framework of individualistic choice in a political-economic context, but also incorporate moral-economy issues. Though the rapidly expanding literature on diaspora and transnationalism has had much to say about the feminization of employment opportunities in Britain, and the way in which transnational mobility provokes a questioning of gender relations and the role of women, existing studies have paid too little attention to attitudes towards children. The paper argued that moral debates about children and decisions about how to reconfigure family after securing work were important in shaping diasporic identity and influencing future mobility.

Zimbabwean professionals' assessment of themselves as only in the UK for the short term needs to be qualified by the way in which continued political/economic deterioration in Zimbabwe and the process of bringing children to Britain is creating deeper ties to this country. For many, preferred transnational parenting strategies had been undermined by political economic circumstances at home, and the collapse of extended family support networks in Zimbabwe. The difficulty of entering professional job markets, exploitation during an initial period of adaptation, loss of status and experiences of racism had all affected attitudes towards a future in Britain, undermining a sense of belonging, fostering the development of diasporic identities and reinforcing a preoccupation with return. But the politics of British labour markets and immigration policy were not the only issues, as concerns relating to children were also critically important. Despite the attraction of educational opportunities for

children in Britain, encounters with norms of behaviour in British schools, childrights legislation, controls on parental discipline and teenage/youth culture all seem to be encouraging Zimbabwean parents to identify with ‘African’ values (perhaps more than ethnic or national identities). Respect, the extended family and parental authority all loom large in debates about what is African or un-African, also highlighting ways in which British law enshrines culturally embedded definitions of childhood and family responsibility. This sense of difference from British norms among ambitious, middle class African migrants, commonly also extended to black British culture, reinforced by negative stereotyping of those of Caribbean origin (particularly Jamaicans). This is not to say that nationalism is unimportant, rather long distance nationalisms of various sorts, as well as ethnic and gender divisions mark public diaspora associational life and also shape personal and family networks.

The tensions between an on-going temporariness in perspective and the practicalities of increasing embeddedness in Britain are characteristic of the development of new diasporas and the multiple identities they involve. For the professionals interviewed for this study, who continue to think of Zimbabwe as home and identify themselves variously in ethnic, national, regional and pan-African terms, the question “Here to stay?” is likely to remain unresolved in the short term. Among the various political, economic and cultural issues shaping a sense of belonging and decisions over future mobility, however, I hope to have shown that prospects for and concerns relating to children are certainly among the more important.

FOOTNOTES

¹ More than eighty interviews were conducted for the ESRC funded research between October and April 2004-5. Participants were chosen to reflect the situation of Zimbabweans in diverse situations, with differing legal status, and in different forms of skilled and unskilled work, but with a focus on those working in the health and welfare sectors. They were identified by several Zimbabwean intermediaries with different social networks, as well as through the author’s own contacts, established through more than 15 years research in Zimbabwe. Interviews were conducted in London and the South East, the West and East Midlands, and West Yorkshire. The 37 professionals discussed in this article ranged in age from 21 to 62 years and all but two had children; care was taken to include both men and women, and members of Zimbabwe’s two main ethnic groups, such that of the 21 nurses, 14 were female and 7 male, 16 were Shona-speakers and 5 spoke Ndebele; of the 16 teachers, 12 were male and 4 were female, and 7 were Ndebele speakers.

² See for example, interview 12, a headmistress who came to Britain “because my marriage was broken and I wanted to start anew life...”

³ Interview 56 among others.

⁴ *The Zimbabwean*, 7-15 July 2005

⁵ Their activities invited criticism from the Zimbabwean authorities, and in 2001, public events were disrupted and closed down by groups of war veterans.

⁶ Interview 57 A survey of Zimbabweans in the UK included 49 nurses as respondents, only 20 of whom had been nurses in Zimbabwe (Bloch 2005: 54-5).

⁷ Eg interview 24..

⁸ See *The Zimbabwean* 15-21 July 2005

⁹ Eg interviews 59, 60, 62, 67, 70, 71, 81. Four of these had come to the UK on student visas to take up places on adaptation courses, the rest entered as visitors and had arranged adaptation courses only after they had arrived. Those who did their adaptation courses in hospitals mostly did not complain about their adaptation courses (eg interview 80). Some nurses had qualified in the UK in the 1970s and mid 1990s and thus did not need to go through adaptation courses on return in 1999 and 2000 (eg interviews 64 and 76)

¹⁰ Eg interviews 59 and 70

¹¹ Interview 70

¹² Interview 70, 59

¹³ Interview 61

¹⁴ Interview 81

¹⁵ Interview 59

¹⁶ Interview 67

¹⁷ Interview 62

¹⁸ Interview 61

¹⁹ Interview 63

²⁰ Pers. comm. from Zimbabweans detained in Campsfield House, visited 30 June 2005; see also *The Observer*, 3 July 2005

²¹ Interview 66

²² Interview 57

²³ Interview 68

²⁴ Interview 67

²⁵ Interviews 59, 65, 70

²⁶ Interview 63

²⁷ Interview 55

²⁸ Eg interview 24, a nurse who had worked in casualty in London described how, when four young Turkish youths were brought into hospital after a shootout, a large gathering from the Turkish community followed, hurling racist abuse at the international staff (in this context, mainly African), accusing them of incompetence, laziness and giving sub-standard treatment. Interview 67, another NHS recounted “I haven’t experienced racism as such, but I did experience some bad treatment from other blacks at one point, my mentor was a Mauritian and the treatment wasn’t good. I made a complaint to the management and the problem was resolved.”

²⁹ Interview 55

³⁰ One nurse working as an occupational health advisor for a private company left after a poster with photos of all managerial staff was defaced by the words “no monkeys here” scrawled over his picture, the management did not act on his complaint and produced a new poster excluding his picture. Interview 79.

³¹ Interviews 64, 65, 80, 82

³² Interviews 59, 70

³³ Interview 64. See also interview 59

³⁴ Eg interviews 61, 62, 63.

³⁵ Interviews 79, 80

³⁶ Interview 70

³⁷ Interview 65

³⁸ Interview 65

³⁹ Interview 74

⁴⁰ Interview 51 He applied via a Harare-based agency supplying health and educational professionals.

⁴¹ The teachers who had come to the UK on student visas, as visitors or as dependents commonly reported problems in finding work even with qualifications in appropriate subjects It took one maths teacher with a university degree six months to find a permanent teaching job, due to the time it took to get the CRB check and references from Zimbabwe. Interview 50

⁴² Levels of pay for Overseas Trained Teachers (before they had QTS) were much higher than for nurses in adaptation courses. One teacher described scope for bargaining over pay. Interview 49.

⁴³ Interview 49 and 50

⁴⁴ Interview 51

⁴⁵ Interview 49

⁴⁶ Such as a headmaster from Zimbabwe, who had a 1994 BA in Philosophy from the UK, yet struggled to get work as a teacher on his return in 2000. Interview 48.

⁴⁷ Interview 48

⁴⁸ Interview 78

⁴⁹ Interview 48

⁵⁰ Interview 53

⁵¹ Interview 48

⁵² Interview 50

⁵³ Interview 74

⁵⁴ Interview 49

⁵⁵ Interview 50

⁵⁶ Interview 50. One teacher, however, had grown up in town and hated teaching in rural schools, which had encouraged him to leave Zimbabwe for South Africa. Interview 53

⁵⁷ Interview 49

⁵⁸ Interviews 78, 48, 16, 17, 18, 67, 69, 47, 74

⁵⁹ Interview 18

⁶⁰ Interview 69

⁶¹ Interview 78

⁶² Interviews 57, 59, 70. One of these described trying to persuade her husband to stay behind in Zimbabwe with the children, but was overruled.

⁶³ E.g. Interview 49

⁶⁴ Interview 76

⁶⁵ Interview 80

⁶⁶ Interview 80

⁶⁷ Interview 24

⁶⁸ Interview 56

⁶⁹ Interview 52

⁷⁰ Interview 55

⁷¹ Middle class African families have often deliberately tried to avoid living in neighbourhoods with a large black Caribbean origin population

⁷² Interview 52

⁷³ Interview 18 and 19 (husband and wife)

⁷⁴ Interview 54

⁷⁵ Interview 70

⁷⁶ Interview 59

⁷⁷ Interviews 49, 50

⁷⁸ Interview 49

⁷⁹ Interview 48

⁸⁰ Interview 50

⁸¹ Interview 51

⁸² Interview 74

⁸³ Interview 49

⁸⁴ Interview 76

⁸⁵ Interview 55

⁸⁶ Interview 59

⁸⁷ Interview

⁸⁸ While many Ndebele exiles have engaged in the politics of the main national opposition party, Ndebele nationalists with a separatist or federal agenda are also prominent in the diaspora, advocating a cause that has never found significant support within Zimbabwe, and envisaging returning home only once their demands have been met.

⁸⁹ Interviews 60, 61, 62

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