

Feature: How nurses recruited from Zim are being caught in UK ‘bonded labour’ schemes

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ZIMBABWEAN care workers are being tricked into going to the United Kingdom (UK) by unscrupulous middlemen who withhold up to half their wages and force them to live in squalor.

The scam, which plays on the acute shortages of nursing and care staff across Britain’s hospitals and care homes, has echoes of the debt bondage schemes recently revealed to be impacting Indonesian farmers.

Zimbabwe is in economic crisis and thousands of trained care professionals are seeking employment abroad. However agencies — often run by Zimbabweans in the UK and unregulated — are exploiting them, a *Telegraph* investigation has found.

“When you are working for an agency [in the UK], they pay you 50% of your total salary,” said Jim Moyo*, who moved to the UK from Harare in November 2018 to work in a care home in Margate. “You are getting paid £14 (US\$16,45) per hour, but then these guys will pay you £7 (US\$8,22).”

He added that, once tax was deducted, he was left with just £4 (US\$4,70) per hour for “rent, food and all sorts of expenses”.

“[The agency] tells you: ‘I paid for your accommodation, flights, visa, [I’m] your sponsor’. It’s like a hideous loan,” said Moyo.

While Zimbabwe’s nurses have found work in Britain for years, hiring care workers is a new phenomenon, and experts told the *Telegraph* that a lucrative ecosystem of manipulation has been built around it.

“Exploitation does not start on arrival [in the UK],” said Hillary Musarurwa, a Zimbabwe-born social scientist in England. “It starts during the application process [in Zimbabwe].”

One route to the UK is by completing a Red Cross care worker certification programme.

“It’s like cow barns, Red Cross academies are filled to seams with UK-hopeful care-work trainees. It’s ex-teachers and geologists desperate to retrain for UK care work,” said Joseph Zuze*, a trainee nurse at Mutare Hospital, who plans to emigrate to the UK when he graduates.

‘Huge web of corruption’

The Certificate of Sponsorship (CoS) is highly coveted, which has led to it being exploited by middlemen, according to locals.

Mr Zuze said his wife had been scammed by “agents” who charged US\$380 to put her on the training waitlist, despite the official Red Cross certification costing just US\$300. These agents are not in any way employed, endorsed or contracted by Red Cross Zimbabwe and there is no evidence Red Cross Zimbabwe is aware of them.

Closed *WhatsApp* groups, seen by the *Telegraph*, show that so-called agents then ask care workers to pay up to £5 000 (US\$5 874,74) if they want to be linked with UK-based care agencies.

“This has created another huge web of corruption; care agencies in the UK, run by Zimbabwe nationals, [are] gifting the CoS to their relatives and friends first and anyone else [faces] hefty fees that reach £4 000 (US\$4 699,80),” said Zuze.

Another Zimbabwe-born nurse working for the NHS in North London added that she knew someone in the UK “charging £7 000 (US\$8 224,64)”.

This clearly contradicts British law, according to Taffi Nyawanza, head of immigration at Mezzle Law in Birmingham, who is well-known in Zimbabwe’s UK diaspora community.

“UK law is clear. A recruitment agency cannot charge a fee for ‘placing’ an employee. The person who ‘assigns’ or prepares and allocates the [CoS] must not be related to the prospective employee. [If] this is the case, the relationship must be fully disclosed to the Home Office,” he said.

However regulation of these agencies is weak, and the Department of Health and Social Care (DHSC) suggested that — although it is unacceptable that some overseas-based agencies are charging fees to place candidates with jobs in Britain — their hands are tied because the actors are not under UK jurisdiction.

“We understand repayment clauses may be used by some organisations to recoup upfront costs if internationally recruited staff do not meet the terms of their contract,” a spokesperson said.

“The vast majority of care workers are employed by private sector providers who ultimately set their pay, terms and conditions independent of central government. However, we would be concerned if repayment costs were disproportionate or punitive”.

Experts said the schemes have taken advantage of chronic staffing issues across the UK’s social and health care systems — the NHS alone is currently trying to fill 40 000 nursing positions — which has triggered a surge in international recruitment.

This week, the DHSC signed a deal with Nepal for 100 nurses to work at Hampshire Hospital NHS Foundation Trust, under a pilot scheme that could pave the way for thousands more Nepalese nurses to come to Britain.

But the ethics of the move are “debatable at best”, according to Sir Andrew Goddard, president of the Royal College of Physicians, as Nepal is on an international recruitment red list — operated by the World Health Organization (WHO) — to prevent developed countries from actively recruiting from regions with a lack of health workers or an undeveloped health system.

“That the UK should have [to] do special deals with other countries to support its own NHS workforce is in itself a marker of how workforce planning for the NHS has failed,” Sir Andrew told the *Telegraph*.

“That we are taking from a country that has substantially lower numbers of healthcare workers than many countries have is something we should have serious reservations about.”

NHS England has also been accused of “emptying” Zimbabwe of health workers — although the country is not on the red list, experts have warned of a “critical shortage” of staff.

In 2020, the UK issued 1 059 skilled visas to Zimbabweans, a figure which jumped to 5 549 in 2022, placing the southern African country among the UK’s top five skilled visa grantees.

Yet the recruitment drive has drained Zimbabwe so badly that Bulawayo municipality, in the southwest, recently complained that 13 nurses out of its skeleton staff have moved to the UK since January.

That’s despite a vast difference in the number of health professionals per population. In 2018, there were 1,9 nurses and midwives per 1 000 people in Zimbabwe, compared to the UK’s 8,2 nurses and midwives per 1 000.

But extreme poverty is stalking Zimbabwe, and nurses — who are paid just US\$79 a month and expected to juggle a high patient load — are seeking a better life. Inflation has shot to 479% this year alone, according to Steve Hanke, director of the Troubled Currencies project at the Cato Institute.

However, many find themselves no better off when they reach the UK — a situation experts say is now too large to ignore.

Rumours of agencies overcharging workers exploded publicly on *Twitter* in June, with leaked care-worker pay slips purportedly showing salaries of £2 255 (US\$2 649,51) drained by their employers under guises of administrative fees until just £604 (US\$709,67) was left.

Moyo, who left the UK after a matter of months due to the conditions, said he was not alone in seeing his wages cut dramatically, or living in cramped conditions. While in Britain, he was forced to pay £70 (US\$82,25) a week to share a house with eight others.

“I’ll never return to the UK as a care worker,” he told the *Telegraph*, describing the schemes as a form of modern slavery. But the experiences of those who were undocumented were even worse, he added.

“I met with guys who told me, ‘I have been [in the UK] since 1999 and don’t have papers, so I do care work, I work for an agency and [I’m] left with £300 (US\$352,48). You just do what they ask you to do’,” Moyo said, referring to colleagues he met in Margate. He added that some workers were so impoverished that they slept in the clients’ homes.

‘Slavery happening in front of our eyes’

Though UK law allows employers to dock wages for “reasonable costs”, any employee must not be left with an income that is below the UK national living wage of £9,50 (US\$11,16) an hour, Nyawanza said.

These workers are also subject to zero-hours contracts, which means an employer does not guarantee the individual any hours of work, according to Tich Dauramanzi, a Zimbabwe-born engineer who ran a legitimate care staffing agency in Stoke-on-Trent until 2017.

“This is slavery happening in front of our eyes. I strongly believe we are going to have a court case very soon. Most of these employers owe people more money than they can ever pay,” he said.

The DHSC told the *Telegraph* that it takes reports of illegal employment practices seriously, and that the Gangmaster and Labour Abuse Authority prosecutes lawbreakers, though it’s not the DHSC’s responsibility to penalise agencies.

The Home office has cracked down on similar practices in some Asian and East European recruitment companies in the past, with some success.

But Zimbabwe-owned care agencies have a clever tactic up their sleeve, according to Dauramanzi.

“They are recruiting a lot of young [Zimbabweans]. For some, this is the first time they have been employed. Most of them are gripped by the fear factor. They’re told ‘here’s your only chance to come to the UK,’” he said.

Meanwhile the UK’s strict immigration regime has also exacerbated exploitation, according to Justine Currell director at the anti-slavery charity, Unseen.

“The Hostile Environment is creating an ability for people to be [living] in exploitation, to be kept in exploitation, and to not to want to come to authorities for fear of repercussions,” Currell said.

The hostile environment policy was introduced in 2012 by then-Home Secretary Theresa May, with the intention of making life in the UK difficult for those who cannot show the right paperwork. Such policies prevent people from accessing housing, healthcare, education, work, bank accounts, and benefits.

Though Unseen runs a help fund for victims to report anonymously, the reality is that “people feel they have no options but to continue working,” Currell said. “[It’s] very difficult [to] get info from individuals because there are no easy routes to get support. It’s quite tragic.” — *The Telegraph*