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Lyvia Marsden

Embracing her Māori heritage is important for how Lyvia has approached her work in the community. *Community development has been part of my whole heart's work, and doing it from a Māori perspective in alliance with the community as a whole.*

Lyvia grew up in Tinopai, on the upper reaches of the Northern Wairoa River, where her home marae is Otamatea [Ngati Whatua]. The third in a family of four children, she was born in 1943 and raised by her mother and grandmother. She grew up speaking both Māori and English fluently. *My grandmother didn't speak English, and they insisted we spoke English in school. We were not allowed to speak Māori in schools at that stage.* Lyvia recalls that she and her friends would laugh when her grandmother tried to say a few English words.

These early memories have guided Lyvia in transition from her world as a young person, which was shaped by things Māori, into adulthood to a new, predominantly Pākehā world. Lyvia has always felt supported by her whānau and the community at Tinopai. She never felt poor, though the only monetary income the family had was her grandmother's pension. *We were what people would term poverty stricken. We ate off the sea, we had massive gardens. We had kumara, onions and potatoes year round. The land was ours,*

whānau land. It still is today. We weren't poverty stricken—we were just cash strapped.

Lyvia attended primary school in Tinopai. *We had to ride a horse or walk, six miles there, six miles back. When I was in Standard Four [Year Six], I won the prize for the best attendance at school: I missed one day.* She enjoyed school and was encouraged to do her Third Form [Year Nine] by correspondence, but when she was visited by an inspector from the Correspondence School, he recommended that she continue her studies at Auckland Girls Grammar in Auckland. What came next was a demonstration of the generosity of her community, an act of love/aroha which is something that she still holds dear. The community raised enough money to send Lyvia to school in Auckland for three years.

The village, primary school teacher Viv Lewis, all the committee and all the Māori put on a hangi and a dance at the hall in Tinopai and people came. I guess that shaped the person that I became. During her time at Auckland Girls Grammar, Lyvia lived in



a hostel run by the Presbyterian Church. Sister Gwen Meyer, matron of the hostel, became a significant role model for Lyvia in those last school years, and encouraged her to train as a nurse at Auckland Hospital after she left school.

Like my community in Tinopai, this woman shaped my early life because I came from the country, couldn't even wear shoes. She was a wonderful, wonderful woman. She had to buy my clothes [when I went nursing] because I didn't have the money. She bought those. She became a very strong person in my life, becoming the godmother to my two daughters. Years later she became the first Presbyterian woman minister and she spent her last years being the prison chaplain. She was a remarkable woman. I loved her dearly. I loved the nursing also. It was just magical for the whole three years. From life in the nurses' home to learning to be a nurse and adjusting to a very different social life. Living in the city was a culture shock for Lyvia, and she realised she had to learn some of the 'Pākehā ways'. Life in the nurses' hostel was like living in a five-star hotel.

In 1961, at the start of her nursing studies, her mother was killed in an accident in the forest at Tinopai, which left her 13-year-old sister in need of care. Their brother was serving in the military in Borneo and the family couldn't make contact with him. Lyvia's sister came down to Auckland and lived with two cousins until Lyvia was married in 1964, when she came to live with her.

During her nursing training, Lyvia met Tui Tenari. *She was the one who looked after me when I lost my mum. She became my big sister, and we remained so until she died [2012]. I went into primary health, and she went into disabilities and became the first Māori matron of Middlemore hospital. She was the only Māori matron, I believe, in the*

*Lyvia Marsden
Student nurse, 1961*

Auckland region. She was awarded a MNZM in 2006 for her services to disabilities. So she was a significant person in my life. Together we had come through, and walked almost parallel walks, from coming out of the bush, into Auckland Girls Grammar School and then on to nursing.

Lyvia worked in the Accident and Emergency Department at Auckland Hospital for around five years, and then became a district nurse at the time when terminal cancer patients were no longer cared for in hospitals. *There were no hospices, there was nothing. It was catastrophic but it was also an epiphany for me. That was a huge learning curve. Being Māori, our cultural whānau ora concept of care was helpful in coping with distressed families.*

After working for seven years as a district nurse, Lyvia owned and managed a rest home in Birkdale, rehabilitating stroke victims. This became too difficult financially, and she went to work as a practice nurse in the Birkenhead Medical Centre until 1995, managing the outreach clinic in Northcote for the last six years of that time. She then became nurse coordinator for Awataha Marae when it became a health provider.

My vision was for all Māori who lived in te Raki Paewhenua [North Shore] and anyone impacted by the injustice of unnecessary suffering caused by dysfunctional delivery systems across the sector to access care. That was my vision coming through nursing from a Māori perspective. After two years, and a difference in opinion about the direction and future of the marae-based provider, Lyvia, along with a small team, wrote a constitution and challenged the marae for the contract.

Te Puna Hauora o te Raki Paewhenua was established as a Primary Health Provider in March 1997, on a leased portion of land adjacent to the marae in Akoranga Drive, Northcote. Lyvia recalls that she felt like a ‘stunned duck’ when Te Puna Hauora got

the contract. She and her team had to operate on limited funding and determine how the health services were going to be run. *I wanted to drive it from a Māori perspective using all the skills and relationships I got from nursing and everywhere else to build the mainstream part of it.*

Soon after getting the contract, Lyvia attended a two-day seminar on developing an in-depth understanding of the ‘Dynamics of Whānaungatanga’ [collective family, hapū and iwi relationships] written and taught by Pa Henare Tate, a Catholic priest. *I went to that seminar and that was the next epiphany. I came out so different, with a more balanced world view. I knew what I had to do and from then, through guidance, I have developed this model. All of it is done on his concepts, spiritual and life-changing concepts of doing right with integrity and compassion.*

At the core of Te Puna Hauora’s service delivery is the I-MAP model which evolved to meet the needs of the widespread and disparate community.

It is an integrated model, which addresses more than the biological and medical issues in health and well-being. I-MAP stands for an individual/interdisciplinary/integrated management action plan which is focused on the whānau/client who develops their own self-determined goals. A support worker acts as a mentor and conduit to external agencies and community services. Lyvia talks about the model using the metaphor of harakeke or flax. The weaver (whānau member) weaves the harakeke, which symbolises the many facets of their life, into the desired form to achieve their preferred result: *‘I can MAP my way out of this with help.’*

We are multicultural but it’s a Māori model. I guess it’s the injustice of a broken system that creates unnecessary suffering; that’s what we are interested in, that’s the bottom line. If there is somebody in that category, that’s who we want to care for.

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Te Puna Hauora serves clients from Devonport to Whangaparaoa and as far north as Wellsford. There are 11,000 people enrolled in GP and nursing clinics, one in Akoranga Drive and the other in Birkdale. Services supported on site include dentists, pharmacists, physiotherapy, podiatry, healthy lifestyle trainers and, midwifery. Multiple 'bio-social services' sit alongside, this, including iwi and whānau mental health services, refugee community support, a parenting programme, youth work, anger management programmes and counselling. Annual community attendance and contact reach over 17,000 people.

In 2004 Te Puna Hauora received the Ministry of Health Supreme Award for Best Whānau Ora programme and the Te Matarau Supreme Award for Best Māori Health Provider in New Zealand. *I know for sure that Whānau Ora has to be practised from within whānau, by whānau, for whānau because we are living proof of what can happen when you do it by Māori, for all, managed by Māori, owned by Māori and using Māori concepts.*

In 2007, Lyvia received a QSM for services to the public and in 2011 celebrated 50 years as a nurse. She reflects on the hard work by many that has gone into making Te Puna Hauora a success.

It's not about me. You try your best to do right with the compassion that goes with it; that's how communities win. That's community development. I'm not me anymore, I'm this person that encourages everybody else—growing people to be who they can become.

And in the future? *I'd like to see it grow into something much bigger, from a Māori perspective, from a Treaty perspective through to a community development perspective. I probably won't live to see it but I do believe that that's what is going to happen. Because people who choose to work in communities, they all have the same values and vision—doing something in a better way for people, making a difference.*

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