Waipapa Taumata Rau University of Auckland

Growing Up in New Zealand

Growing Up in New Zealand

Now We Are 15

Methods

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Introduction

The aim of this document is to provide a summary of the 15-Year Checkpoint (15Y CP) that occurred between February and July 2025, during which the voices, experiences, and wellbeing of the *Growing Up in New Zealand* (*GUiNZ*) cohort of young people (mean age = 15.33 years, standard deviation = 0.26 years) and their caregivers were captured.

The 15Y CP is a reflection of our ongoing commitment to produce robust evidence that can be used to develop policies and programmes that will enhance the lives of young people and their whānau in Aotearoa New Zealand. Part of this commitment is ensuring that the information provided is meaningful and relevant to the communities represented in this study. The 15Y CP was carried out to find out what life is like for young people in Aotearoa, and to provide findings to help make New Zealand an even better place to grow up. The 15Y CP data is reported for the major ethnic groupings and with respect to the health and education questions asked of the young people themselves.

GUiNZ is a longitudinal study that collects contemporary, population-relevant information to understand the development and wellbeing of children growing up in New Zealand in the 21st century. The study began by recruiting pregnant mothers who had expected delivery dates between 25 April 2009 and 25 March 2010 and were residing in the geographical areas defined by the three contiguous District Health Board (DHB) regions of Auckland, Counties Manukau and Waikato. The cohort of 6,853 children recruited at baseline was diverse, broadly generalisable to the New Zealand birth population at the time, and of sufficient size to provide adequate statistical power for complex analyses of developmental trajectories within subgroups (including by ethnicity and area-level deprivation) (1). The study has since carried out multiple significant Data Collection Waves (DCWs). Findings from previous DCWs can be accessed through growingup.co.nz.

The study's model of child development is child-centred and recognises the dynamic interactions between children, their families, communities, environments, and societal contexts. The study acknowledges the importance of the antenatal period and early childhood for laying the foundations for future development and wellbeing. The lattice design of the study represents the multidisciplinary influences that are considered at any cross-sectional point in time for each child, and is based on the weaving of a kete, or basket, that Māori understand to hold all the necessary elements for life (Figure 1).

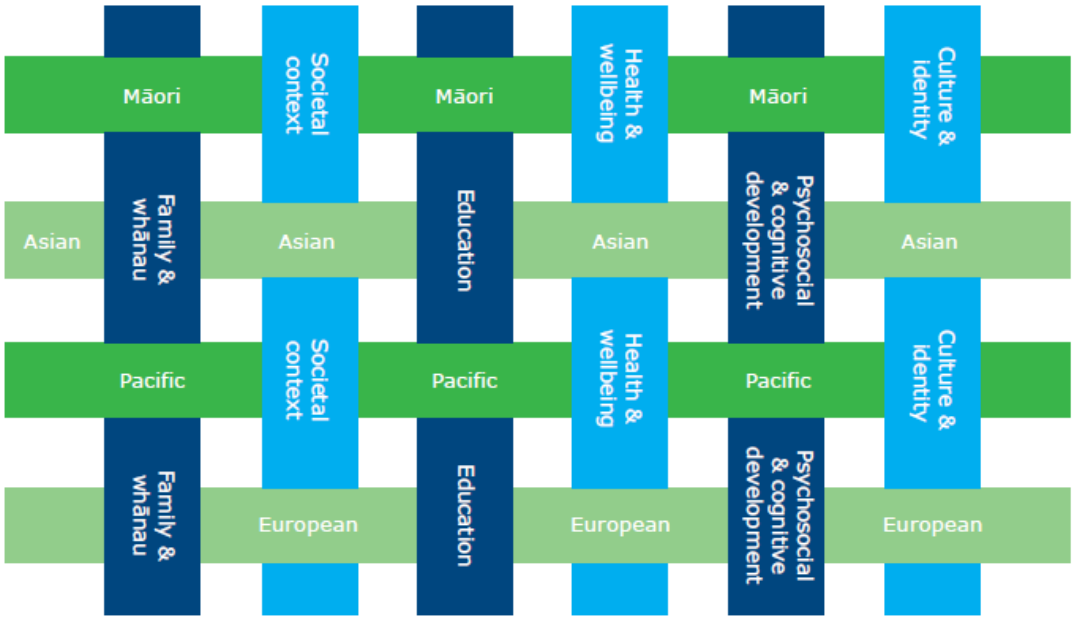


Figure 1. Growing Up in New Zealand Research Domains and Themes.

From its inception, the *GUiNZ* study has been explicitly designed to follow children from before birth until they become young adults, to understand what 'works' for children and families and what creates challenges for wellbeing. The timing of DCWs, and what is measured (from whom and how) in *GUiNZ* are all planned according to the study's conceptual framework, overarching objectives and multidisciplinary research questions (1).

The 15-year age point represents a critical developmental stage, where both immediate and broader environmental factors play a significant role in shaping young people's health and wellbeing. Within the immediate context, family relationships, peer interactions, and school environments are central to emotional and mental health. Supportive family dynamics, positive friendships, and safe, inclusive school settings contribute to resilience, self-esteem, and overall wellbeing. At the same time, broader contextual factors, such as access to community resources, socioeconomic conditions, and healthcare, can influence outcomes.

When combined with the existing longitudinal *GUiNZ* dataset, the 15Y CP data enhance the study's capacity to examine how multiple domains of wellbeing develop and interact over time. This approach strengthens the relevance of the study for a wide range of stakeholders and supports more nuanced longitudinal analyses across the life course.

Longitudinal information has previously been collected from the *GUiNZ* cohort via face-to-face interviews conducted with the cohort children's parents:

- during the perinatal period (starting before birth)
- when the cohort children were nine months old (pre-interview call at 35 weeks)
- when the children were two years old (pre- interview call at 23 months)
- when the children were 4.5 years old (pre-interview call at 53 months)
- when the children were approximately 8 years old.

At age 10, the collection method shifted to online formats in response to the COVID-19 pandemic and associated public health restrictions. This included a bespoke "COVID-19 survey" undertaken in 2020, the 12Y DCW in 2021/22 and a bespoke "Extreme Weather Event survey" in 2023 when the cohort were approximately 13-years old.

The different modes of data collection in the *GUiNZ* study are presented in Figure 2.

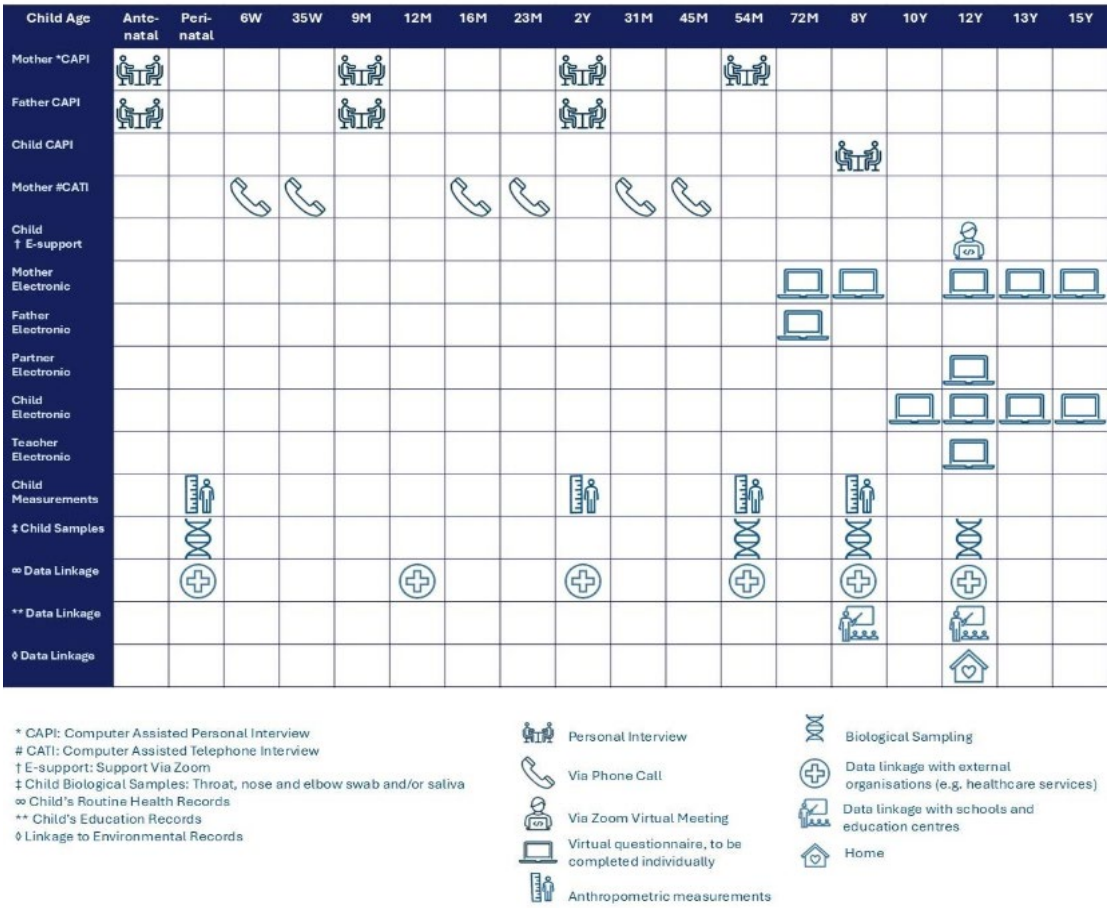


Figure 2. Overview of the longitudinal collection, including the 15Y CP

The 15Y CP

The 15Y CP consisted of three online questionnaires: a mother/primary caregiver and child proxy questionnaire containing 113 questions for the mother/primary caregiver, and a young person's questionnaire containing 155 questions.

Four weeks before the start of the 15Y CP, a pre-interview/scheduling phone call was offered to families known to require additional support to participate. This included families with disabilities, language or communication needs, or limited access to devices for online completion.

The approach used for collecting questionnaire data offered flexible options to support all participants. Participants could choose to:

- Self-complete the electronic questionnaire independently, with access to support via LiveChat or text if needed;
- Self-complete with face-to-face assistance from a trained interviewer, either at home or at a location of their choice;
- Complete the questionnaire with support provided online or by telephone.

The information collected from the young people covered child health, ethnicity, and a range of well-being constructs, including depression, anxiety, resilience, and social and emotional health. Primary caregivers provided information on housing, finances, material hardship, and food insecurity. In addition, primary caregivers completed a child proxy component that captured information on disability, access to health and social services, school and education, satisfaction with school support, behaviour, and hopes and dreams. The 15Y CP questionnaires and data dictionaries (including those for previous data collection waves) are located at growingup.co.nz/available-data

Survey Methods and Questionnaire Content

Email invitations were sent to 5,958 eligible young people and their mothers/primary caregivers. Each mother/primary caregiver received a personalised email containing individualised survey links for themselves and their young person. These links directed participants to a web-based survey platform accessible via computer, tablet, or mobile phone.

Collection of 15-year data

The 15Y CP ran for a total of 155 days, beginning on 10 February and concluding on 14 July 2025. Participant Information Sheets (PIS) and Consent/Assent Forms were provided either via email embedded within electronic surveys or in person, as required. These documents were tailored separately for mothers/primary caregivers and young people. Translations of the PISs and Consent Forms were available in Samoan, Simplified Chinese, te reo Māori, and Tongan. Additionally, te reo Māori translations of the questionnaires were available to participants on the online platform.

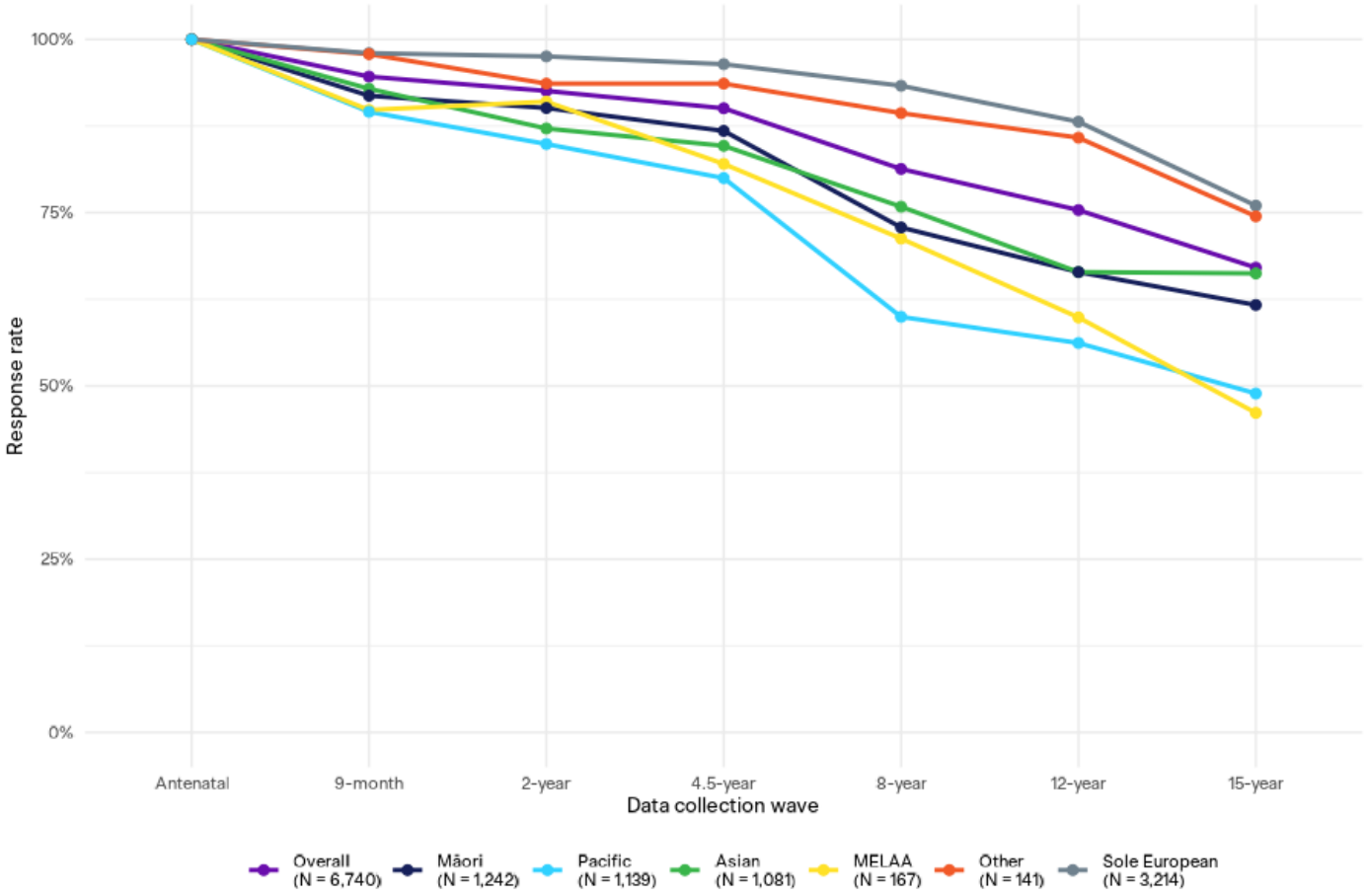
15Y Response and retention rates

Whilst the *GUiNZ* study prioritises the voices and experiences of the cohort children, all contact during the 15Y CP was made via the primary caregiver (most frequently the mother), due to the age of the cohort children they were the primary contact for the study.

A total of 4373 young people participated in the GUiNZ 15-Year Checkpoint (information was collected between February and July 2025). Of these, 4183 young people were living in Aotearoa New Zealand at the time and were included in the NWA15 reports. Self-identified ethnicity was classified into the broad main ethnic groupings (total response) with Māori (n=962), Pacific (n=720), Asian (n=661), Middle Eastern/Latin American/African (MELAA; n=37), Other (n=37) and European (n=3053). In total, n=1703 young people were cisgender boys, n=1438 cisgender girls, and n=598 Trans/non-binary/unsure of their gender.

Longitudinal response patterns

Understanding patterns of participant engagement and response over time is an important quality measure for longitudinal studies. Monitoring ethnic-specific response rates is also important for understanding the quality of information provided to the priority communities represented in this study, and for adhering to the *GUiNZ* Kaitiaki Principles (2). Note participants in *GUiNZ* are able to 'skip' DCWs and re-engage in subsequent DCWs. This section uses the same definition of 'response rate' as the previous section (i.e., number of households where



Note: Ethnicity refers to mother's total response ethnicity reported at the antenatal DCW (except for European, where the derived Sole European category was used). MELAA = Middle Eastern/Latin American/African.

Figure 3. Response rate by data collection wave and maternal ethnicity

the mother and/or child completed at least one survey question in the DCW, divided by the number of households at baseline minus households where the child has passed away over the duration of the study).

Figure 3 shows the response rates at each DCW, both for the overall cohort and by maternal ethnicity as reported during pregnancy (total response ethnicity and the derived Sole European category was used; see methods below). Overall, the response rates GUiNZ are: antenatal DCW (N = 6,740), 9-months (n = 6,378; 94.6%), 2 years (n = 6,239; 92.6%), 4.5 years (n = 6,070; 90.1%), 8 years (n = 5,480; 81.3%), 12 years (n = 5,080; 75.4%), and 15 years (n = 4,520; 67.1%).

The *Growing Up in New Zealand* Now We are Fifteen (NWA15) findings are presented across three snapshot reports and supplementary materials in the areas of Education (1), Mental Health and Wellbeing (2), and Experiences of Self-Harm and Thoughts of Suicide (3). These snapshot reports are available on the *GUiNZ* website (growingup.co.nz).

The snapshot reports cover the information collected from the cohort at the 15Y CP. It's important to note that they present only some of the data captured at the 15Y CP. Researchers will be able to explore the additional data about being a young person growing up in New Zealand today.

Snapshot 1: Education

This snapshot aims to inform policy solutions that improve educational achievement by strengthening young people's school satisfaction and engagement, and by ensuring equitable access to educational and career opportunities for every young person, prioritising those in need of additional learning support.

Snapshot 2: Mental Health & Wellbeing

This snapshot provides insights into four important aspects of mental health and wellbeing for 15-year-olds: mental wellbeing, peer relationships, anxiety, and depression. Findings are presented in the context of priority populations and longitudinal experiences of material hardship to inform adolescent mental health outcomes, which is a public health and policy priority in New Zealand.

Snapshot 3: Experiences of Self-Harm and Thoughts of Suicide

This snapshot examines the experiences of young people who reported self-harm or serious thoughts of suicide at age 15. Rather than focusing on individual behaviour alone, the snapshot situates these experiences within broader social, economic, and structural contexts. The findings highlight how experiences vary by gender identity, material hardship, area-level deprivation, and ethnicity.

Consultation with policymakers and agencies

Although age-specific data collection waves can provide important cross-sectional information about young people and their whānau, the value of *GUiNZ* comes from the study's ability to provide information that helps to understand how wellbeing is shaped by prior developmental trajectories, which are themselves influenced by social, political, economic and environmental factors (4, 5).

A 15Y CP policy forum workshop was held in May 2025, followed by a Māori and Pacific policy forum workshop in July 2025. The primary goal of the policy forum workshops was to identify the top government policy priorities for the health and wellbeing, and education reports.

The *Growing Up in New Zealand* team used existing mechanisms and relationships across government

agencies and governance groups to identify key policy priorities relevant to GUiNZ and this age/stage.

The feedback and suggestions received for the 15Y CP reporting were utilised to inform two Data Analysis Plans (DAPs), for the Mental Health and Wellbeing and Education reports, respectively.

The *GUiNZ* Research team developed each DAP, outlining the topic-specific research questions, objectives, key variables, and proposed analytic methods. Internal peer review of the DAPs was undertaken by the *GUiNZ* Methodology Committee. Following the 15Y data collection period (February – June 2025; see 15Y CP Introduction), preliminary analyses began in August 2025 using interim 15Y datasets.

Peer-review of the complete drafts of each topic was undertaken by technical (University) and policy (MoH and MoE) reviewers in November, with feedback incorporated into the final snapshot reports.

Derivation of key sociodemographic variables

From the *GUiNZ* datasets, the following sociodemographic variables were created and used across the 'Now We Are 15' snapshot reports: 1) ethnic identity, and 2) gender identity, 3) disability, 4) area-level deprivation, and 5) material hardship. Information about derived variables created for individual topics is provided in each snapshot report's supplementary material.

The Child questionnaire also allowed participants to select 'I don't know' for all five variables listed above. These responses were coded as 'missing' in the analyses.

Ethnic identity

The construct of 'ethnicity' is widely used to measure and analyse differences between groups for research and policy purposes (6). Fundamental to the overarching intent of *GUiNZ* is the recognition that ethnicity is a complex, multifaceted and fluid construct, therefore its conceptualisation, measurement and use in analysis require careful consideration (7, 8). For the 15Y CP reporting, we are interested in understanding how ethnic identity (how one thinks about their ethnic group(s)) can be used to inform policies and programmes that meet the needs and priorities of young people and whānau in Aotearoa New Zealand.

Self-identified ethnic identification information was collected in the Mother and Child questionnaires using the ethnicity question from the Statistics New Zealand Census of Population and Dwellings. This question allows respondents to identify with multiple ethnic groups and describe multiple 'Other' ethnic groups, entered as free text.

Total response ethnicity was used to present descriptive information in the 15Y CP Snapshots. Our use of total response classification provides a number of benefits, including that it maximises counts for groups that are typically under-represented in research (including those within the Pacific and Asian ethnic groupings). This classification also best represents the multiple ethnic identification patterns provided by *GUiNZ* participants.

However, total response groupings have a high degree of overlap due to multiple ethnic identification (e.g., young people who identify as Māori and Pacific are counted in both total response groupings). This means that the total counts are larger than the base sample size, and the sum of proportions is greater than 100%. The degree of overlap is also patterned by ethnic group. In addition, comparing data between total response ethnic groupings is statistically challenging as the groups are not mutually exclusive. Because of the greater number of European young people in the *GUiNZ* cohort (compared to any other ethnic group), for the purposes of two reports we created a 'sole European' grouping to enable comparisons between each total response grouping and sole European. This method reduces the overlap between ethnic groups and is also suitable for examining equity and inequity in Aotearoa (9).

In this derived ethnicity variable, young people are counted in each of the ethnic groups that they identify with (at Level 1 of Statistics New Zealand's ethnic classification system (10)) to create the following groups:

- Total Māori
- Total Pacific
- Total Asian
- Total 'Middle Eastern/Latin American/African' (MELAA)
- Total 'Other', which combines other ethnic groups not included in the groupings above, but excludes those who identify solely within the European ethnic group (below)
- Sole European.

The prioritised ethnicity classification system was used to enable the incorporation of ethnicity into cross-sectional and longitudinal multivariable modelling whilst meeting the statistical assumption that independent variables have mutually exclusive groups. Under this system, young people who reported multiple ethnic groups are counted in only one group using the following prioritisation order: Māori, Pacific, Asian, 'Other' and European. In this derived variable, young people classified as MELAA were included in the 'Other' grouping due to small sample sizes. The prioritised ethnicity classification is widely used in the health and disability sector.

Gender identity

Gender refers to the identities, norms, and expressions of behaviours and roles that are associated with people who identify as girls/women, boys/men, non-binary or who have a different gender identity. Gender includes how a person identifies their gender, as well as how they express their gender. A person's gender expression may or may not match their gender identity, and a person's gender identity may differ from their sex assigned at birth. Evidence shows that outcomes can be patterned differently by gender in comparison to sex, as well as for transgender and non-binary gender people compared to cisgender participants (11–14).

Careful inclusive analyses and measurement is therefore critical to avoid incorrect conclusions that obscure differences for people by misdefining their sex, gender and gender modality (15, 16).

Gender was measured in the 12-year DCW using the following question: 'Thinking about who you are, do you see yourself as a boy, a girl, or somewhere in between?'. Responses to this question were on a unipolar spectrum: 'Boy', 'Mostly a boy', 'Somewhere in the middle', 'Mostly a girl', 'Girl', and 'I don't know'.

A gender variable was created for presentation of descriptive information and used in multivariable modelling across the 15CP reporting. This variable combined responses to the gender question described above and sex assigned at birth. This coding created five categories:

- Cisgender girls: determined by a 'Girl' response to the unipolar gender identity question, and 'Female' for the sex assigned at birth item.
- Cisgender boys: determined by a 'Boy' response to the unipolar gender identity question, and 'Male' for the sex assigned at birth item.
- Trans girls: determined by a 'Girl' or 'Mostly a girl' response to the unipolar gender identity question, and 'Male' for the sex assigned at birth item.
- Trans boys: determined by a 'Boy' or 'Mostly a boy' response to the unipolar gender identity question, and 'Female' for the sex assigned at birth item.
- Non-binary/unsure: determined by a 'Mostly a girl' response to the unipolar gender identity question, and 'Female' for the sex assigned at birth item; a 'Mostly a boy' response to the unipolar gender identity question, and 'Male' for the sex assigned at birth item; and 'Somewhere in the middle' or 'I don't know' responses to the unipolar gender identity question, irrespective of sex assigned at birth.

Further information on gender identity, including its distribution in the GUiNZ cohort, can be found in the NWA15 snapshot reporting.

Disability

The Washington Group on Disability Statistics designed the Washington Group Short Set on Functioning (WG-SS) to identify people who may be experiencing disability for use in a general population aged five years and over (17). This tool is

recommended for self-report or to be answered by a knowledgeable proxy respondent when the person cannot answer for themselves. During the 15Y CP data collection wave GUiNZ asked young people to respond to these questions about their own level of functioning.

This tool has not (to date) been validated for self-report in this age group. The Washington Group acknowledge that use of this tool is likely to under-represent disability prevalence in children and young people, particularly for young people with psychosocial or developmental disabilities (17, 18). This variable provides a binary yes/no categorisation to whether the young person self-reported that they had a functional impairment indicating they are at greater risk of disablement, and therefore, can be categorised as 'disabled'. Young person were classified as 'disabled' if they responded as having 'yes - a lot of difficulty' or 'cannot do at all' to any of the six Washington Group Items (DIS1_Y15C, DIS2_Y15C, DIS3_Y15C, DIS4_Y15C, DIS5_Y15C, DIS6_Y15C) which included difficulty with seeing, hearing, walking, or climbing stairs, remembering, or concentrating, self-care, and/or communication.

We have not assessed the individual items for response rate bias. We recommend researchers conduct their own reliability and validity testing.

Socioeconomic Position

Socioeconomic position (SEP) is an aggregate concept that acknowledges the importance of both resource-based and prestige-based measures, in childhood and adulthood, for understanding population patterns of wellbeing (19). Two SEP variables were used in the 15Y CP reporting.

New Zealand Deprivation Index

The New Zealand Deprivation Index (NZDep) is an area-based measure of neighbourhood deprivation derived from the Census of Population and Dwellings (20). GUiNZ participants were assigned to one of 10 deciles (1=least deprived, 10=most deprived) based on their primary residential address. Deprivation deciles were then collapsed into quintiles ranging from Quintile 1 (representing addresses in the least deprived 20% of areas) to Quintile 5 (representing addresses in the most deprived 20% of areas).

NZDep is created after each Population Census. Therefore, the choice of which NZDep Index to use in each topic was dependent on the research question(s) of interest. For example, topics using 15-year DCW data only used NZDep2023 (from the 2023 Census) – the closest NZDep measure to this timepoint. In contrast, topics examining trends over time used the NZDep time period that preceded the experiences described in the analyses (e.g., longitudinal analyses using data from antenatal onwards used NZDep2006; analyses using data from the 8-year and 12-year DCWs used NZDep2013 and NZDep2018, respectively).

Material Hardship

Family material hardship is also used in *GUiNZ* as a key SEP variable measuring absolute household deprivation, describing whether families are meeting their everyday consumption needs (e.g., able to afford basic food, clothing, housing, utilities, and other everyday costs).

Material hardship (refer to the NWA15 Material Hardship technical report) at the 15Y CP was measured using the mother-reported DEP-17 scale developed by MSD (21), and was categorised into three categories in line with the cut-offs used in public sector reporting (22):

- No/little material hardship: ≤5 items answered affirmatively
- Material hardship: 6-8 items answered affirmatively
- Severe material hardship: ≥9 items answered affirmatively.

Rurality

Spatial joins were run to match the GUiNZ point location coordinates with the Meshblock 2023 polygons obtained from Stats NZ (23) and to generate the rurality variable. Rurality was derived from UR classifications provided by Stats NZ (24) and recoded into a binary urban/rural variable. 'Large urban area', 'Major urban area', 'Medium urban area', and 'Small Urban area' were grouped as Urban, and 'Rural other' and 'Rural settlement' were grouped as Rural.

Sample descriptives

Table 1 presents the demographic characteristics of the *Growing Up in New Zealand* child participants at baseline (antenatal) and at the 15 Year Checkpoint.

Table 1. Demographics of the Growing Up in New Zealand child participants at baseline and at the 15Y CP

	Antenatal	**15Y CP**
	N = 6,853	**N = 4,183**
Child age at 15Y CP (years)	-	15.47 (0.29)
Gender identity at 15Y		
Boy/mostly boy	3,532 (51.5%)	1,703 (45.5%)
Girl/mostly girl	3,321 (48.5%)	1,438 (38.5%)
Non-binary/I don't know	-	598 (16.0%)
Missing	0	444

	Antenatal	15Y CP
	N = 6,853	N = 4,183
Disability		
No disability/difficulty identified	-	3,458 (83.3%)
Disability/difficulty identified	-	691 (16.7%)
Missing	-	34
Area-level deprivation		
1	1,107 (16.2%)	961 (24.2%)
2	1,245 (18.2%)	843 (21.2%)
3	1,176 (17.2%)	750 (18.9%)
4	1,437 (21.0%)	685 (17.2%)
5	1,884 (27.5%)	733 (18.5%)
Missing	S*	211
Rurality		
Urban	6,378 (93.1%)	3,353 (84.4%)
Rural	474 (6.9%)	620 (15.6%)
Missing	S*	210
Material wellbeing at 15Y CP		
Material wellbeing	-	3,306 (83.5%)
Material hardship	-	309 (7.8%)
Severe material hardship	-	344 (8.7%)
Missing	-	224
Material hardship trajectories		
Not in material hardship	-	2,600 (73.7%)
Some exposure to hardship	-	440 (12.5%)
Persistent hardship	-	251 (7.1%)
Increasing hardship	-	239 (6.8%)
Missing	-	653

*Cells with counts fewer than 10 have been suppressed and reported as 'S' to protect confidentiality. RR3 was applied to the section.

Note 1. Age is presented as mean (sd); all other variables are shown as n (%).

Note 2. Disability status, material wellbeing, and material hardship trajectories were not collected/derived at antenatal.

Note 3. Sex assigned at birth was taken from perinatal data. Gender identity was collected at the 12Y DCW and used at 15Y.

General analytical approach

The following section provides an overview of the analytical methods that were used in the 15Y CP snapshot reports. Methods specific to individual topics (e.g., validation of tools, sensitivity analyses, more complex modelling approaches) are detailed in the individual paper's supplementary materials. Due to the policy focus of the 15Y CP snapshot reports, only participants living in Aotearoa New Zealand were included in the analyses.

Descriptive summaries (e.g., numbers and percentages for categorical variables; mean, standard deviation [SD], median and range for continuous variables) were presented for key demographic predictors (where possible). Chi-square tests were used to identify differences in proportions, whereas t-tests (for two groups) and analysis of variance (ANOVA; among three or more groups) were used to test for differences between means. Suppression of counts less than 10 is used to ensure anonymity of participants in the GUiNZ cohort.

Regression models were used to examine the relationships between key explanatory variables and the outcome(s) of interest. The results from regression models included estimated coefficients, standard errors, confidence intervals, and measures of model fit, allowing for interpretation of the direction, magnitude, and statistical significance of associations. Both univariate and multivariable models were reported in the supplementary papers, depending on the outcomes being examined. Diagnostic checks of regression models were undertaken to evaluate the validity of model assumptions, including checks for linearity, normality of residuals, the presence of multicollinearity, and heteroscedasticity. Influential observations and potential outliers were identified through leverage and residual plots. Where appropriate, the model specification and robustness were further tested through sensitivity analyses or alternative model formulations to ensure the reliability and interpretability of results.

Missing data and imputation

For the 15Y CP reporting, imputation was used to estimate (or "fill in") the missing values for the DEP-17 index variable. This approach uses other data we have about the participant to make a best estimation of what they might have said and makes the findings less biased than if participants with missing data were excluded from the analysis. Imputation was performed in R software using the MICE package (25). The imputed values were informed by the DEP-

17 items and sociodemographic variables at age 15 relating to child ethnicity (externally prioritised, child-reported), maternal education, household income, maternal age, and area-level deprivation. In total, 100 imputed datasets were created (with a maximum of 20 iterations), with these datasets pooled for the analyses.

Imputation was also utilised for the longitudinal analyses, in a similar manner to the imputation at age 15. To be included in the analytic sample for the longitudinal analyses, each participant was required to have full data across all material hardship items at both the 9-month and 15-year data collection waves. Therefore, imputation "filled in" missing data at the 2-year, 4.5-year, 8-year, and 12-year DCWs. To qualify for imputation, participants were required to have material hardship data across at least four out of six data collection waves. Again, imputation was performed in R software using the MICE package (25). The imputed values were informed by the material hardship items at each data collection wave, and sociodemographic variables relating to maternal education, maternal age (antenatal wave), area-level deprivation (antenatal wave), household income (antenatal wave), and child reported ethnicity (externally prioritised; 15-year). In total, 100 imputed datasets were created (with a maximum of 20 iterations) and again, these datasets were pooled for analyses. Please see the NWA15 Material Hardship Technical document for more details.

No imputation was carried out for outcomes presented in the 15Y CP snapshot reports.

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This Snapshot is part of a collection that make up the *Growing Up in New Zealand* 15-Year Checkpoint

Additional Snapshots in the series, along with supporting documents, can be found here or at growingup.co.nz/now-we-are-fifteen

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Statement of Approval:

This study has received ethical approval from the Health and Disability Ethics Committee (Ref NTY/08/06/055). Ethical approval means that experts who are not involved with *Growing Up in New Zealand* have checked all of our information and activities, and are happy that there is nothing that would be harmful for you or your family, that information will be kept private, that this study will be helpful for New Zealand families.

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