Growing Up in New Zealand

Now We Are Twelve

Life in early adolescence

Snapshot 8 of 9
July 2023

Disability

The impact of disability on young people and their family

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What do we know about disability?

The New Zealand (NZ) Government has a vision for NZ to be a non-disabling society "where disabled people have an equal opportunity to achieve their goals and aspirations" (1). The 2013 New Zealand Disability Survey (2) estimates that the disability prevalence rate for children and young people under 15 years was approximately 11% (15% for rangatahi Māori). Disabled people are more likely to experience disadvantage across a wide range of outcomes including education, housing, economic security and health and wellbeing (3-5).

The NZ Disability Strategy (1) outlines outcomes in relation to different areas of importance to disabled people, including equitable access to and attainment of high standards in education, economic security, and health and wellbeing. During the 12-year data collection wave (DCW), *Growing Up in New Zealand* (*GUiNZ*) set out to gather data on disability that highlights the factors affecting progress towards achieving these outcomes.

What can *Growing Up in New Zealand* add?

Growing Up in New Zealand has a unique opportunity to examine disability using a combination of parent and young person data to provide a deeper understanding at the individual and family level.

Two main questions are addressed in this report:

1. Individual level - What proportion of young people are experiencing disability at the 12-year DCW?
2. Family level - What proportion of young people and parents are experiencing disability at the 12-year DCW?

Measuring disability

To ensure we reflect the voices of young people and their whānau, we have taken an inclusive and holistic measurement approach, utilising both young person self-report and parent/main caregiver report of functional areas of concern.

Although we did not explicitly ask whether young people identified themselves as “disabled”, focusing on functional impairment means that analyses can look at outcomes for young people at risk of disablement. Accordingly, *GUiNZ* has reported on disability using a combination of two measures: the young person self-reported Washington Group Short Set on Functioning (WG-SS) (6) and a set of questions answered by the young person’s parent/main caregiver based on the Washington Group/UNICEF Child Functioning Module (CFM) (7).

This report uses the term “**disabled young person**”, which includes young people with any of the following:

- **Self-reported difficulties** (cannot do at all or has significant difficulty) with seeing, hearing, walking, climbing stairs, remembering, concentrating, self-care (such as washing and dressing), and/or communicating.
- **Parent/main caregiver reported difficulties** (cannot do at all or has significant difficulty) with self-care, communication, learning new things, remembering, concentrating, accepting change to their routine and/or controlling their behaviour.
- **Learning support needs/disability** because of a hearing, vision and/or physical impairment (as reported by a parent/main caregiver).
- **A doctor’s diagnosis of depression and/or anxiety** at any time in their life (as reported by a parent/main caregiver).

Where the analysis is related to educational outcomes, the definition of disability included young people whose parents/main caregiver reported that the young person had an additional learning need (e.g., a specific learning disability, autism, or intellectual disability). For more information on how groups of young people differed depending on whether they were identified as disabled using the WG-SS, CFM-based measure, or those included due to additional learning needs, see Supplementary Material.

Our family-centred approach to disability focuses on the impact that having a disabled young person and/or parent has on the family unit (for more details, see Supplementary Material). The family disability variable forms three distinct categories – no disability within the family, families where the participant young person has a disability (as defined above), and families in which a parent or parents have a long-term disability (the cohort young person may or may not have a disability also). Note, we did not ask about sibling or extended family disability in this DCW.

This multi-pronged approach has allowed us to highlight the impact of disability on the family unit and assess potential effects on the young person’s life. To help us share the voices of participants, we have included their words as comments throughout the report.

For greater insight into the 12-year DCW, see the Introduction, Methodology, *and* Now We Are Twelve *reports. Additional information on the derivation of the disability measures can be found in the* Supplementary Material.

Key findings

Self-reported disability differed by gender, ethnic group, and area level deprivation.

- The proportion of young people who reported disability was greater amongst transgender, non-binary or 'unsure' of their gender young people than cisgender boys or girls.
- The proportion of self-reported disability was greater in Māori and Pacific ethnic groupings than in the sole European group.
- A greater proportion of disabled young people lived in areas of high deprivation.

Disabled young people reported:

- Lower health-related quality of life.
- Higher scores for depression and anxiety.
- Poorer relationships with peers and parents.
- Feeling less safe in their neighbourhood.
- Lower school engagement scores.

A greater proportion of families with disability:

- Were in single-parent homes.
- Had poorer housing quality.
- Lived in rental accommodation.
- Had experienced greater residential instability.
- Had inequitable annual incomes.
- Faced more material hardship over time.

Disability at aged 12

Here we use the young person self-report set of questions to identify disabled young people and then describe this group in further detail.[1]

At 12 years of age, 9.8% (*n* = 437/4447) of young people self-reported functional impairment corresponding to individual disability.

[1] Note: The WG-SS (see Supplementary Material *for details on derivation of this variable) has not been designed for self-report in this age group and therefore application and interpretation of these findings should be done with caution, however as a child-centric study we have chosen to highlight the views of the young people.*

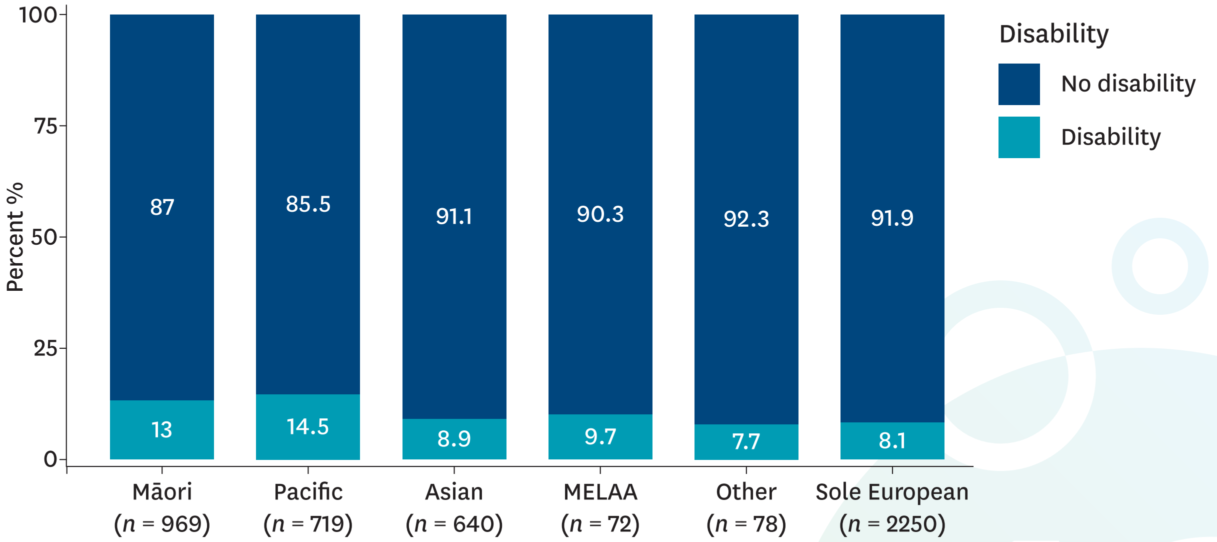
> ***I'm unique in my own way***

Gender

Consistent with previous reports (8), there were a greater proportion of disabled young people who were transgender, non-binary and unsure of their gender 18.8% (*n* = 138/736, p<.0001) than for cisgender boys (7.8%, *n* = 158/2037) or cisgender girls (8.4%, *n* = 141/1674).

Ethnic group

There were a greater proportion of both Māori (13.0%) and Pacific (14.5%) disabled young people compared to the sole European ethnic group (8.1%; Figure 1).



Note: Participants who reported more than one ethnic group are counted once in each group reported, except for the "Sole European" group, which includes only those young people who identified as European.

Figure 1. Young person self-reported ethnic group, by WG-SS disability (*n* = 4333)

> ***I can be myself and no one will judge me***

Area level deprivation

Disabled young people were more likely to live in the most deprived areas of NZ, with a larger proportion of disabled young people living in quintile 5 (the highest level of deprivation, 15.4%) compared to young people living in households in less deprived quintiles (quintile 1 – 7.6%; Figure 2).

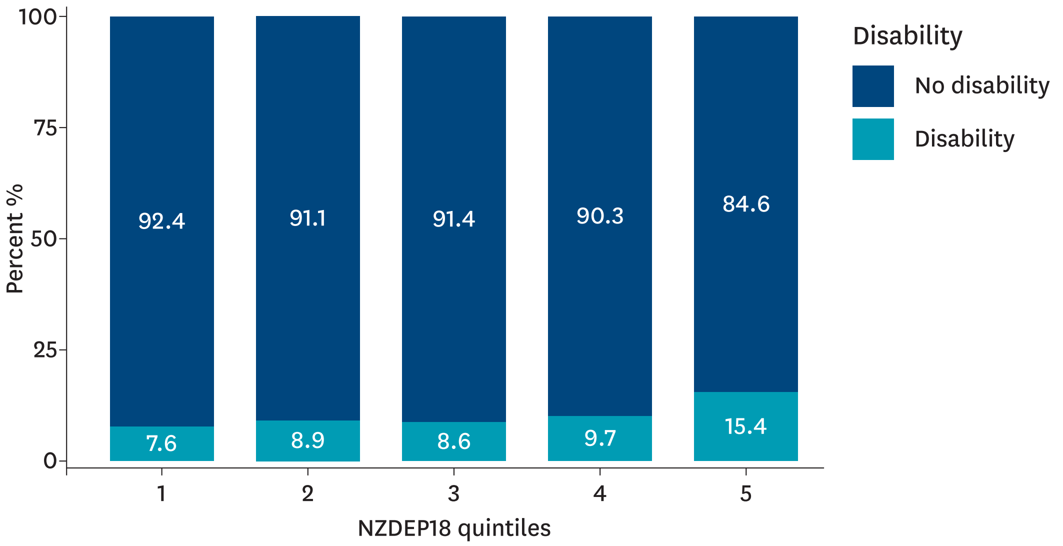


Figure 2. Area level deprivation (NZDEP18) of household in which each young person lived, by self-reported WG-SS disability (*n* = 4362)

> ***I have my differences, I love having hearing aids because it makes me unique!***

> ***I'll learn to be independent and look after myself and my family***

Outcomes at aged 12

This section describes the wellbeing of disabled young people at aged 12. For health and wellbeing, relationships, and safety, we have included all young people who were disabled as determined by the WG-SS (child-report) and/or CFM-based questions (parent-report) (19.4%, *n* = 868/4482; see Supplementary Material for details). For education outcomes, a disabled young person also included those identified as having an additional learning support need that may indicate a disability (24.5%, *n* = 1099/4482, see Supplementary Material for details).

> ***I'm unique and capable of doing lots of things***

Health and wellbeing

Quality of life

Young person-reported quality of life (using KIDSCREEN-10, see Supplementary Material for details) has been described using low, average, or high categories. Over half (53.6%) of disabled young people reported low quality of life (*n* = 465/868), which was a larger proportion than those young people with no disability (28.4%, *n* = 1026/3614; p<.0001; Figure 3). In contrast, one third (32.7%, *n* = 1180/3614) of those with no disability reported high quality of life compared to only 14.2% (*n* = 123/868, p<.0001) of disabled young people.

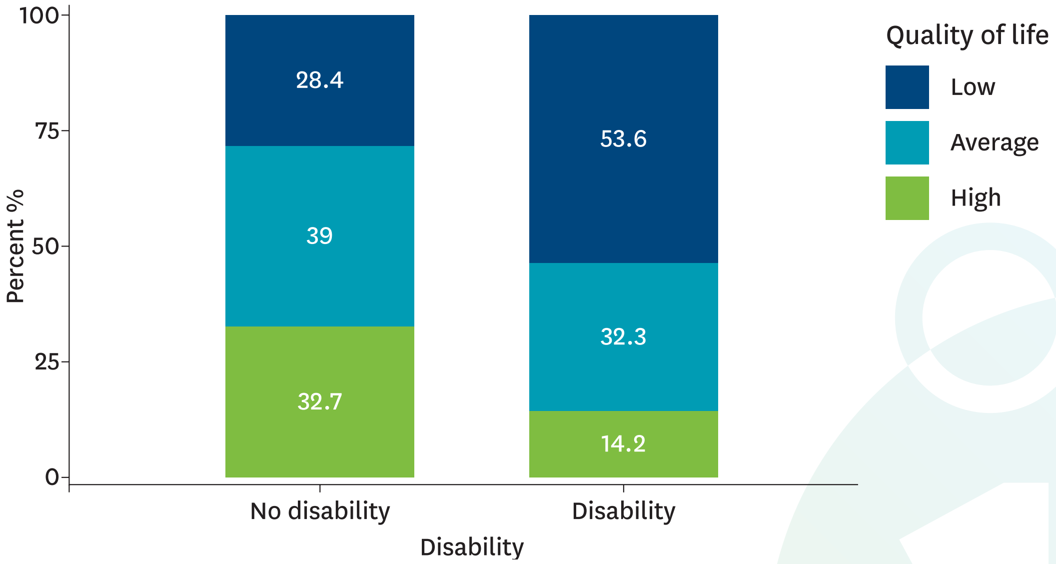


Figure 3. Quality of life using KIDSCREEN-10, by young person disability (*n* = 4482)

General health status

The largest response category for disabled young people was "good" health (39.4%), followed by "very good" health (32.9%). However, a greater proportion of people with no disability indicated that their general health was "excellent" or "very good" (68.4%) than disabled young people (47.0%). Additionally, a greater proportion of disabled young people indicated that their general health was "fair" or "poor" (13.5%) compared to just 5.6% of young people with no disability.

> ***I feel like I am confident to just be who I want to be***

Mental health status

Mental health was assessed using tools that ask about depression symptoms and symptoms of anxiety in the past seven days (see Mental Health report for details on both scores). Higher scores indicated a greater number of depression/anxiety symptoms. When measuring the impact of disability on symptoms of anxiety and depression, we removed those young people who had ever been diagnosed with anxiety or depression from the definition of "disabled" (*n* = 129).

Scores for depression were significantly higher for disabled young people (mean 11.54±STD 5.86) compared to young people with no disability (mean 7.90±STD 4.81; p<.0001; Figure 4).

A similar trend was seen for anxiety, with disabled young people having significantly higher scores (mean 50.07±STD 12.23) than young people with no disability (mean 45.24±STD 10.14, p<.0001; Figure 5).

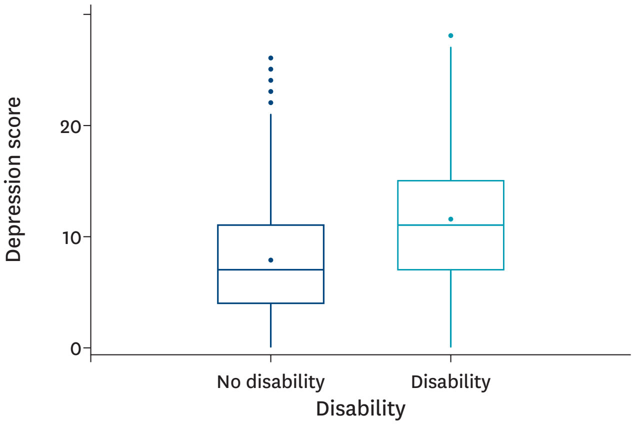


Figure 4. Depression score of the cohort, by young person disability (*n* = 4437)

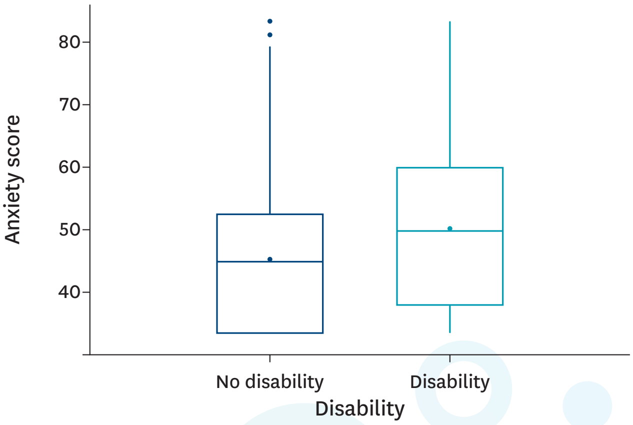


Figure 5. Anxiety score of the cohort, by young person disability (*n* = 4437)

Access to primary health care

When compared to those with no disability (5.5%, *n* = 186/3414), a greater proportion of parents of a disabled young person (9.3%, *n* = 78/837) reported that their child had needed to see a general practitioner or family doctor about their health in the past 12 months but did not get to see one.

The most common reasons for this were:

- Could not get an appointment soon enough or at a suitable time (disabled - 52.6%, *n* = 41/78; no disability - 43.6%, *n* = 81/186).
- COVID-19 related reasons (disabled - 15.4%, *n* = 12/78; no disability – 16.1%, *n* = 30/186).

For more information on COVID-19, see COVID-19 report.

Meaningful relationships

We found that disabled young people reported less trusting and communicative relationships with their peers and parents. For peer relationships, higher scores indicated poorer quality of relationships (see Relationships report for details on this scale). Scores for disabled young people (mean 18.02±STD 6.54) were significantly higher than for young people with no disability (mean 16.53±STD 5.98, p<.0001), indicative of less trusting and communicative relationships with their peers.

Similarly, the parent-child relationships scale is interpreted with higher scores indicating poorer experiences of relationships (see Relationships report for details). Results showed that disabled young people (mean 14.0±STD 5.20) had significantly less trusting and communicative relationships with their parent/s than young people with no disability (mean 11.97±STD 4.22, p<.0001).

Young people were also asked how they felt about the level of involvement their parents and caregivers had in their lives. The proportion of young people who wanted a little or a lot less involvement was greater for disabled young people (7.9%, *n* = 68/860) compared to young people with no disability (6.2%, *n* = 221/3592). Similarly, the proportion that wanted a little or a lot more parental involvement was also greater for disabled young people (30.7%, *n* = 264/860) than those young people with no disability (24.2%, *n* = 870/3592). These findings indicated that disabled young people were less content with their parents level of involvement at both ends of the spectrum.

Sense of safety

Young people were asked how safe they felt in their neighbourhood. Over two-thirds (68.5%, *n* = 582/850; Figure 6) of young people with a disability agreed or strongly agreed it was safe to walk and play in their neighbourhood alone during the day; this proportion was greater for those young people with no disability (78.0%, *n* = 2784/3569). One-half of young people with no disability (51.7%, *n* = 1846/3569) agreed or strongly agreed it was safe to walk in their neighbourhood at night; this proportion was smaller for disabled young people (44.0%, *n* = 374/850; Figure 6).

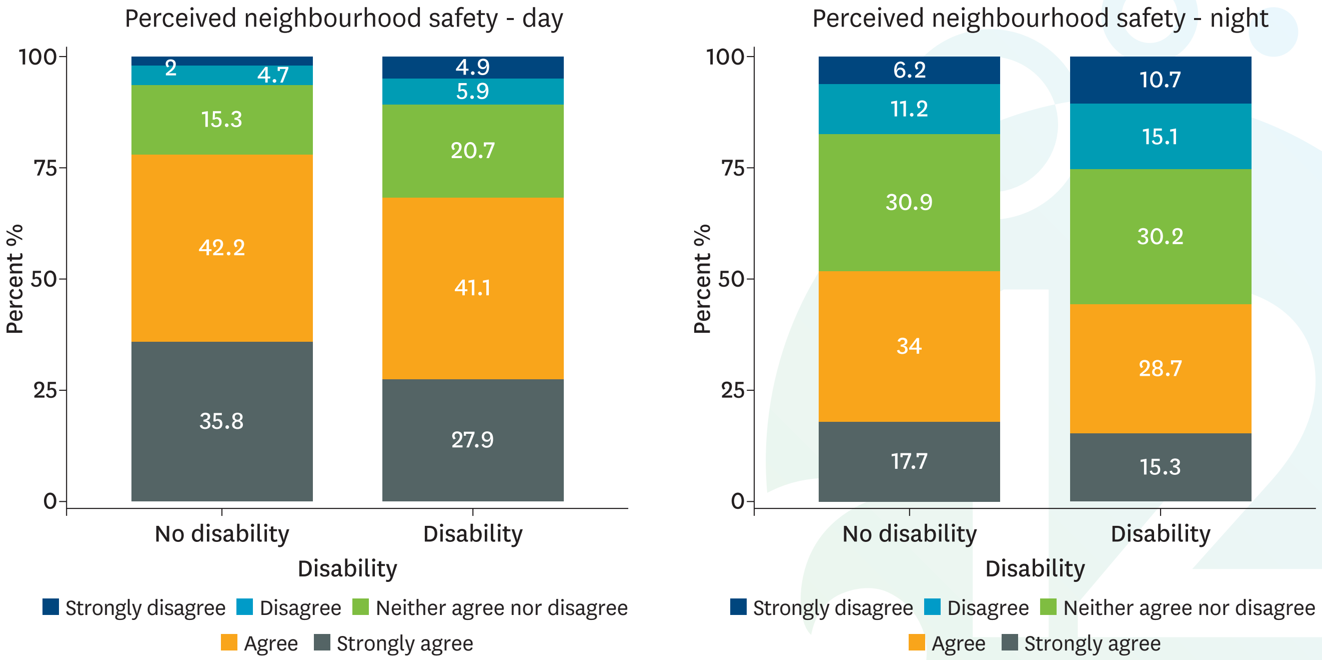


Figure 6. Feeling safe walking and playing in their neighbourhood by day or night, by young person disability (*n* = 4419)

Education

When young people with additional learning support needs were included in the definition of disability, the proportion of young people with a disability increased from 19.4% (*n* = 868/4482) to 24.5% (*n* = 1099/4482).

School engagement

School engagement (including cognitive, behavioural, and emotional engagement) gave a mean score ranging from 1-5, with higher scores equating to greater engagement (see School Engagement report for more details). The mean score of the cohort was 3.76 (*n* = 4421). Those with no disability had a significantly higher mean score (3.84±STD 0.66) than disabled young people (3.53±STD 0.71, p<.0001; Figure 7).

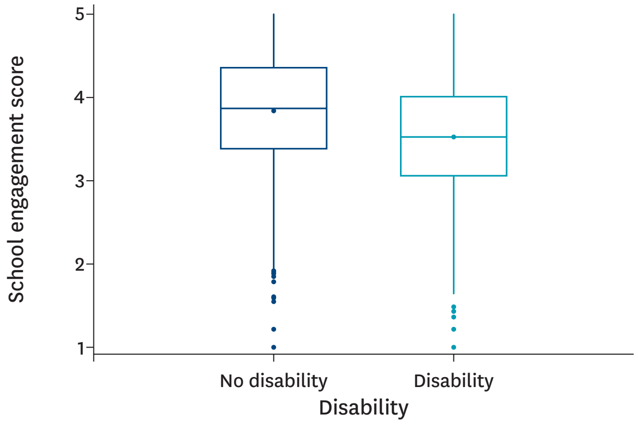


Figure 7. School engagement score of the cohort, by young person disability (*n* = 4421)

Access to and satisfaction with disability and learning support services

According to parents, just 6.3% (*n* = 266/4250) of young people had accessed disability and learning support services in the school setting. As expected, a larger proportion of disabled young people (20.5%, *n* = 219/1068) had accessed these services.

Over half of parents (57.1%, *n* = 152/266) reported the young person had received all they needed from these services, just over a third (34.2%, *n* = 91/266) stated they received some of what they needed, and 5.3% (*n* = 14/266) said they did not receive what they needed at all. The most frequent reasons for not receiving some or all the services needed were:

- Due to COVID-19 or lockdown (44.8%, *n* = 47/105).
- The young person was not eligible (26.7%, *n* = 28/105).
- They could not get an appointment soon enough or at a suitable time (10.5%, *n* = 11/105).

For more information about COVID-19 see COVID-19 report.

Participation in extra-curricular activities

A slightly greater proportion of disabled young people (34.3%, *n* = 373/1089) reported wanting to do an extra-curricular activity but were unable to, than young people with no disability (28.3%, *n* = 950/3359). Reasons for not participating in an activity where there was a difference by disability status were:

- Lack of time (disability – 32.5%, *n* = 121/372; no disability – 38.3%, *n* = 364/950; p=.05).
- They thought that people might make fun of them (disability - 6.2%, *n* = 23/372; no disability - 3.2%, *n* = 30/950; p=.012).

Other reasons stated, that did not differ by disability status, were:

- Not being good at the activity (18.0%, *n* = 238/1322).
- Activity not available in their neighbourhood (17.7%, *n* = 234/1322).
- The activity was too expensive (17.0%, *n* =225/1322).

Impacts of family disability

Definition of family disability

This variable included:

- All disabled young people identified using either the WG-SS and/or the CFM-based questions (19.4%, *n* = 868/4482).
- Disabled parent included those parents (both mother/main caregiver and their partner) who self-identified that they had a long-term (six months or more) disability (14.7%, *n* = 631/4293).

A total of 29.4% (*n* = 1317/4485) of the families in the study had experienced disability; 4.1% (*n* = 182/4485) of families had both a disabled young person and either one or both mother and partner with a disability.

> *I have cool friends and family and food and a house*

See Supplementary Material for additional details on how family disability has been derived and categorised. Family structure and housing factors for these families can be seen in Table 1.

Family structure and housing factors differed for families with and with no disability:

- 21.7% of disabled young people lived in a sole-parent household.
- Over 30% of families with a disability lived in rental homes.
- 14.2% of disabled young people lived in crowded housing.
- 13.5% of disabled young people had moved twice in the last four years.
- Over 5% of families with a disability had moved four or more times in the last four years.

Table 1: Family structure and housing factors for families with and with no disability.

	Family disability		
	No disability % **70.6**	**Young person disability %** **15.3**	**Parent(s) and young person or parent(s) disability %** **14.1**
PARENTS AND CAREGIVERS			
Two-parent family	84.1	77.5	81.4
Solo-parent family	15.7	**21.7**	17
Other family type	0.3	0.9	1.6
HOUSEHOLD MEMBERS			
Living with non-kin	1.8	**3.4**	2.5
Living with extended family	11.5	13	10.3
Living with intergenerational family	9.1	10.3	7.8
LOCATION			
Urban	82	83.5	81.5
Rural	18	16.5	18.5
HOME OWNERSHIP			
Home owned	78.3	68.4	68.1
Home rented	21.7	**31.7**	**31.9**
CROWDING			
Not crowded	90	85.8	89.2
Crowded	10	**14.2**	10.8
Other family type	0.3	0.9	1.6
HOME MOVES IN LAST 4 YEARS			
Did not move homes	54.5	54.2	51.3
Moved once	10.9	21.5	28.6
Moved twice	9.1	**13.5**	8.6
Moved three times	5.4	5.3	5.4
Moved four or more times	3.4	**5.6**	**6.1**

Note: Numbers in table are row percentages and bold denotes statistical significance between groups.

Economic wellbeing

Household income

Families with disability (both young person, and parent(s) and young person or parent(s)) had a significantly lower annual equivalised household income than those with no disability (young person - $55,611.04±STD 32,885.65, parent(s) and young person or parent(s) - $53,629.37±STD 32,383.51, no disability - $62,657.54±STD 32,661.65; *p*<.0001; Figure 8).

Deprivation

We used NZ area level deprivation quintiles (NZDEP18) to assess economic wellbeing in the cohort. At the 12-year DCW, a larger proportion of families with disability (both young person, and parent(s) and young person or parent(s)) were living in households in the most deprived (quintile 5) areas (young person 23.7%, parent(s) and young person or parent(s) 19.8%, no disability 15.7%; *p*<.0001).

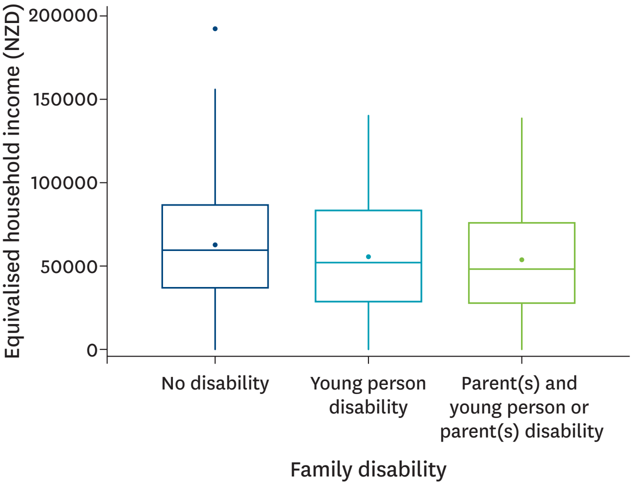


Figure 8. Annual equivalised household income (OECD) of the cohort, by family disability (*n* = 3623)

Longitudinally, we assessed families who lived in high deprivation areas (quintile 5) at each of the DCWs. This gave a score of 0-6, where 0 indicated never having lived in a high deprivation area at any DCW, and 6 indicates families who lived in high deprivation areas at every DCW. Results showed that over half of families with no disability (56.9%, *n* = 1542/2709) had never lived in high deprivation areas, compared to 47.0% (*n* =272/579) of families with a young person with disability and 49.5% (*n* = 273/552) of families with parent(s) and young person, or parent(s) with disability (Figure 9).

> ***Having a good community full of good family members and friends***

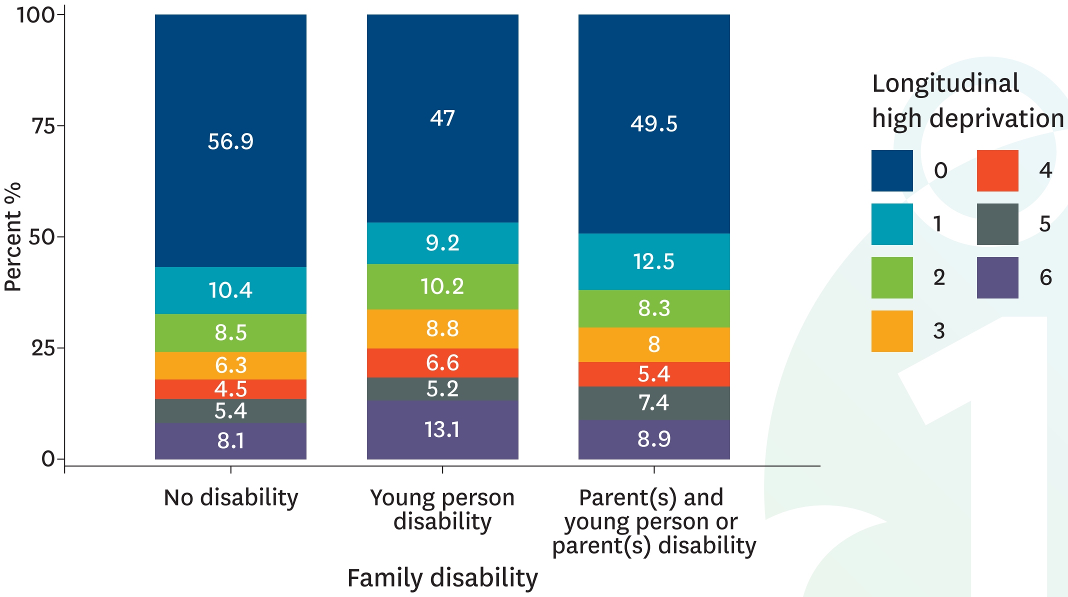


Figure 9. Proportion of families experiencing high deprivation summed across the DCWs, by family disability (*n* = 3840)

The proportion of families who had lived in high deprivation areas at half of the DCWs (score of 3) was larger in families with a young person with a disability (8.8%, *n* = 51/579) compared to both families with no disability (6.3%, *n* = 170/2709) and families with parent(s) and young person, or parent(s) with disability (8.0%, *n* = 44/552). A larger proportion of families with a young person with a disability (13.1%, *n* = 76/579) lived in high deprivation areas at every DCW (score of 6) compared to both families with no disability (8.1%, *n* = 219/2709) and those with parent(s) and young person, or parent(s) with a disability (8.9%, *n* = 49/552).

Material hardship

Material hardship was investigated at the 12-year DCW using a series of questions and categorised into families who had experienced no/little material hardship, material hardship, and severe material hardship (see Material Hardship report). Over 90% of families with no disability experienced no/little material hardship (92.9%, $n = 2791/3003$). The proportion of families who experienced either material hardship or severe material hardship for either family disability category was greater than for those with no disability (no disability 7.1%, $n = 213/3003$, young person disability 14.7%, $n = 97/662$, parent(s) and young person, or parent(s) disability 15.8%, $n = 98/621$; $p<.0001$).

To explore changes in material hardship across the DCWs for families with disability, we used the sequence state cluster analysis as described in the Material Hardship report. Results show that there were significantly more families in either family disability category both in increasing and persistent hardship across time compared to families with no disability ($p<.0001$; Figure 10).

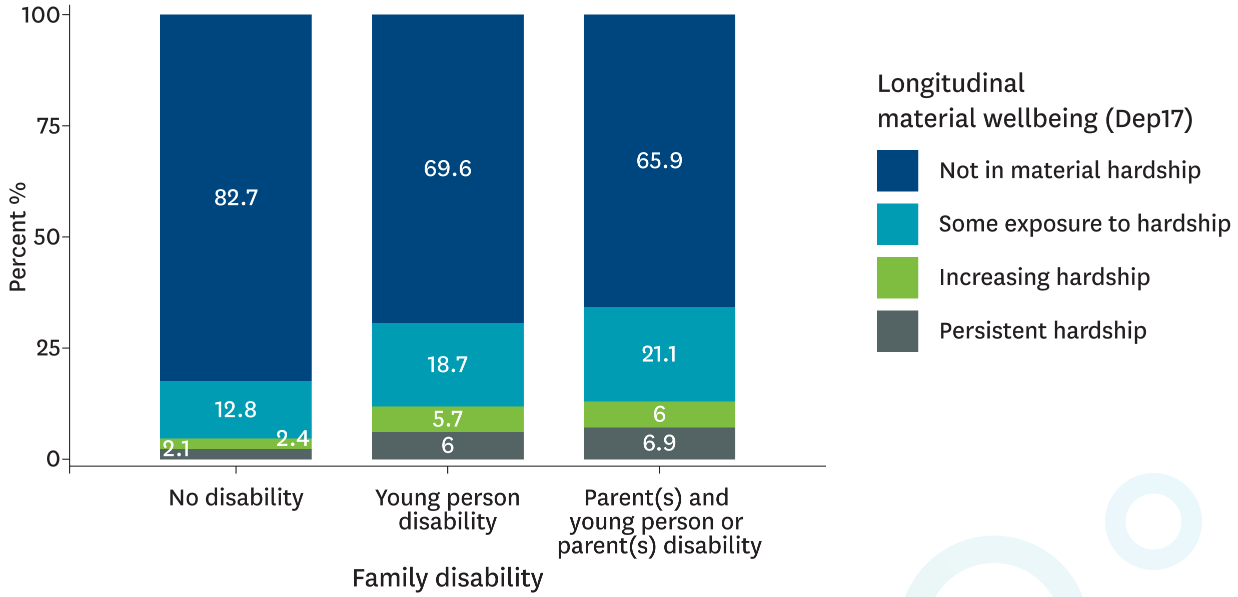


Figure 10. Longitudinal material hardship, by family disability (n = 3739)

> ***…I have supportive parents and a warm house to live in***

Relevance for policy and practice

This report has examined outcomes for disabled young people in NZ aged 12 years. In line with previous research findings (3-5), we found that disabled young people tended to have poorer outcomes in health, wellbeing, education, relationships, and sense of safety. For NZ to achieve its vision to be a non-disabling society (1), it is important that disabled young people's experiences remain a priority across government groups, including in the implementation of the Child and Youth Wellbeing Strategy (9).

Self-reported disability differed by gender, ethnic group, and area level deprivation

This report highlights inequities between Indigenous and non-Indigenous disabled young people, with 13.0% of rangatahi Māori experiencing disability compared with 8.0% of Europeans. A report commissioned by the Waitangi Tribunal (3), found that failing to identify and respond to the needs of tāngata whaikaha Māori (Māori people with a lived experience of disability) was in breach of Te Tiriti o Waitangi. *GUiNZ* empowers the government to better meet the needs of tāngata whaikaha by providing novel and detailed information about experiences of disability at the individual and whānau level. As recommended by the Waitangi Tribunal (3), it is important to seek to understand the intersectionality in those who identify as Māori and disabled. To address these inequities, there is a call for accountability measures to ensure equitable outcomes for Māori both with and without disability, and to develop culturally responsive approaches to health and wellbeing.

As with previous research (8, 10), this report found that a significant proportion of disabled young people were also transgender, non-binary or unsure of their gender. Responsiveness to Te Tiriti o Waitangi requires recognising that takatāpuitanga (being free of strict notion of gender identity) is a taonga, and takatāpui whaikaha Māori are likely to be over-represented in this group (10-11). Although we have not explored intersectionality within the data, the Youth2000 report on intersectionality highlighted that greater disparities exist in groups that identify within multiple minority groups (10). It is vital that health services for disabled young people and their whānau are welcoming of transgender and non-binary young people. For this to occur, health workforce training must include upskilling to support practitioners to meet the needs of transgender and non-binary young people and their whānau, as these young people may be more likely to require health services due to their disabilities.

Disabled young people reported poorer health and wellbeing outcomes

The NZ Disability Strategy (1) highlights a need for disabled people to have equitable access to healthcare services that are inclusive and responsive. This report found disabled young people (at aged 12) experienced worse general health and mental health outcomes compared to those with no disability. In alignment with strategic documents designed to focus on changing the inequities within the health and wellbeing domain, specifically relating to health outcomes and access to health services, we recommend urgent action. For example, Te Pae Tata (the Interim NZ Health Plan 2022) (12) sets out disabled people's health and wellbeing as a priority focus and highlights the importance of the development of the Health of Disabled People Strategy (13).

Disabled young people reported poorer relationships with their peers and parents and were less satisfied with their parents' involvement in their lives

Ensuring safe and inclusive school environments for disabled young people may facilitate more trusting and communicative relationships with their peers. One way of building more inclusive school environments for disabled young people is through initiatives to prevent and respond to bullying in schools – outlined as an action in the Child and Youth Wellbeing Strategy (9). The Statement of National Education and Learning Priorities (14) also includes reducing barriers to education for disabled learners/ākonga as an objective.

Disabled young people also reported less trusting and communicative relationships with their parents and less satisfaction with the degree to which their parents are involved in their lives. Policies that provide additional support for parents could include, greater financial assistance, the alleviation of some caregiving responsibilities, and guidance for parenting disabled young people. Further investigation into the determinants of disabled young people's poorer relationships with parents could help to identify the specific areas where the parents and whānau require greater support.

Disabled young people felt less safe in their neighbourhood and had lower engagement at school than young people without a disability

More support is needed to ensure young people with disabilities feel safe in their communities. This includes creating spaces that are inclusive and accessible. Young people with disabilities identify such spaces as critical to their wellbeing (15).

Increasing the support for disabled young people within schools would not only have benefits for education outcomes but may also have an indirect effect on the health, wellbeing, and economic status of their whānau. That is, as families are better supported, they have a greater capacity to create supportive homes and environments.

The Learning Support Action Plan (16) sets out to address some of these challenges by focusing on screening to identify young people with additional learning support needs and provide supports responsive to those needs. Initiatives such as these will be key to successfully achieving the education-related outcomes set out in the NZ Disability Strategy (1). Furthermore, learning support services in schools and other programmes must recognise and respond to the increased need to be culturally inclusive of rainbow young people and their whānau.

A greater proportion of families with disability were living in single parent homes, lived with poorer housing quality, experienced greater residential instability, and had more persistent experiences of deprivation and hardship

More needs to be done to address the inequities experienced by young people and their families to ensure that they experience financial stability and are supported in ways that meet individual needs. The Child Poverty Reduction Act 2018 and the Children's Amendment Act 2018 were established to ensure that child poverty is a focus across the NZ Government. There are several actions and initiatives currently underway within government to ensure that these disparities are reduced (9), such as 'Ka Ora, Ka Ako', the implementation of the Equity Index in schools, and the implementation of Healthy Homes Standards. Furthermore, children and families with disabilities must be given access to the resources they need to lead a healthy and fulfilling life.

There is a need to take a holistic view of these issues, such as through promoting the actions and priorities outlined in the Child and Youth Wellbeing Strategy (9). Improvement in relation to the health, economic and social wellbeing of whānau can have a positive impact on young person's outcomes across their life.

Conclusion

To further develop our current understanding of disabled young people in NZ and their families we suggest future research should include more nuanced definitions of disability including those determined via questionnaires like The Washington Group / UNICEF Child Functioning Module (CFM) (complete) question set for both young person self-report and parent/main caregivers. We also suggest collecting young person self-report of disability identity. It is also important to consider the whole family or household with respect to understanding the impact of disability on young people and their families. There are many opportunities to explore these data further including methodologies that explore intersectionality, consider longitudinal impact of disability, and consider a variety of different outcomes such as bullying or acceptance.

Finally, to assess the enablers and drivers of outcomes for these young people and their families with disability we recommend examining the factors that lead to enhanced health, wellbeing, and education outcomes among disabled young people, as well as the factors that lead to a family thriving. Gaining a deeper understanding of individual and family strengths will help ensure all disabled young people and their families can flourish.

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Additional support

Links to disability support services can be found on the Office for Disability Issues website under "Got a problem or need help?".

If you think you, or someone you know, may be experiencing poor mental health, there are several free tools or services that can help. See the Ministry of Health website for a list of resources or click below for information or support:

- From a trained counsellor (or text or call 1737)
- Wellbeing support
- Support for rangatahi for hauora, identity, culture, and mental health
- Healthcare providers near you
- LGBTIQ+
- Depression
- Anxiety NZ

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Growing Up in New Zealand

Now We Are Twelve

Life in early adolescence

Further Details

Supplementary material for this snapshot is available to download.

The introduction to the 12-year data collection wave and the methodology used to analyse the 12-year data can be downloaded as a PDF.

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