Beyond HIV and Asylum:

A Look at the Wider Needs among the Zimbabwean Community in London

(From a women's perspective)

by Silva Hove

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Education is the key to development

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Executive Summary

The great exodus of Zimbabweans to the UK between 2000 and 2008 sparked a lot of interest both in politics and academia. This interest has seen a lot of articles and literature written about the migration patterns, the structural barriers in hosting countries in so far as it affected Zimbabweans' transnational activities, prevalence of HIV and sexual health and the destitution and deskilling of Zimbabwean asylum seekers. Despite an apparent interest by different groups the needs of the Zimbabwean community seem to have only been considered in a piecemeal way depending on who was interested to know. This research focusses on the wider needs of the Zimbabweans living in London. It gives women's perspectives on the major needs affecting women and the Zimbabwean community at large and argues that an inordinate focus on migration, HIV and asylum may divert attention from other major needs of Zimbabweans living in the UK which are equally important and may have equal if not greater impact on the community. Outside of HIV, asylum and migration issues reveal a community in greater need of support with family issues, health and social needs. This report proposes that there is an urgent need to look at the wider needs in a holistic manner and calls for comprehensive support from Zimbabwean civic organisations, policy makers in the UK and the Zimbabwean community as a whole taking into consideration that the Zimbabwean community is more than just a transient community.

Section: 1

(i) Introduction

The emergence of a political and financial crisis in Zimbabwe in 2000 saw a lot of Zimbabweans migrating to the UK. Estimates of Zimbabweans in Britain range from as few as 176 400 to as many as 1.1million (Financial Gazette cited in Ranger 2005). In 2002 Zimbabweans were the second largest group of asylum seekers coming to the UK with 7695 asylum applications having been made (Pasura 2008). The Zimbabweans in the UK are concentrated in London and its Northern commuter cities[1] . This increased exodus coincided with the increase in migration from the countries that had recently joined the EU making Immigration to the UK in the 21st century, more diverse than at any point in its history. As the global recession began to bite, public anxiety about immigration, fuelled by media attention, rose significantly.

In an attempt to manage migration in the face of rising numbers, growing anxieties and the recession, UK policymakers made changes to policies that made the life of migrants more difficult. The impact on the community which had suffered from rapid impoverishment from the economic and political crisis in country of origin, family separation, a new culture and a new way of living , only exacerbated the problems of poverty, loneliness, mental distress and family problems among the emerging community of Zimbabweans. The lack of language barriers and high education of this group of migrants may have made this community less visible in terms of needing any support interventions than other migrants.

Some areas concerning the Zimbabwean community have received a lot of attention such as the impact of migration on transnational activities[2] and the prevalence of HIV. However, little seems to have been said about the wider needs within the Zimbabwean community. Support for the Zimbabwean community in the UK in the past years has focused mainly on asylum, HIV and sexual health (Ndebele 2004). While a significant number of Zimbabweans may have sought asylum in the UK and the prevalence of HIV among Zimbabweans in the UK is high, an inordinate focus on HIV and asylum may divert attention from other major needs of Zimbabweans living in the UK which are equally important and may have equal if not greater impact on the community.

As a Zimbabwean woman so deeply intertwined in the affairs of my community, my quest in carrying out this research stems from the desire to see my community

[1] news.bbc.co.uk/2/shared/spl/hi/uk/05/born_abroad/countries/html/zimbabwe.stm accessed on 1st June 1012

[2] Transnational activity here described loosely as any form of activities entered into by a diaspora with connection to the homeland.

integrating in their new environment and able to access the necessary support and services in order to adjust to the demands and challenges of a new environment without breaking or losing the sense of identity - the fabric that has made us the kind of people we are. It is my opinion that a people empowered are a people enabled to contribute not only to their own development and their families but also to society as a whole for the benefit of society.

(ii) The purpose of research

The purpose of this research is to highlight the many other needs that exist within the Zimbabwean community. Anecdotal evidence suggests that the needs of Zimbabweans in the UK are poorly met. Evidence from Zimbabwean support organizations suggests that people in the Zimbabwean community have more commonplace problems like family breakdowns, failure to adapt to a new culture, alcoholism and other mundane health issues such as hypertension. These have often been ignored as people focus on working to support themselves here in the UK and families back in Zimbabwe. Highlighting these issues will hopefully bring greater understanding of the specifics of the problems, highlight gaps in local services and services provided by community groups and recommend some effective, innovative and comprehensive solutions using different strategies including more community-based programs, which may help to build a fully functional and thriving Zimbabwean community.

This research is based on Zimbabwean women's perspectives as they are often disproportionately affected by the majority of these issues than their male counterparts. It is also based on the understanding that many more women migrated to the UK at the start of the political and financial turmoil in Zimbabwe than did men. Mbimba (2005) confirms that unlike all other waves of migration in the past from rural areas to cities, from Zimbabwe to South Africa and the White migration soon after independence, the mass exodus to the UK between 2000 and 2008 was spearheaded by women.

(iii) Literature review

There is a fair amount of literature that has been written analysing the different waves of migration of the Zimbabweans to the UK (Pasura 2006, 2008) as well as the transnational activities of the Zimbabweans in the UK and the structural barriers that impact on such activities (Bloch 2005, Mbiba 2005, McGregor 2007 and Pasura 2008). A study of 1000 Zimbabweans in the UK by Bloch (2006) provides a relative overview of the structural barriers in both the UK and South Africa, revealing evidence of deskilling among the majority of Zimbabweans. Investigating the problems faced by Zimbabwe's "global citizens" in Britain, Mbiba (2005) highlights the concentration of Zimbabwean migrants to Britain in the health and care industries and highlights the structural barriers they face in '*their efforts to resolve the social, political and economic crisis back home*'. This is further examined by McGregor (2007) revealing high levels of stress and deskilling experienced by highly educated, middle-class Zimbabweans using care work as a means of coping, finding opportunities to meet family obligations and personal ambitions. More recently Pasura has written quite a lot on the Zimbabwean diaspora adding to the literature on migration and its performative impact on the Zimbabwean diaspora. Of more interest to this research is his article on 'Gendering the diaspora' where he analyses the lived realities of the impact of migration on the Zimbabwean diaspora in Britain (Pasura 2008). In this article Pasura exposes how the pressures of migration and structures in the UK have had on familial relations. This research hopes to build on these findings and to contribute to the literature on how these familial issues are viewed by the community.

Several articles have been written on HIV (Fenton KA, Chinouya M, Davidson O, Copas A 2002 and Ndebele 2004) and on the needs of asylum seekers (Bloch 2005). The needs of Zimbabweans asylum seekers encapsulated in the study by the Zimbabwe Association and Refugee Council depict some of the challenges they face (Doyle 2009). However there is a dearth of literature looking at the wider needs of the general Zimbabweans in the UK as a community that is emerging. Pasura 2008 notes that while '*Zimbabweans abroad press for citizenship rights back home, they have also taken up citizenship elsewhere'* with up to 5,710 taking up British citizenship in 2008 alone. While there is some suggestion in the literature that the Zimbabwean community in the UK while strongly linked to their homeland may be more than just a transient community as a significant number seek to settle in the UK. Previous research and literature seem to view the Zimbabwean community as a people in transit in the UK who will soon be returning to their home country.

Heeding the caution of Wahlbeck (2002) against the danger of studying diaspora as a social organization '*with a preoccupation with "migrant communities" and their relationship to their "homelands", disregarding how social structures in the host land shape majority-minority relations*', this research seeks to start the conversation around the wider needs of the Zimbabwean community as a community that is permanent and

that struggles like any other emerging community despite the high education, lack of language barriers and the resourcefulness of the Zimbabwean people. I would even go as far as suggest that in some way the view by many within the Zimbabwean community that their stay in England is only temporary may be a contributor to some of the problems experienced by the community.

(iv) Methodology

The research was carried out between February and May 2012 and involved qualitative research methodologies. According to Cresswell (1994) "*A qualitative study is defined as an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting*". This study included a survey research of 31 Zimbabwean women and a focus group discussion with a further 12 Zimbabwean women all living in London. The women were aged between 20 and 69.

Three categories of survey research were conducted including online surveys (a questionnaire that the target audience completed over the Internet), telephone, and face-to-face interviews which involved individual responses of target population to formal questions. In an attempt to cover all the different groups of the Zimbabwean community in London, it became necessary to use the methods listed above; owing to age and access to internet a number of respondents had no access to internet and others could not read or write owing to health issues which made telephone interviewing the best option. Email survey posed the challenges of late or non-response owing to the amount of emails people often receive on a daily basis. Face to face interviews required the most effort and time and as such these were limited only to a handful of respondents on a needs basis.

A small number (12) of Zimbabwean women were also brought together with a moderator to explore the needs they face living in the diaspora[3]. The focus group's aim was a discussion by the group as opposed to individual responses to formal questions, and produce qualitative data that may be representative of the general population.

The focus group discussion consisted of a group of women who already knew each other from a support group they attended at the Zimbabwean Women's Network which made this research method a very productive one and a good baseline for the survey research. The women already accessing services provided by a Zimbabwean community organisation were an interesting starting point as these are members of the community

[3] A **diaspora** is defined by Merriam Webster collegiate dictionary as "the movement, migration, or scattering of people away from an established or ancestral homeland"

already acknowledging that there are needs within the community and needs which main stream services may have failed to meet.

The survey data was collected using non-probability sampling techniques of snowball sampling through word of mouth and referral due to the absence of a sampling frame of Zimbabwean women in London or the UK. Snowball sampling is a technique of locating respondents through referrals among people who share the same characteristics and is especially useful when the population is not easy to reach (Atkinson and Flint 2001; Faugier and Sargeant 1997).

(v) Ethical considerations

Ethical and cultural concerns and protections were considered in the conducting of this research from planning to execution. A decision was made from the beginning of which groups of people would be representative of the community. All participants were informed as to the nature of the study, how data would be handled, how the information gathered would be kept confidential and their consent to take part was made optional.

For the focus group discussion facilitation was done by two people who were neutral to the views of the community and who were well accepted by the community as to having the interests of the group at heart.

Section 2: Research findings

As shown in Table 1, the respondents came from a variety of boroughs of London with four living on the outskirts of London which gives the sense (albeit inconclusive) of a wide coverage of Zimbabweans in different geographical areas and as such covering different categories of the community.

Table 1

Bromley	Ealing	East London (2)	Enfield (3)	Essex*(4)	Feltham	Hackney
Lewisham(3)	London	Newham(4)	North London	South East London (3)	Southwark	Tottenham

The following figure depicts the age of the respondents ranged from 20 to 69 years old.

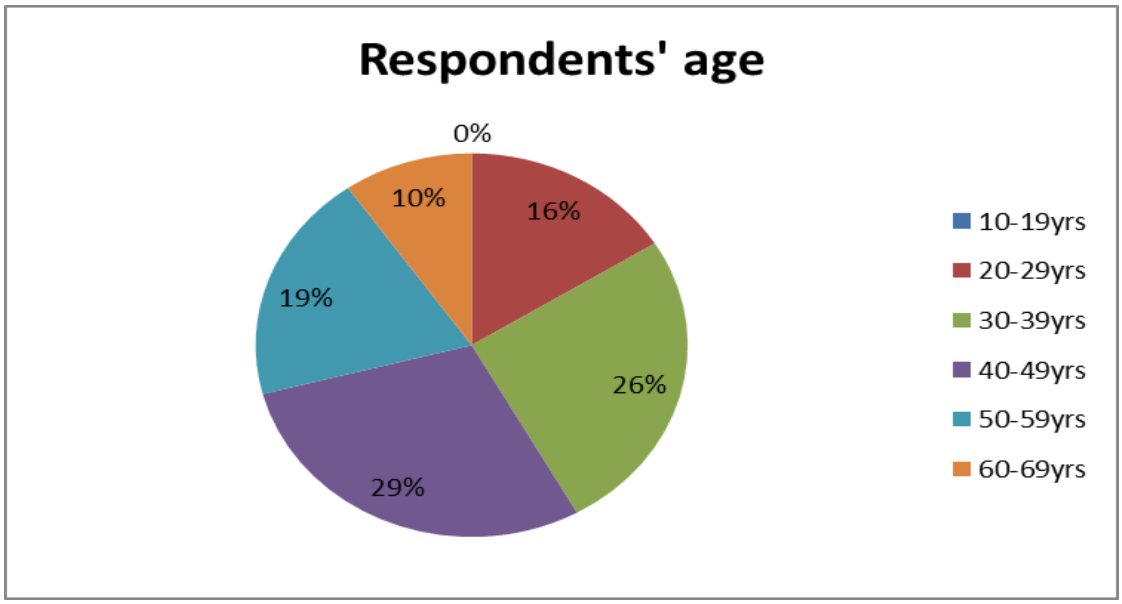
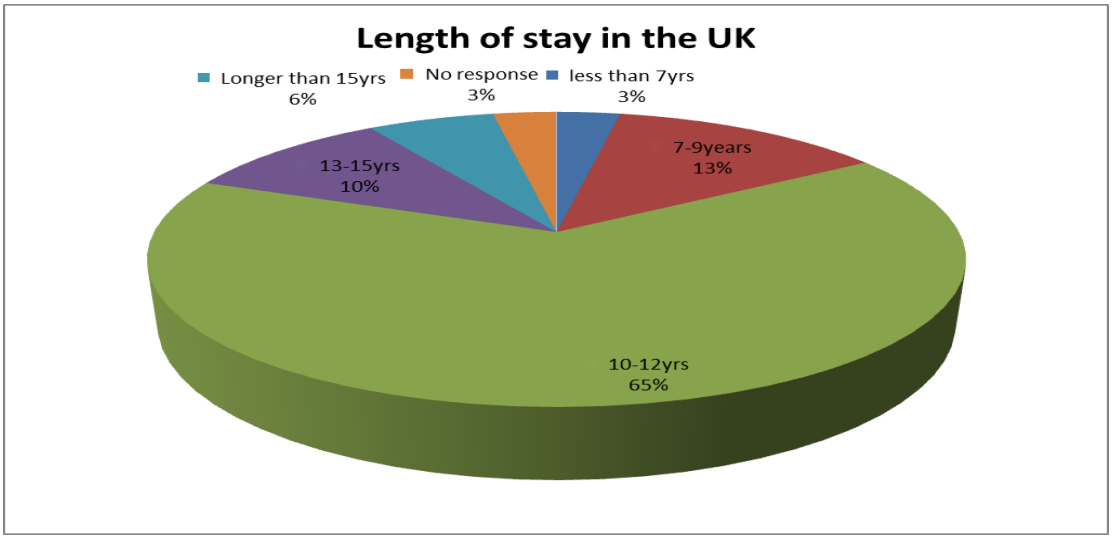


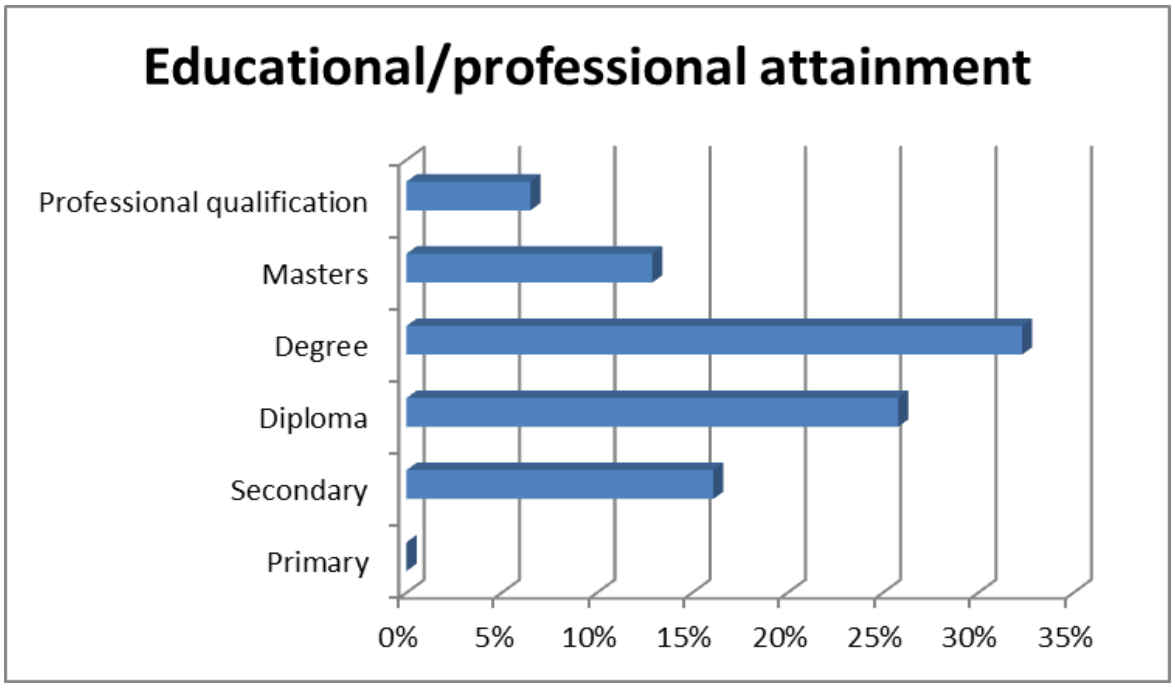
Figure 1

The majority of the women (81%) have been in the UK for more than 10 years with only 3% who had been in London for less than 7 years as shown in figure 2 below.



All of the respondents were educated to at least secondary school level with a significant number having a diploma and majority (over 50%) having attained at least a degree or professional qualification as Table 2 illustrates.

Table 2



Significantly, the majority of the respondents held degrees and the majority had worked in care or some low skilled work at some point in their life in the UK. This confirms Mbiba (2005) and McGregor (2007)'s findings of the majority of highly educated middle class Zimbabwean concentrated in care work.

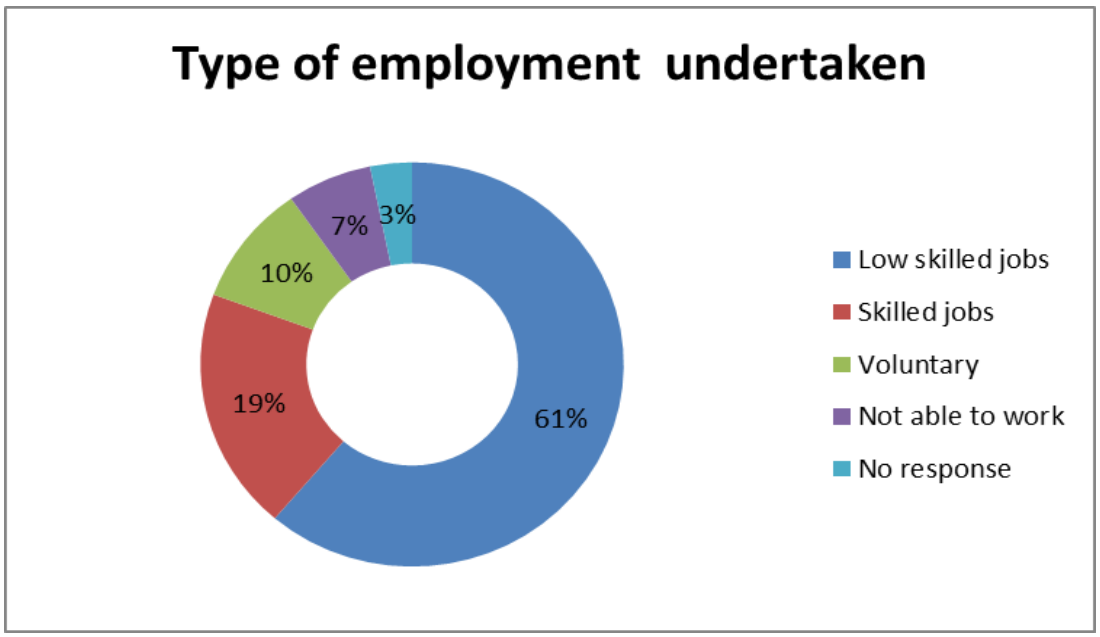


Figure 3

The 17% who had not engaged in paid work had not been able to work owing to long term illness (7%) or unresolved immigration status (10%). The low skilled jobs done by a majority ranged from care work, cleaning, waitressing and hotel porter as shown in Table 3.

Table 3

Low skilled work (19)	**Skilled (6)**	**Voluntary (3)**	**Not worked (2)**	**No response (1)**
Care work/health care assistant/support work	Customer relations, Travel & Tourism manager	Leafleting	2	1
Cleaner /porter	Music teacher	Community engagement		
Catering/waitressing	Social work	Project Coordinator		
Department store assistant	Project worker			

The majority of the women (over 41%) felt a great sense of belonging in their current communities with just over 40% saying they had access to services like anyone else, 34% saying they felt England was like home and 25 % feeling that they were a part of their local communities to the extent that they did not notice the difference or feel excluded. Of those who felt excluded and discriminated against (over 18%), close to half (9%) of them also felt that they had no say in anything. This is illustrated in the following chart - Figure 4.

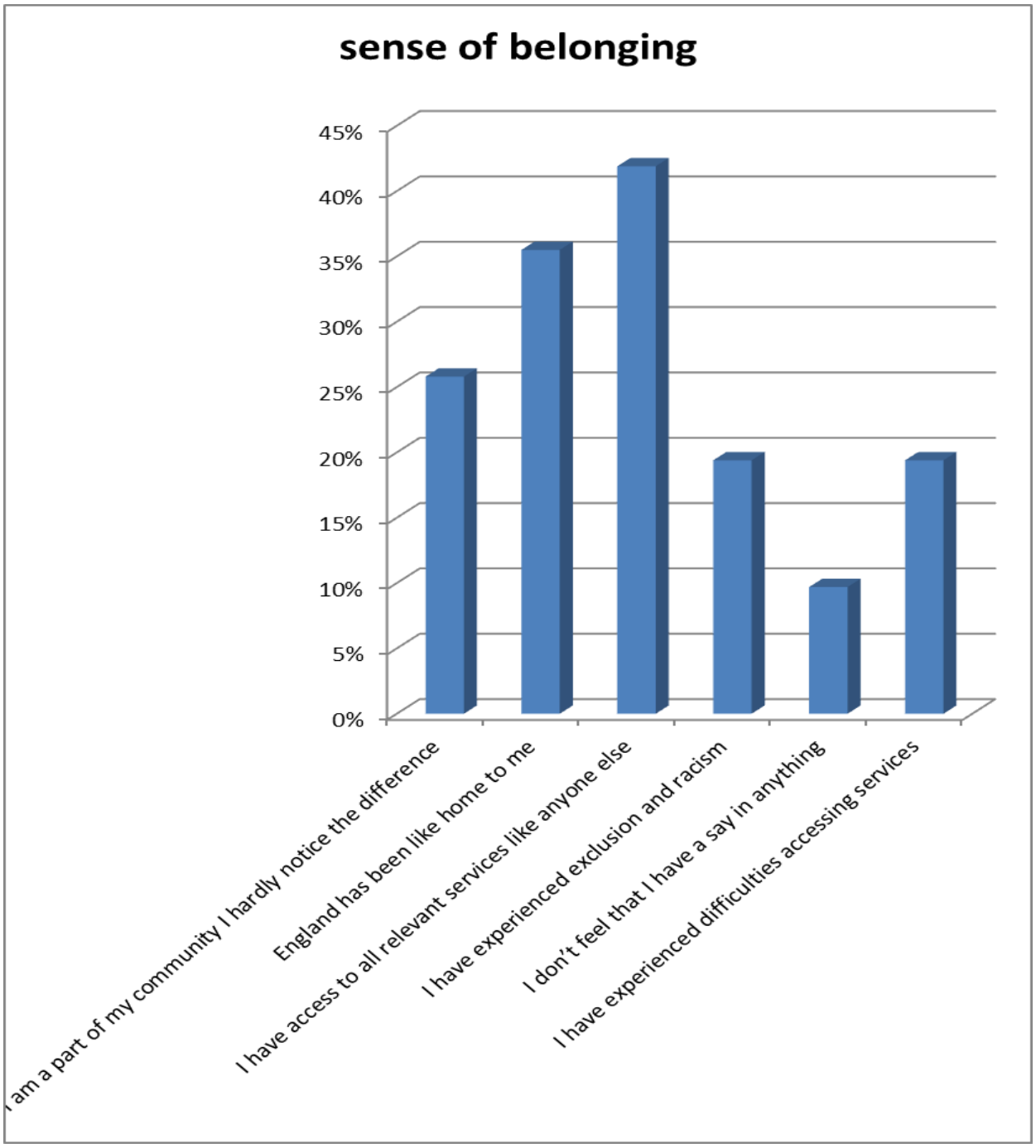

sense of belonging
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
I am a part of my community I hardly notice the difference
England has been like home to me
I have access to all relevant services like anyone else
I have experienced exclusion and racism
I don't feel that I have a say in anything
I have experienced difficulties accessing services

Figure 4

Identified issues

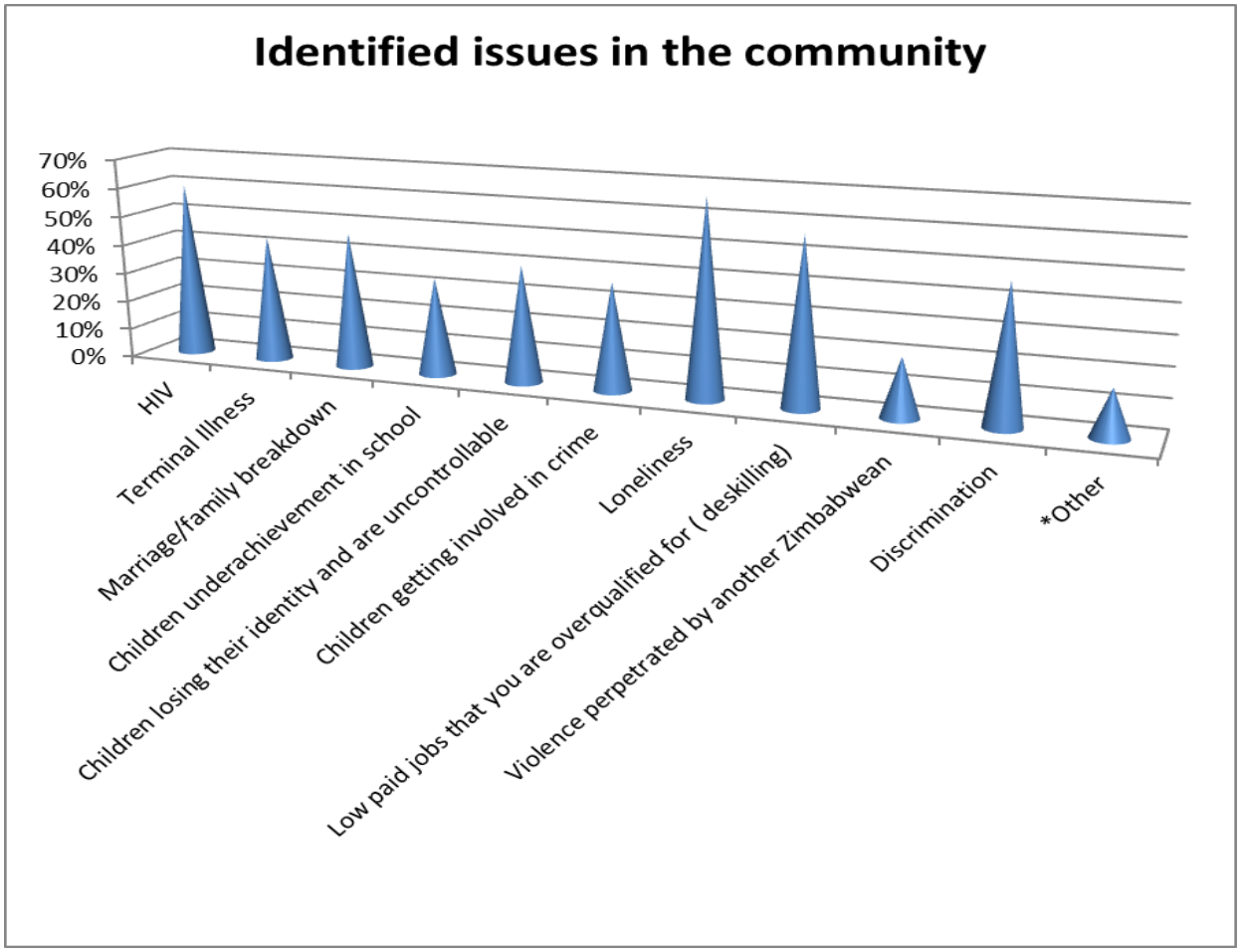


Figure 5

*Other reasons included:

- The financial strain of having to send money home and supporting myself and my son here(1)
- Poverty' Lack of motivation, Loss of self-esteem, Feelings of underachievement, Loss of valuable time (1)
- Not coping well with illness and not having family support (1)
- Unresolved Immigration issues & legal fees paid for by individual- no legal aid (2)

Unexpectedly- as shown in Figure 5- loneliness was pointed out as the biggest issue with over 60% citing this as a problem, followed by HIV experienced by over 52% or by someone close to them followed by deskilling (51%). Marriage breakdown and discrimination follow with 40% saying they or someone close to them in the UK had experienced marriage breakdown and/ or discrimination and/or terminal illness. Other very significant problems also cited are those to do with children underperforming in school (30%), losing their 'African' identity and becoming difficult to control (31%) and/or getting involved in crime (30%). This is a growing concern among a number of parents and a number of incidents of stabbing involving Zimbabwean youths were a reason for distress that was expressed strongly in the focus group discussion.

Figure 6 highlights the issues that were identified in this research as being major problems in the Zimbabwean community in London. 80% concurred that HIV/AIDS was the most concerning problem followed by, loneliness (53%). 52 % reported concern with children losing identity and being difficult to control , while 49% felt that marriage/family breakdown was prevalent.. Deskilling (45%), children underachieving in school (35%) as well as the financial strain of having to support more than one family in this country and back home were also raised. Immigration issues were seen by a few as a major problem still as a result if recent changes in immigration policies (including cuts in legal aid)

Major concerns within the community

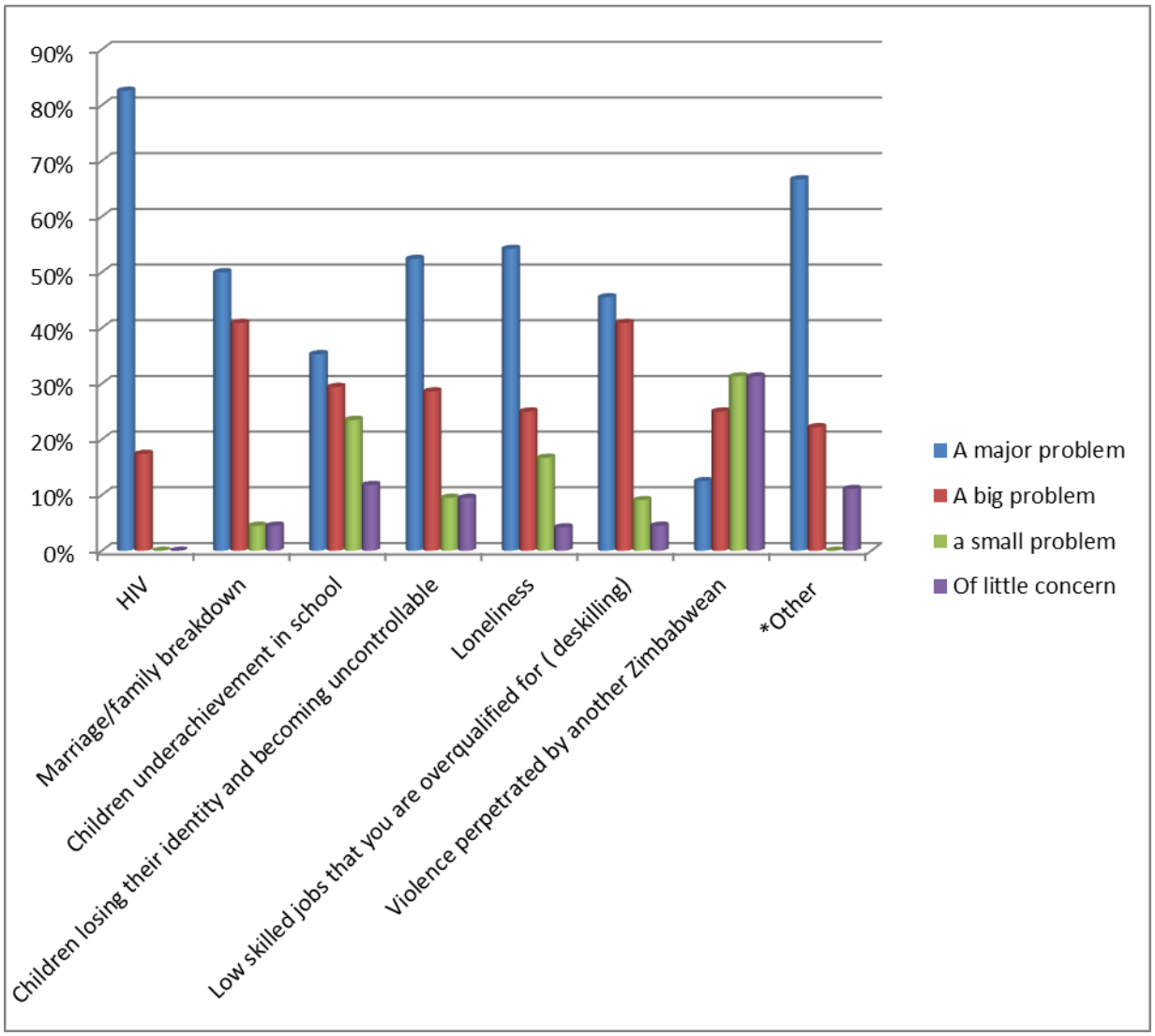


Figure 6

*Other concerns included:

- Stress from overworking to support people back home and here
- Immigration status (x3)
- paying legal fees for immigration issues and the stress of finding the money and a good solicitor because of the high fees that have to be paid

- The government scraping specialist services especially in the area of health- GPs don't seem to understand issues about HIV

9. Figure 7 shows the rating of the effectiveness of relevant interventions. 'Support programs exclusive to Zimbabweans run by a Zimbabwean organisation' was agreed by most women (40%) to be an excellent way of trying to resolve some of the issues identified. 38% felt that having awareness programs run for the community would be another excellent idea especially in the areas of marriage and raising of children. Yet others (28%) suggested having named renowned elders within the community who are monitored and adhere to set ethics and code of conduct as another excellent reference point for some of the mentioned issues and brokering of exclusive specialist services from mainstream support providers and tailoring them to suit the Zimbabwean context was also thought to be excellent (26%). Generally all the respondents thought the above solutions were good with very little interest in referral to mainstream services such as counselling. A significant number (over 30%) felt that mainstream support services were not helpful showing a general mistrust of mainstream services.

Suggested interventions

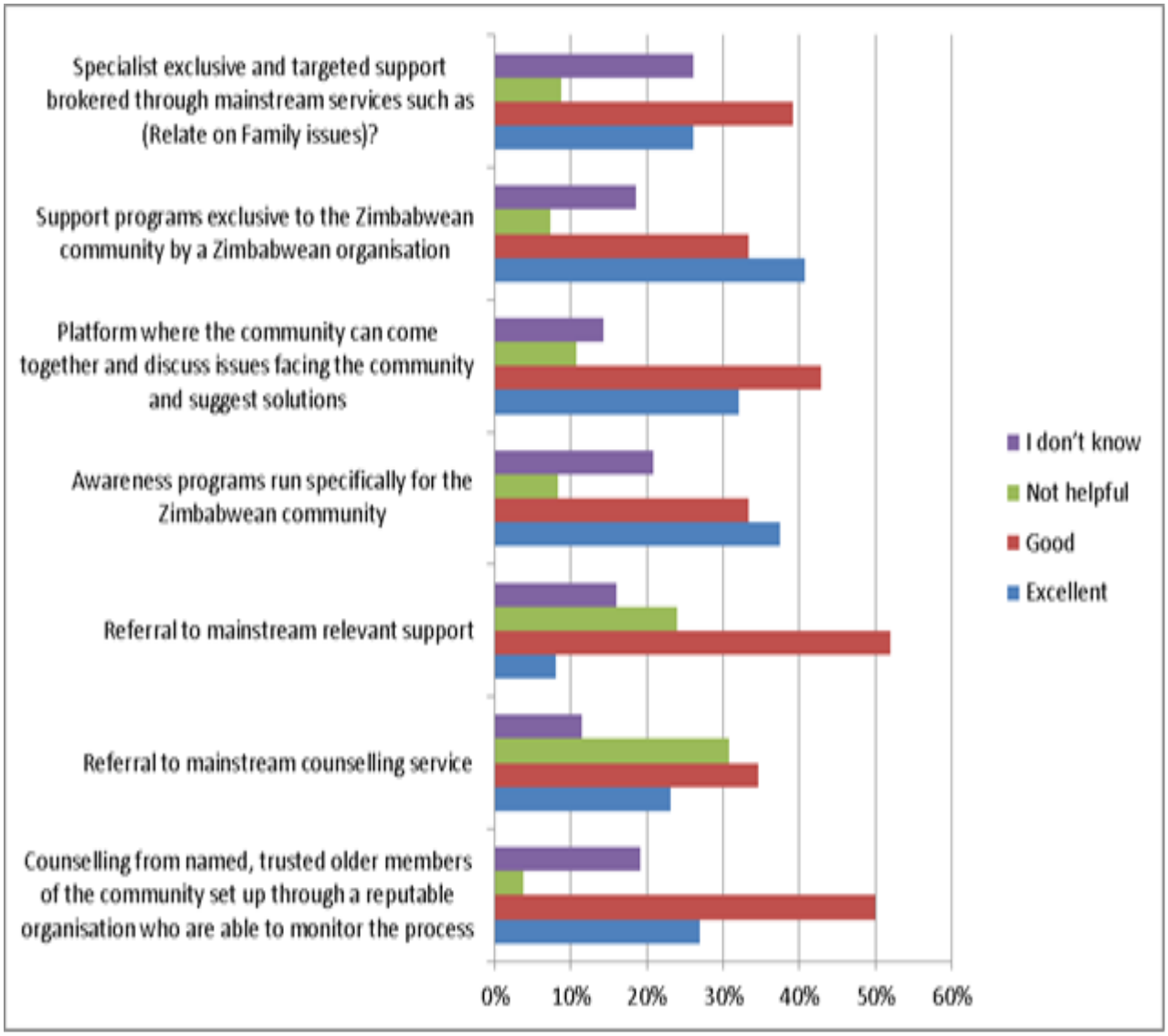


Figure 7

10. A range of other support interventions to help the community were mentioned at both the individual and community level as shown in Table 4 below

Table 4

At individual level	**Community organisations**
All fellow Zimbabweans need to be united and be able to support one another, and stop fighting one another (2)	An organisation that helps people in our community with different issues such as immigration, youth & women especially on issues such as health, employment, parenting, access to information on available support, support groups for people with long term illness
God/Involving churches and church leaders e.g. Pastors in counselling. Providing charitable funds for those in need (2)	Forums-more platforms for discussion + bringing the community together Support network for families and children. Encourage people to develop themselves beyond the care worker mentality, there are other jobs out there.
	Engage the community in decisions that impact people's lives
The culture we are living in is restrictive-rules and laws governing families and how to bring up children - we need to find ways to challenge such systems	The culture we are living in is restrictive-rules and laws governing families and how to bring up children - we need to find ways to challenge such system
Learning from others	Opportunities to earn more money to support families back home
	Building partnerships and facilitating learning from other communities
	Advocacy- giving the community a voice with issues affecting them
	Befriending services

Section 3: Discussion

The majority of the respondents seem 'settled' in the UK having been in the country for at least 7 years. Although they expressed longing for their home country, it is equally true that most of them feel 'at home' or 'settled' in the UK. This was especially so for those women with a terminal illness, and they felt they were well provided for in this country. It may be argued that although they appear settled, they may be called 'reluctant settlers' insofar as they regard the homeland as their social and cultural home as Pasura (2008) puts it. In any case the length of stay warrants for the treatment of this group as more than just transient and worth establishing support systems that provide for their needs as they negotiate this new 'state of citizenship'.

The research findings confirmed existing research highlighting the prevalence of HIV and AIDs, deskilling and further reveals a number of other needs among the Zimbabwean community which have cause for much concern. The increase in numbers of Zimbabwean children and young people going into care as a result of failure to live with their parents, young Zimbabweans getting involved in crime and the breakdown of marriages are a cause for alarm within the community.

Although no statistics are available in the diaspora on divorce rate and children going into care or getting involved in crime, most respondents generally concurred that marriages were facing severe strain and some were collapsing and that the issue of parenting needed immediate attention. These were constant themes during the survey and focus group discussion. While it is beyond the scope of this work to consider the causes in great depth the focus group discussion did highlight some of the issues that result in this emerging trend namely the poor paying jobs that require working long hours to meet financial demands to support families in the UK and sending money back home. It also highlighted the failure of husbands to adjust their roles to help their wives with chores that in Zimbabwe were considered a woman's job. While many agreed that they were happy to play their role as wives they pointed out that the demands of the jobs they often do required men to chip in by doing housework. Pasura (2008) explored the relationship between migration and the changes to gender relations and roles between men and women in the diaspora and found out that for most men, migration has meant work that is not seen as ''suitable'' for a man as they find themselves having to do care work or in cases where the wife is employed and the husband is not, leads to pressure to do house work which is incompatible with hegemonic masculinity. Differing views of women and men's roles in the family in the UK and failure to negotiate and adjust to demands in a new environment has led to the breakdown of many marriages according to this research. Extended families and kinship ties are central to the production and reproduction of gendered ideologies in Zimbabwe. Hence, the absence of the extended family and the lack of proximate kinship ties in the diaspora, a feature previously enjoyed back home, contribute to the high divorce rate (Pasura 2008).

The breakdown in marriages often leads to the breakdown of the family and consequent neglecting of children and/or creation of single parent families. Further the introduction of restrictions for Zimbabweans to travel to the UK in 2002 also contributed to the creation of lone-parent households (Pasura 2008).

Loneliness was also cited by many as a major problem. This was especially strong among women with long term illnesses such as HIV. The lack of familial space and network ties with other Zimbabweans creates a deep feeling of up rootedness and isolation for these women whose only way of connecting with others is through support groups or church. Loneliness may very well be a contributor to the prevalence of HIV. As pointed out by Dobson (2006) migration generally makes people vulnerable; separated from their social support networks and enduring isolation and loneliness can encourage or make people vulnerable to high risk sexual behaviour. It is reasonable then to suggest that looking at the bigger picture of the different problems can highlight patterns in the issues affecting the community.

The finding of deskilling as a major problem among the Zimbabweans only confirms what is already known. Structural barriers faced by Zimbabweans (as is with a lot of immigrants) in formalising their qualifications, immigration status, institutional discrimination and everyday racism explain why the majority of migrants are not doing well in spite of the human capital acquired in their country of origin Pasura 2008). Mcgregor (2007) examined the role of Zimbabweans working in care work and revealed high levels of stress and deskilling experienced by highly educated, middle-class Zimbabweans using care work as a means of coping, finding opportunities to meet family obligations and personal ambitions. Mcregor notes that while it has been positive in some way in meeting the financial needs, he also highlights the excessive hours of low-status and often poorly paid work, the strain of working in strongly feminised and racialised workplaces, and the insecurities and abuse produced by informality and other forms of labour exploitation experienced by this group.

Section 4:

(i) Conclusion

In this report I have demonstrated that the needs of the Zimbabweans living in London are many and varied but not disconnected. This diversity of problems demonstrates the experiences of many Zimbabweans in the UK negotiating their way in a new and differing environment, trying to make sense of their identity in a new 'culture' while trying to achieve what they hoped to attain by coming to the UK. The structural barriers imposed by the situations in their hosting country have had lasting impacts on fundamental human issues such as marriage, parenting, citizenship and belonging. Having been uprooted from family networks, forced by structural barriers to accept work of low pay and in many cases considered as demeaning have had many implications on the lives of Zimbabweans in the UK resulting in a myriad of problems from loneliness, deskilling, family breakdown, loss of identity among the younger generation, children being involved in crime and underachievement. At the heart of a Zimbabwean society is the family which often includes the extended family which provides protective barriers but because of systemic structures, financial burdens of supporting more than one family (transnational activities), and other barriers it has resulted in a community feeling powerless in preserving the essence of its cultural identity and the family.

The report argues for the need to look closely into these wider issues and to look at them in a holistic way and not look at the different issues in isolation if a comprehensive solution is to be found. It also suggests that the ability of a community to contribute whether to the hostland or to its country of origin depends on meeting the needs that the community is grappling with in their hosting country and providing an enabling environment to address inevitable issues stemming from differing experiences between home country and hosting country.

Although Zimbabweans have managed to adopt different strategies in order to survive in the UK in spite of abject legal spaces and unfavourable policies, it has come at a price. The price which if ignored will impact not only the Zimbabwean community but the British community at large as there would be an increased burden on the state in supporting children in care or in prisons. Most importantly, it takes away the pride and identity of a people which is likely to rob Britain of the contributions of diversity and richness of differing cultures.

This report suggests that there is a responsibility both at individual, community organisational and policy makers' level. This allows for a wide array of solutions ranging from awareness campaigns aimed at individuals, community organisations providing platforms and support where issues are discussed or exclusive services provided that would take into consideration the background, cultural identity and dynamics of the people. Engaging with policy makers is also necessary in as far as challenging some of the structural barriers that make resolving the identified issues such as racialization in the care industry, bringing up and disciplining of children and working conditions.

(ii) Recommendations

The needs of new communities and finding sustainable ways are crucial in facilitating the integration of new communities. It is in the interest of hosting governments to focus on the needs of wider emerging communities and how these needs may impact on the hosting society as a whole. There is no one community that lives in isolation- the actions of one impacts on the other and as such ignoring the needs of a community the size of the Zimbabwean community is to risk waking up one day to a mammoth of a problem.

In looking at the needs of a community it is necessary to put it in context of people's background of culture and situation they are fleeing. By having a holistic look at a people one is accorded a wider picture of the situations and helps in finding lasting solutions. Looking at problems in isolation often gives a skewed picture but more importantly it may result in interventions that are piecemeal.

As this report has shown, the needs of the Zimbabwean community are many but connected. Specialist programmes addressing the various issues of family breakdown, increase of HIV, loneliness and children's needs are much needed. Organisation working within the Zimbabwean community ought to review some of the ways they engage the community and consider brokering services specifically for the Zimbabwean community that takes into account the differing dynamics and change in gender roles. The restructuring of gender relations and gender roles in diaspora households is necessary if families are to cope in the UK but this is by no means automatic (Pasura 2008). Public awareness and training on the issues of parenting, marriage and stress would be worth considering.

There is also a need to review structural barriers that exclude and force people into situations that impact negatively. An engagement with policy makers on some of these structural barriers is also required.

(iii) The strengths and limitations of research

This research made the most of very limited resources both in terms of time allocated and funding to highlight very important issues within the Zimbabwean community. A major learning from this research is the importance of involving the community in finding solutions to their own concerns. In terms of planning and executing the research a lot of thought and planning was required to ensure the target population was reached and that it was representative of the community at large.

Using different research method allowed for triangulation making the research more robust.

The research could have benefited from a larger sample of women ensuring that all levels of the community are taken into consideration. The magnitude of the work also would require more time and a more rigorous approach in collecting data, using different survey methods. The focus group discussion provided participants with a great opportunity to tell the stories they have been longing to tell and worked very well in giving insight to the research while giving the women opportunity to get their voices heard.

With online survey it was difficult to monitor who had completed the survey making any follow up impossible. However this was also the best method to reach the wider community in the limited time and resources. To improve this for the future a monitoring method would have to be factored in.

Bibliography

Atkinston, R. and Flint, J 2001 '*Accessing hidden and hard to reach populations: snowball research strategies*,' Social Research Update 33, University of Surrey, http://www.soc.surrey.ac.uk/sruSRU33.html accessed on 28.5.12

Bloch, A 2008, '*Zimbabweans in Britain: Transnational Activities and Capabilities*' Journal of Ethnic and Migrant Studies, 34:2, 287-305

Block, A. 2005, '*The developmental potential of Zimbabweans in the Diaspora: A survey of Zimbabweans living in the UK and South Africa',* Geneva: International Organization for Migration, Migration series17

Dillman, D 200*0 'Mail and Internet survey: The Tailored Design Method',* New York: Wiley

Faugier, T and Sargeant M 1997, '*Sampling hard to reach populations*' Journal of Advanced Nursing', 26(4):790-97

Hunt, L 2008, '*Women Asylum seekers: Opportunities, Constraints and the Role of Agency',* Social Policy and society, 7, 281-292

Mbiba, B. 2005, '*Zimbabwe's Global Citizens in ''Harare Nort*h'': Some Observations. In: M. Palmberg and R. Primorac (eds), Skinning the Skunk— Facing Zimbabwean Futures, Uppsala: Nordiska Afrikainstitutet. pp. 26–38.

McGregor, J. 2007, *'Joining the BBC (British Bottom Cleaners)': Zimbabwean migrants and the UK care industry,'* Journal of Ethnic and Migration Studies, 33 (5) 801 – 824.

McGregor, J. 2008, '*Abject Spaces, Transnational Calculations: Zimbabweans in Britain Navigating Work, Class and the Law*', Transactions of the Institute of British Geographers, 33, 4: 466-482.

McGregor, J. 2009, 'Associational *Links with Home among Zimbabweans in the UK: Reflections on Long-Distance Nationalisms'*, Global Networks, 9, 2: 185-208

Pasura, D. 2008 'Gendering *the Diaspora: Zimbabwean Migrants in Britain',* African Diaspora, 1-2: 86-109.

Pasura, D. 2006, 'A *Fractured Transnational Diaspora: The Case of Zimbabweans in Britain', International* Migration Organization,

Pasura, D. 2010, ' Zimbabwean Transnational Diaspora Politics in Britain. In: J. McGregor and R. Primorac (eds), Zimbabwe's New Diaspora: Displacement and the Cultural Politics of Survival, New York: Berghahn Books.

Ranger, T 2005, '*The Narratives and counter narratives of Zimbabwean Asylum female voices',* Third World Quarterly, 26:3 405421

Appendices

Questionnaire

1. In what area of London do you live?

2. What is your age?

- 10-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69

3. How long have you lived in England for?

4. What is your highest educational/professional attainment?

- What is your highest educational/professional attainment Primary
- Secondary
- Diploma
- Degree
- Masters
- PHD
- Professional qualification

Other (please specify)

5. What jobs have you done since you have been in England (please list)

6. How settled do you feel here (please tick as many as apply) or how would you rate your sense of belonging in your current neighbourhood?

- ☐ I am a part of my community I hardly notice the difference
- ☐ England has been like home to me
- ☐ I have access to all relevant services like anyone else
- ☐ I have experienced exclusion and racism
- ☐ I don't feel that I have a say in anything
- ☐ I have experienced difficulties accessing services

Please name them

7. From the list below please indicate which (if any) have affected you or another Zimbabwean close to you? Please tick

☐ From the list below please indicate which (if any) have affected you or another Zimbabwean close to you? Please tick HIV

- ☐ Terminal Illness
- ☐ Marriage/family breakdown
- ☐ Children underachievement in school
- ☐ Children losing their identity and uncontrollable
- ☐ Children getting involved in crime
- ☐ Loneliness
- ☐ Low paid jobs that you are overqualified for (deskilling)
- ☐ Violence perpetrated by another Zimbabwean
- ☐ Discrimination

Other (please specify) 

8. From the problems you have identified which would you say are of the highest concern within the Zimbabwean community

(**Rating: A major problem—A big problem—A small problem—No concern**)

	A major problem	A big problem	A small problem	Little concern
o HIV				
o Marriage/family breakdown				
o Children underachievement in school				
o Children losing their identity and becoming uncontrollable				
o Loneliness				
o Low paid jobs that you are overqualified for (deskilling)				
o Violence perpetrated by another Zimbabwean (please specify)				
o Other (please specify below)				

Other 

9. How would you rate the effectiveness of the following interventions?

(Rating: Excellent - -Good-- Not helpful- -I don't know)

	Excellent	Good	Not helpful	I don't know
o Counselling from named, trusted older members of the community set up through a reputable organisation who are able to monitor the process				
o Referral to mainstream counselling service				
o Referral to mainstream relevant support				
o Awareness programs run specifically for the Zimbabwean community				
o Platform where the community can come together and discuss issues facing the community and suggest solutions				
o Support programs exclusive to the Zimbabwean community by a Zimbabwean organisation				
o Specialist exclusive and				

	Excellent	Good	Not helpful	I don't know
targeted support brokered through mainstream services such as (Relate on Family issues)?				
Other (please specify below)				

Other

10. What else would you suggest as a way to help build our community?

Done