# The immigration of social workers: From Zimbabwe to England

**Lucy Willett**
South Oxfordshire Adult Mental Health Team, UK

**Yohai Hakak** iD
Brunel University London, UK

## Abstract

Despite the growing number of international social workers who have trained in one country and moved to practice in another, relatively little research explored the personal journeys of this group. Fewer still are the studies sensitive to the impact of culture on these journeys and the cultural adaptation migrating social workers go through. Using mixed methods, this research explores these aspects of the migration of social workers from Zimbabwe to England. Participants highlighted cultural differences in relation to the place of the individual compared to the community and in relation to risk, corporal punishment and domestic violence.

## Keywords

Culture, England, immigration, integration, risk, Zimbabwe

## Introduction

Demographic and social factors have created employment opportunities for international workers in the health and social care sectors, allowing migration to play a valuable part in the UK labour market. About 10 percent of the total number of social workers registered to practice in the UK completed their qualification abroad (Hussein et al., 2010). Hanna and Lyons (2016) highlight the importance of understanding the experiences of migrating social workers. This is the gap that this study hopes to fill by studying the migration of social workers from Australia, Canada, India, Ghana, Romania, South Africa, the United States and Zimbabwe to the United Kingdom. This article will focus on one component of this larger study – the migration of those who qualified in Zimbabwe. Zimbabwe is one of the major suppliers to the UK social work sector (Eborall and Griffiths, 2008). There is limited research exploring the perspective of Zimbabwean migrants (Devo, 2006). Existing studies did not fully explore the impact of culture on migration journeys. These issues will be the focus of this article.

**Corresponding author:**
Yohai Hakak, The Social Work Division, Brunel University, Mary Seacole Building, Uxbridge UB8 3PH, UK.
Email: Yohai.hakak@brunel.ac.uk

The research employed a mixed-method approach involving an online questionnaire and semi-structured interviews. All our participants practice social work in England. A short online questionnaire covering a range of topics was responded to by 23 participants. Key topics were then explored more deeply through 10 semi-structured face-to-face interviews with participants working and residing in England, mainly in the Greater London area. The interviews lasted, on average, 1 hour. Thematic analysis was used to identify common themes and patterns. A better understanding of the personal experiences of these professionals can help improve their process of integration into UK social work.

## The migration of social workers

With globalisation, labour mobility has increased (White, 2006). Migration of professionals to the UK is often the result of inability of the local workforce to meet the demand for skilled workers, including social workers. In the case of Zimbabwean social workers, a key driver for migration is that of the limited job opportunities in social work in Zimbabwe. While migration experiences of unskilled workers have been studied (Neocosmos, 2010), there are relatively few studies on the experiences of skilled workers (Rasool and Botha, 2011), especially social workers (Bartley et al., 2012).

Social work is a global profession, practised in over 140 countries (Bartley et al., 2012), but also context-dependent (Al-Krenawi et al., 2009). While basic human needs do not differ, resources and responses to needs can vary significantly. Evans et al. (2006) reported that skilled migrants face challenges and require adaptation. Although the challenges and benefits of employing and training those qualified overseas are beginning to be explored more within the literature (Hussein et al., 2010; Pullen-Sansfacon et al., 2011), there is still little research on how migrant social workers adapt to new environments and cultures.

The impact of culture on the migratory journeys of social workers is of interest in this study. Professional adaptation, according to Deters (2009), occurs when an individual who qualified in one country moves to a different country. These adaptations may not be just professional but also personal, social and cultural. Deters (2009) and Bauer et al. (2009) found that social support and networking, known also as 'Social Capital', were useful when adapting, particularly for those who share similar cultural background, identity and beliefs. Tinarwo (2011), for example, showed its importance for Zimbabwean social workers who were able to draw upon different forms of social capital to access as many resources as possible to develop themselves personally and professionally, eventually becoming UK citizens.

## Arriving from Zimbabwe

Understanding the political and economic environment in Zimbabwe is vital in order to appreciate social work practice within it. Zimbabwe gained independence from British colonial rule in 1980 and the Zimbabwe African National Union (ZANU) party won elections, with Robert Gabriel Mugabe becoming its first president. President Mugabe dominated Zimbabwean politics for nearly four decades. The country has seen severe droughts and the land-reform programme where White-owned farms redistributed to Zimbabwean nationals created a struggle for food and production. In 2017, after 37 years in office, President Mugabe resigned as a result of military intervention and Emmerson Mnangagwa took over the presidency, being re-elected in 2018. However, high inflation and continued unrest meant that the country remains under-resourced, with many facing poverty (Beardsworth et al., 2019). As a result of the economic and political history of Zimbabwe, social work was slow to gain recognition (Chogugudza, 2009) and it is still under-valued (Beardsworth et al., 2019). On top of these conditions, Chogugudza (2009, 2018) noted social, political and economic difficulties as the main push factors for migration of social workers from

Zimbabwe. To add complexity to the issue, many scholars note that social work as a profession has been and still is struggling to shake off its Western and colonial roots (Gray et al., 2014; Kaseke, 1991, 2002; Mamphiswana and Noyoo, 2000; Masuka, 2015).

## Zimbabwean professionals' migration

Bloch (2006) studied the barriers to employment and the difficulties with emigration status faced by Zimbabwean professionals (Bloch, 2008). Chikanda (2010) found that Zimbabwean doctors were motivated to immigrate mostly because of limited career opportunities in Zimbabwe. However, there are few studies that explored the migration journeys of Zimbabwean social workers who have migrated to the UK. One such study is that of Tinarwo (2011), who looked at Zimbabwean social workers in a major city, focusing on how they utilised social capital, from recruitment to living in the UK.

Chogugudza (2009, 2018) looked extensively at social work practice within Zimbabwe, detailing the history of its education system, training and employment opportunities, as well as noting challenges facing social work education, such as becoming more responsive to current needs (Chogugudza, 2009). Chogugudza (2018) found that participants were able to transfer basic social work knowledge and skills they acquired in Zimbabwe when practising in England, with relevant adjustments, possibly due to the fact that social work practice in Zimbabwe was strongly influenced by the British model of social work. He also found barriers to the transfer of knowledge and skills. These were rooted in social, cultural, political and legislative differences between both Zimbabwe and the UK (Chogugudza, 2018). A critical analysis of these experiences by Chogugudza (2018) noted that differences in social work culture between Zimbabwe and the UK are important in the experience of overseas Zimbabwean social workers and were often referred to as creating significant barriers for successful integration. Chogugudza (2018) also mentions briefly specific cultural challenges reported by participants regarding the role of the state and civil society in determining what is considered 'good' or 'bad' parenting, regarding the existence of powerful children's rights discourse, and attitudes towards gay rights and domestic violence.

This article will further explore the unique experiences of Zimbabwean social workers, with a focus on culture and identity, as well as the strategies employed by these individuals to adapt to the English context and culture. Culture can have an impact on the smallest of day-to-day interactions (Fox, 2014) right through to how we look at the world and interpret the actions of others. Brislin (1990) noted cultural differences in the way people construct their notion of self, as well as the way in which this impacts on cognition and emotion. Culture has also been found to impact confidence, traits and judgements (Oltedal et al., 2004). Chui (2005) notes the possible influence of cultural characteristics on risk management, for example the cultural trait to avoid conflict or indirectness which may impact on risk identification, portrayal and response. Douglas (1966, 1978) and Douglas and Wildavsky (1983) put forward Cultural Theory, in which perceived risk is closely tied to cultural adherence and social learning (Dake, 1991). According to Douglas (1978), risk perception is not solely dictated by personality or individual cognition; rather it is socially and culturally constructed, and an individual learns about thresholds of risk, and how much risk to accept, through social learning in their communities (Douglas, 1978; Douglas and Wildavsky, 1983).

## Research design and rationale

The study used a mixed-method approach and employed an anonymous online questionnaire that included a range of closed and open questions. We also conducted semi-structured interviews with 10 Zimbabwean social workers currently practising in England (the Greater London area).

Purposive sampling was used to identify participants over the age of 21 years, trained as social workers in Zimbabwe and currently employed in the UK. Participants were recruited through local authorities, a Facebook group, the Zimbabwean UK Social Workers Association, but mostly through LinkedIn.

## Sampling and data collection

### Online questionnaire

The online questionnaire was completed by 23 participants; 22 of them practised at that time in Children and Families Services; 19 out of the total of 22 participants secured their job before arriving in England; 13 (59.1%) were male and 9 (40.9%) female; 11 (47.8%) of them were originally from Harare in Zimbabwe. Eight of them lived in London at that time and the rest in different parts of England; 11 (47.8%) had lived in England for over 10 years and 5 (21.7%) less than 1 year; 69.6% indicated that they had moved to England to improve their living standards, and 82.6% in search of opportunities for professional development. The survey allowed us to reach out to a relatively large sample. Key issues from the survey were further explored in greater depth through the semi-structured interviews, but with a smaller group of participants.

### Semi-structured interviews

After initial contact, an interview invitation was sent out to the potential participants, as well as a participant information sheet. If the participants expressed willingness to take part in the interview process, a time and place for the interview were identified and agreed. All interviews were recorded, with consent, and then transcribed. Interviews lasted, on average, 1 hour.

## Data analysis

The qualitative data from the online questionnaire and the semi-structured interviews were combined and analysed using Braun and Clarke's (2006) six-phase guide to thematic analysis. This method enables common patterns and themes to be extracted from the data. In the first stage, the data were transcribed, read and re-read. In the second stage, initial codes were created and the data relevant to each of the codes collated. In the third stage, we collated several codes together to create each of the themes, and in the fourth stage, we checked whether the themes appropriately contained the relevant codes and whether together they create a comprehensive thematic map of the data. In the fifth stage, we refined the name of each theme and ensured that all its parts were relevant and appropriately placed. The final sixth stage included writing the report. The final stage required also relating the themes back to the research questions, the literature and the theory in an explanatory manner.

## Community oriented or individualistic?

All our interviewees and 88 percent of the questionnaire respondents reported encountering differences in culture. Many described England as less 'community focused', with less appreciation of the role of the wider family, and more 'individualistic', compared with Zimbabwe. Some participants described feeling 'shocked' and 'surprised' at the extent of this difference, which they saw manifested in their own personal and professional environment. Half of the interviewees found it difficult knowing almost nothing about their neighbours, and one of them stated,

> [b]ack in Zimbabwe . . . it's an expectation that you greet your neighbours . . . check how they have been throughout the night. You have conversations . . . if you get onto a bus, you greet people. Hello, how are you? Then you take your seat. Here, if you go up to your neighbours, say 'hi, how are you, I am just checking on whether you have had a good night's sleep or not' . . . that's intrusive.

Hofstede's (1984) ideas can help us see the culture tendencies observed by participants as part of a spectrum, closer to the individualistic end of it. This larger scale difference between the dominant tendency in English and Zimbabwean culture is likely to have a range of implications including for social work practice. To explain the role of wider community, multiple participants reiterated the notion that 'it takes a village to raise a child', with one participant stating:

> [b]ack home, there was this concept that a child belongs to the community. Your child is our child . . . it's the community that raises the child.

Such an approach to child rearing would entail a very different set of expectations from parents and the wider community, as well as a different set of freedoms and possibilities entrusted in the hands of other adults. This set of expectations might be in direct tension to the English social work practice concerning children and the way in which interventions heavily target the nuclear family. Another participant stated with relation to the wider community: 'you can rely on people more back home'.

Contrary to the more community-oriented behaviour in Zimbabwe, several participants said about life in England that here 'people just mind their own business' and 'everyone does their own thing'. The fact that such phrases appeared so many times during the interviews indicate that this is an important difference for the participants and perhaps something that they were not expecting. According to Fox (2014), one of the expressions of English individualism is the avoidance of acknowledging strangers or even making eye contact, in order to maintain as much privacy as possible. Fox (2014) refers to this type of behaviour as the 'denial rule'. Fox's (2014) comments on privacy tie in with further experiences shared by the participants who found the culture in England to be 'less open . . . less free', and another participant stating that 'people are more friendly in Zim'. Fox (2014) writes about the dominant group in English culture appearing 'cold, reserved, unfriendly and stand-offish':

> Private information is not given away lightly or cheaply to all and sundry, but only to those we know and trust . . . In most other cultures, revealing basic personal data – your name, what you do for a living, whether you are married or have children, where you live – is no big deal: in England, extracting such apparently trivial information from a new acquaintance can be like pulling teeth – every question makes us wince and recoil. (p. 19)

These differences between the dominant trends in Zimbabwean and English culture had a strong impact on Zimbabwean social workers, which will be further explored in the next section.

## Home and belonging

Many participants noted that 'there isn't that sense of belonging' when discussing their neighbourhood and communities in England, which may reflect the importance of privacy in English culture and that this may not be a value that is highly regarded in Zimbabwe. Half of Tinarwo's (2011) research participants reported not feeling a sense of belonging in the UK. Possibly in connection with this, seven questionnaire participants reported that they would like to move back to Zimbabwe in the future, citing that 'home is always best'. Family ties are also key in maintaining

cross-border links (Tinarwo, 2011) and several interviewees shared that they would return to Zimbabwe as a result of their family still being there. When asked in the survey which out of a list of options had the strongest negative impact on them since migrating to the UK, 69.6 percent of the Zimbabwean respondents noted missing family and/or friends. The percentage of Zimbabwean respondents choosing this answer is much higher compared with other groups of migrating social workers, including Indians (38.9%), Canadians (28%), Australians (31.3%), Americans (24%) and Romanians (13.8%). At the same time, when asked if they had been able to form a network of friends since they arrived, 95 percent of Zimbabwean social workers – more than any other group – either strongly agreed or agreed that they had managed to form such a network. These figures indicate both the importance and the centrality of the wider family and community in Zimbabwe and for social workers arriving from it. They also clarify that forming a strong local network of friends does not guarantee being able to feel a sense of belonging to wider society, to the local and national culture and geography, or to the state and its institutions. These tensions are likely to have additional impact that awaits further exploration.

## Adapting to life in England

Participants shared myriad different ways in which they have adapted to life in England, including, for example, social learning and 'seeing how other people interact, seeing how people talk to each other'. Five participants cited the support of family and friends as the main way in which they have adapted to England. One respondent noted that 'a good network of friends' helped them to learn about the local culture, adjust and 'accept things as they are'. Another stated that 'Zimbabwean social workers are close' and that 'this is a network, it is support'. This finding of utilising social capital by participants mirrors other literature (Deters, 2009). It also suggests that social capital may be a key strategy for participants in adapting to the English culture, as suggested by Pantiru and Barley (2014), and may further support the acculturation process (Ward, 2008). Another participant also stated that their social network 'helps with work, to relax, to be a person', indicating a much wider set of benefits, beyond practical support.

## Being resilient

Five participants cited 'adaptability' as a trait they found prevalent in those Zimbabwean-qualified. One participant stated that they felt Zimbabwean social workers are 'not easily stressed' and 'calm' in challenging situations. They reported that 'their resilience is a bit higher' compared with local professionals and they 'don't panic'. Four participants used the word 'resilient' to describe Zimbabwean social workers in comparison with other social workers, and another explained that

> [m]ost of the social workers or people who come from Zimbabwe . . . they will talk about facing economic downturn and they've faced joblessness, they've faced trouble, but they have survived. . . . You become very resilient . . . We work hard. You are this person who does not falter easily . . . It is because of the environment you grow up in. . .

The resilience Zimbabwean social workers display may well be a result of past experiences in Zimbabwe, especially economic difficulties. The intractable nature of the socio-economic and political difficulties in Zimbabwe might help Zimbabwean social workers to especially appreciate the opportunity to work in England, thereby increasing their resilience. This resilience is clearly required in order to support their adjustment to the range of cultural differences described.

## Differences in social work practice and culture

A total of 7 out of 10 participants in the interview data and 9 out of 16 participants in the online questionnaire commented that they felt that social work in England was much better resourced compared with Zimbabwe. One interviewee stated,

> [t]he number one issue in Zimbabwe – it's a developing country – is poverty . . . That's a different mindset . . . of course, witnessing domestic violence in a house has its own impact, but it's not the big issue . . . what is more important, witnessing domestic violence or starving to death.

Poverty in Zimbabwe creates a different set of priorities and shifts the attention in a different direction. Their ability to respond is also different, and as an interviewee stated, resources (in England) mean that 'you can respond to each and every little thing that comes up'. Many other participants made similar comments and reiterated the focus on poverty in Zimbabwe compared with England, where the focus is on protection from abuse or neglect, mental health, substance misuse and domestic violence.

Another difference in practice frequently mentioned was that of the interventions used. Several respondents to the online questionnaire and several interviewees noted that social work in Zimbabwe focused much more on community development. Participants also shared that they had to adapt to more case-focused work and one-to-one interventions. The experience of working with the wider family and community was seen by some as a possible contribution that Zimbabwean social workers can bring to social work practice in England. The under-use of community resources is something that has also been noted within social work legislation, with The Care Act (2014) emphasising the importance of including local networks. Underpinning this, The Care Act (2014) also highlights the need to move from individual deficit-based models to ones that holistically encompass individuals and their communities, with progressive social work models building on social capital and local assets. This aptly mirrors the interventions that participants shared as being typical in Zimbabwe, describing them as 'a lot of preventive work' and sharing 'the same challenges as the person next to you'.

## Rights-based welfare

The creation of the Welfare State after the second World War had a worldwide impact (Glennerster, 2006). The recognition of certain minimal rights all citizens should be entitled to meant that the state's role was to ensure these are respected and granted. Further safeguarding roles were added over the years. Together, these shape the relations of the public towards social workers, who are either there to perform a role of social control (safeguarding children or adults) or to provide care. As these rights are enshrined in law, the public learned to expect their fulfilment and service users can as a result be quite demanding in their relations with social workers. These seem to shape a very different relationship compared to countries in which the state's obligations are less clear and defined and any help from the state is received with gratitude.

Six participants made comments pertaining to the relationship between clients and social workers, with three stating that families 'were accepting of help' in Zimbabwe, as opposed to their experiences of families in England, who appear more 'entitled' and 'do not like intervention'. The rights-based care and control role of English social workers ensures most citizens are aware of their entitlement when care is in question. Most citizens are also aware of the state's social control role, which is commonly criticised. Similar statements were made in the online questionnaire. Probably also as a result of the limited support from the state, participants described clients in Zimbabwe as being more 'independent', 'self-reliant' and 'resilient'.

## Blame culture and work-related stress

Blame culture and 'blame shifting' in UK social work were also mentioned by three participants, with one noting 'you know there is an element of fear, people trying to cover their back', whereas 'the reverse is true in Zimbabwe, there is no fear, you just do what you have to do'. Another participant described it as working 'in an open line of fire'. They went on to say:

> I find that scary at times because . . . you question yourself over every decision . . . you don't want to wake up and your case is going for a serious case review, it gives you a lot of anxiety . . . It is unwarranted pressure . . . instead of really focusing on changing lives . . . being that catalyst.

## Risk perceptions

Many participants commented on the differences in the way risk was managed and perceived. They felt that the threshold of risk was lower in England, with one commenting that 'what they feel is a risk here in the UK, is not a (real) risk'. One participant stated that they felt that 'sometimes everything is taken out of proportion here [in England]' when discussing risk. The different legislative systems seem to also create differences in the management of risk:

> In Zimbabwe, in South Africa, if you decide the child is at risk, you don't need a conference, you don't need a panel, you have made that decision . . . I think the African system works much better because . . . you don't manage risk. The child is out of that situation already . . . .

The lack of extensive legislation, bureaucratisation and procedures means that practitioners are freer to take personal initiatives and are not dependent on a complex bureaucracy. If they think there is a risk, they can act immediately. Understanding these differences is crucial for successful integration. As another participant explained,

> [w]hat people don't understand is our background and where we are coming from, so it is also very important I think, as part of our induction, to say okay what does risk look like? Here, in this context. Because contexts differ. If that is not explained, I will use my background knowledge because remember where I am coming from is my frame of reference, so if I don't get to know what the legislative framework says here, I will be in trouble because I won't be able to assess risk the same way.

Specific difference in risk perception was identified regarding corporal punishment, mental health and domestic abuse. Many participants shared that physical chastisement is not viewed the same in both countries and that 'slapping a child is not an issue' in Zimbabwe, whereas it is much more likely to be seen in a negative light in England. It is important to note that the attitudes towards corporal punishment have been hotly debated in Zimbabwe during recent years, and in 2017 its High Court banned its use by teachers or parents (Ziwira, 2019). Domestic violence, too, was noted by half the interviewees as being something that they would not consider a risk in Zimbabwe, especially not for children, as it 'happens in almost every house'. Five participants in the interview data and several respondents to the online questionnaire commented that domestic abuse was not something that was typically attended to in Zimbabwe and that domestic violence issues are 'normally resolved at family level'. This difference was something that needed adjusting to.

## Views on mental health

A further pattern that emerged from the data was regarding perceptions of mental health. As people in all cultures experience mental health difficulties, all cultures have developed a variety of

mechanisms to deal with these. The Western medical model of diagnosing and treating mental health, and the pharmacological industry that was established based on it, were successful in spreading their influence across the world, despite limited evidence of effectiveness (Johnstone et al., 2018).

Much like in England, where stigma is still attached to mental health difficulties, in Zimbabwe, those experiencing noticeable mental health difficulties are stigmatised. As one of the interviewees explains, 'it's a taboo' and no one would like to be associated with it. Despite the similarities in the stigma attached, this interviewee went on to note the difference they found compared with England:

> It is only now where, with a lot of education, people in Zimbabwe are starting to accept mental health into . . . you know . . . because previously it would be attributed to evil spirits . . . So, it was a very difficult subject to tackle, especially if it was a child [experiencing mental health difficulties]. So here [in England], it is strange . . . that every parent wants a diagnosis of mental health. I think . . . it was a huge shock . . . Coming from . . . one extreme side to another extreme side.

The effort to destigmatise mental health difficulties and psychiatric diagnoses in the West gained some success, especially in relation to the more common and mild learning difficulties affecting young people, including attention-deficit/hyperactivity disorder (ADHD), attention deficit disorder (ADD), Dyslexia and Asperger's Syndrome. As being diagnosed with some of these conditions can secure appropriate support and certain privileges during exams, parents' motivation to get their children diagnosed has increased. This can explain the tension described by the interviewee above. With the transition to modernity and the appearance and development of psychiatry and psychology, and especially with the growth of the pharmaceutical industry, more and more behaviours which in traditional societies are responded to in a variety of ways – including through a religious framework – have turned in the modern West into medical conditions. This medical model, despite its limited evidenced success, is gradually making inroads across the globe, including in Zimbabwe, as described by the interviewee.

In regard to legislative differences, Zimbabwe has many policies on mental health, with the Mental Health Act (1996; Mangezi and Chibanda, 2010) safeguarding the rights of patients with a mental illness; however, the application of legislation is reported to be more limited and legislation also emphasises institutionalisation for those who are mentally ill, with some differences from the UK, where institutionalisation is not easily recommended in line with the least restrictive practice. Liang et al. (2016) conducted a study that detailed only five clinical psychologists working in the public sector in Zimbabwe, and psychiatry has also been reported to be the least popular of the medical specialities (Pitorak et al., 2012), suggesting that mental health is not a particular focus in Zimbabwe, possibly as a result of the stigma associated with it and fears that it might be 'catching' (Liang et al., 2016).

In addition, Pitorak et al. (2012) noted that traditional healers and faith healers are often still utilised in Zimbabwe on appearance of mental health difficulties. This was also noted by participants in this study, as one reported:

> We don't prescribe medication . . . we don't think that medication can solve it. We think that maybe you hit your mum, you took somebody's wife, like a punishment from our traditional gods . . .

This emphasises the limited application of a medical or the social model for the treatment of mental illness in Zimbabwe and provides further weight to what participants have reported within this study in that individuals are treated by non-medical healers or are 'left to get on with it'. These findings provide evidence of the differences in cultural perception of mental illness and risk in Zimbabwe and England, as well as regarding the challenges in adjusting to the local context Zimbabwean social workers are likely to experience.

## Discussion and conclusion

We have presented here the cultural differences participants observed over their migratory journeys. Participants shared their surprise at the individualistic tendencies they encountered and the emphasis on privacy, where people prefer to mind their own business and social work practice focuses more on case work and the nuclear family. They reported that this was in stark contrast to Zimbabwean culture, describing a society that is cohesively integrated, where the wider community acts as a collective and is integral to upbringing and social functioning, as well as where social work interventions are community-led and focused. This was a strongly reported difference in culture and repeated by most participants. A community-minded orientation was a vital aspect of their culture that many ensured they continue to maintain, seeing it as their potential unique contribution while in England. Building such strong bonds was often much easier with other like-minded Zimbabwean migrants. Although many noted that they strongly believed community-led interventions in social work practice were very effective, several respondents stated that they would not work as well in England, due to the individualistic culture. This limited their ability to utilise their knowledge and strengths in this area. These sentiments were also mirrored by the responses to the questionnaire where 'missing family and friends' was seen by 69.6 percent of the respondents as the factor having the strongest negative impact on them, a percentage much higher compared with other groups.

Another central theme connected with practice and emerging from the findings was the differences in perception of risk. Corporal punishment, domestic violence and mental health were perceived differently in England compared with Zimbabwe. Participants had to learn to adjust, both in their personal life and professional practice. The results showed how participants have adapted to the English culture, used their social capital, were made aware of their resilience and adjusted to the different thresholds. Indeed, when asked regarding unique characteristics of Zimbabwean social workers, half the participants cited 'adaptability' as a prevalent trait.

These findings have a significant impact on social work practice, as risk analysis plays an integral role in the profession (Fraser et al., 1999). As a result, this study suggests that better training and support could be provided to Zimbabwean migrants, when moving to the UK to practice social work, on what risk looks like in the UK and how this can impact on practice, with a particular emphasis on the key areas that have come up within the study, such as corporal punishment, mental health and domestic abuse. As noted by one participant in the study, 'contexts differ', and it would be useful for social work inductions to include risk-management information, both regarding the legislative framework and theory, as well as practical examples, such as experience of shadowing in practice.

A significant limitation of this study is that it draws on a small sample size. Although the sample was as random as possible and participants were recruited from differing boroughs across the country, purposive sampling was used and, as a result of certain boroughs having more Zimbabwean-trained staff than others, some participants worked within the same borough, which was not as representable as desired. In addition, the study had only 10 interviewed participants and 23 participants completing an online questionnaire, which raises the issue of generalisability of the findings. However, this limitation could be overcome by conducting a wider study with a larger sample size.

In conclusion, this study has highlighted important cultural differences between England and Zimbabwe as experienced by Zimbabwean-trained social workers practising in England. The findings will not only contribute to the literature by broadening our understanding of migrant experiences, but will also provide further evidence that the place of the individual versus the place of the community as well as what constitutes risk are issues perceived differently across cultures, highlighting how these differences in perception can impact on social work practice and the gap in

induction training for social work migrants. Future research could expand on the impact of cultural differences on migration journeys, as well as further explore the impact of the differences identified here across other cultures and how migrants can be better supported to adapt to these differences within social work practice.

## ORCID iD

Yohai Hakak  https://orcid.org/0000-0002-8866-4324

## References

Al-Krenawi, A., J.R. Graham, E.A. Al-Bedah, H.M. Kadri and M.A. Sehwail (2009) 'Cross-National Comparison of Middle Eastern University Students: Help-Seeking Behaviours, Attitudes toward Helping Professionals, and Cultural Beliefs about Mental Health Problems', *Community Mental Health Journal* 45(1): 26–36.

Bartley, A., L. Beddoe, C. Fouché and P. Harington (2012) 'Transnational Social Workers: Making the Profession a Transnational Professional Space', *International Journal of Population Research*: 527510.

Bauer, T., G.S. Epstein and I.N. Gang (2009) 'Measuring Ethnic Linkages among Migrants', *International Journal of Manpower* 30(1–2): 56–69.

Beardsworth, N., N. Cheeseman and S. Tinhu (2019) 'Zimbabwe: The Coup that Never Was, and the Election that Could Have Been', *African Affairs* 118: 580–96.

Bloch, A. (2006) 'Emigration from Zimbabwe: Migrant Perspectives', *Social Policy & Administration* 40(1): 67–87.

Bloch, A. (2008) 'Refugees in the UK Labour Market: The Conflict between Economic Integration and Policy-Led Labour Market Restriction', *Journal of Social Policy* 37(1): 21–36.

Braun, V. and V. Clarke (2006) 'Using Thematic Analysis in Psychology', *Qualitative Research in Psychology* 3(2): 77–101.

Brislin, R.W. (1990) *Applied Cross-Cultural Psychology* (Cross-Cultural Research and Methodology Series, vol. 14). Thousand Oaks, CA: SAGE.

Chikanda, A. (2010) *Emigration of Medical Doctors from Zimbabwe: Migrant Experiences, Transnational Linkages and Prospects for Diasporic Engagement*. London, ON, Canada: University of Western Ontario.

Chogugudza, C. (2009) 'Social Work Education, Training and Employment in Africa: The Case of Zimbabwe', *Ufahamu: Journal of African Studies* 35(1): 1–9.

Chogugudza, C. (2018) 'A Critical Analysis of the Recruitment and Experiences of Overseas Zimbabwean Social Workers in the UK', PhD Thesis, Royal Holloway, University of London, London.

Chui, K. (2005) 'Managing Projects in Asia: The Challenge of Cultural Diversity', PMI Global Congress, Singapore. Available online at: https://www.pmi.org/learning/library/managing-projects-asia-challenge-cultural-diversity-7601 (accessed 30 September 2020).

Dake, K. (1991) 'Orienting Dispositions in the Perception of Risk: An Analysis of Contemporary Worldviews and Cultural Biases', *Journal of Cross-Cultural Psychology* 22(1): 61–82.

Deters, P. (2009) 'Identity, Agency, and the Acquisition of Professional Language and Culture: The Case of Internationally Educated Teachers and College Professors in Ontario', PhD Thesis, University of Toronto, Toronto, ON, Canada.

Devo, J. (2006) 'Out of Africa into Birmingham', *Professional Social Work*, 1 August 2006, pp. 12–13.

Douglas, M. (1978) *Cultural Bias*. London: Royal Anthropological Institute.

Douglas, M. and A. Wildavsky (1983) *Risk and Culture: An Essay on the Selection of Technological and Environmental Dangers*. Berkeley, CA: University of California Press.

Douglas, R.J. (1966) 'Cues for Spontaneous Alternation', *Journal of Comparative and Physiological Psychology* 62(2): 171–83.

Eborall, C. and D. Griffiths (2008) *The State of the Adult Social Care Workforce in England, 2008: The Third Report of Skills for Care's Skills Research and Intelligence Unit*. Leeds: Skills for Care.

Evans, S., P. Huxley and M. Munroe (2006) 'International Recruitment of Social Care Workers and Social Workers: Illustrations from the UK', *The Hong Kong Journal of Social Work* 40(1–2): 93–110.

Fox, K. (2014) *Watching the English: The Hidden Rules of English Behaviour Revised and Updated*. London: Nicholas Brealey.

Fraser, M.W., M.J. Galinsky and J.M. Richman (1999) 'Risk, Protection, and Resilience: Toward a Conceptual Framework for Social Work Practice', *Social Work Research* 23(3): 131–43.

Glennerster, H. (2006) *British Social Policy: 1945 to the Present: Making Contemporary Britain*, 3rd edn. Oxford: Blackwell.

Gray, M., L. Kreitzer and R. Mupedziswa (2014) 'The Enduring Relevance of Indigenisation in African Social Work: A Critical Reflection on ASWEA's Legacy', *Ethics and Social Welfare* 8(2): 101–16.

Hanna, S. and K. Lyons (2016) 'Challenges Facing International Social Workers: English Managers' Perceptions', *International Social Work* 59(6): 722–33.

Hofstede, G. (1984) *Culture's Consequences: International Differences in Work-Related Values* (Cross-Cultural Research and Methodology Series, vol. 5). London: SAGE.

Hussein, S., J. Manthorpe and M. Stevens (2010) 'People in Places: A Qualitative Exploration of Recruitment Agencies' Perspectives on the Employment of International Social Workers in the UK', *British Journal of Social Work* 40(3): 1000–16.

Johnstone, L., M. Boyle, J. Cromby, J. Dillon, D. Harper, P. Kinderman, P. Longden, D. Pilgrim and J. Read. (2018) *The Power, Threat, Meaning Framework: Towards the Identification of Patterns in Emotional Distress, Unusual Experiences and Troubled or Troubling Behaviour, as an Alternative to Functional Psychiatric Diagnosis*. Leicester: British Psychological Society.

Kaseke, E. (1991) 'Social Work Practice in Zimbabwe', *Journal of Social Development in Africa* 6(1): 33–45.

Kaseke, E. (2002) 'The State of Social Welfare in Zimbabwe', in J. Dixon and R.P. Scheurell (eds) *The State of Social Welfare: The Twentieth Century in Cross-National Review*. Westport, CT: Greenwood Press Pp: 217–233.

Liang, M., D. Machando, W. Mangezi, R. Hendler, M. Crooks and C. Katz (2016) *Mental Health in Zimbabwe*. Harare: Kushinga.

Mamphiswana, P. and N. Noyoo (2000) 'Social Work Education in a Changing Socio-Political and Economic Dispensation', *Perspectives from South Africa; International Social Work* 43(1): 21–32.

Mangezi, W. and D. Chibanda (2010) 'Mental Health in Zimbabwe', *International Psychiatry* 7(4): 93–94.

Masuka, T. (2015) 'Transforming Social Work in Zimbabwe from Social Control to Social Change', *The Social Work Practitioner-Researcher* 27(2): 204–19.

Mental Health Act 1996 [Chapter 15:12]. Available online at: https://zimlii.org/zw/legislation/act/1996/15#:~:text=06%20and%20savings.-,AN%20ACT%20to%20consolidate%20and%20amend%20the%20law%20relating%20to,boards%3B%20to%20repeal%20the%20Mental (accessed 9 October 2020).

Neocosmos, M. (2010) *From 'Foreign Natives' to 'Native Foreigners': Explaining Xenophobia in Post-Apartheid South Africa*. Dakar: Council for the Development of Social Science Research in Africa (CODESRIA).

Oltedal, S., B.E. Moen, H. Klempe and T. Rundmo (2004) *Explaining Risk Perception: An Evaluation of Cultural Theory*. Trondheim: Norwegian University of Science and Technology.

Pantiru, S.A. and R. Barley (2014) 'The Acculturation Process of Romanian Immigrants in the UK', *Reinvention: An International Journal of Undergraduate Research* 7(1). Available online at: https://warwick.ac.uk/fac/cross_fac/iatl/reinvention/archive/volume7issue1/pantiru/ (accessed 30 September 2020)

Pitorak, H., H. Malia, P. Duffy and M. Sharer (2012) *There Is No Health without Mental Health": Mental Health and HIV Service Integration in Zimbabwe, Situational Analysis*. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR One, Task Order 1.

Pullen-Sansfaçon, A., G. Spolander and L. Engelbrecht (2011) 'Professional Migration: Reflections on Challenges and Strategies in Education', *Social Work Education* 31(8): 1032–45.

Rasool, F. and C.J. Botha (2011) 'The Nature, Extent and Effect of Skills Shortages on Skills Migration in South Africa', *SA Journal of Human Resource Management* 9(1): 287–93.

The Care Act (2014). 'Care Act 2014'. Available online at: http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted (accessed 25 August 2019).

Tinarwo, T. (2011) 'Making Britain Home: Zimbabwe Social Workers' Experiences of Migrating and Working in a British City', PhD Thesis, Durham University, Durham.

Ward, C. (2008) 'Thinking Outside the Berry Boxes: New Perspectives on Identity, Acculturation and Intercultural Relations', *International Journal of Intercultural Relations* 32(2): 105–14.

White, R. (2006) 'Opportunities and Challenges for Social Workers Crossing Borders', *International Social Work* 49(5): 1–12.

Ziwira, E. (2019) 'Corporal Punishment: Going Beyond the Rod', *The Herald*, 21 June 2019. Available online at: https://www.herald.co.zw/corporal-punishment-going-beyond-the-rod/ (accessed 30 September 2020).

## Author biographies

Lucy Willett is a care coordinator (social worker) for the South Oxford Adult Mental Health Team, UK. She recently completed her MA in social work and was awarded the Mary Seacole and CWSC Prize for Social Care.

Yohai Hakak is a senior lecturer in social work, Brunel University London. His research interests are in the areas of immigration, mental health, parenting and masculinities. He has published in these and other areas.