



Competencies for registered nurses undertaking Before School Checks (B4SC)

Aligned to NCNZ Standards of Competence (2025)

These standards of competence examples of evidence are intended for registered nurses delivering Before School Checks (B4SC). This document provides examples of evidence to support nurses to self-assess their competence in alignment with the Nursing Council of New Zealand Standards of Competence for Registered Nurses (2025), within the context of B4SC practice.

Pou One: Māori Health

Reflecting a commitment to Māori health, registered nurses support, respect and protect Māori rights while advocating for equitable and positive health outcomes. Nurses are also required to demonstrate kawa whakaruruhau by addressing power imbalances and working collaboratively with Māori.

Examples of evidence

- Builds relationships with whānau through whakawhanaungatanga, acknowledging whakapapa connections where appropriate
- Identifies and responds to inequities (e.g. follow-up for Māori tamariki who have missed checks or opportunistically provide B4SC to tamariki who are not enrolled, review current models of service provision and adapting service to better meet needs of whānau Māori)
- Demonstrates understanding of social determinants (e.g. housing, transport barriers impacting attendance or follow-up)
- Advocates for access to services (e.g. supporting whānau to engage with dental, hearing, or developmental services)

Pou Two: Cultural Safety

Cultural safety in nursing practice ensures that registered nurses provide culturally safe care that is inclusive, responsive and equitable. This requires nurses to reflect on their practice, understand their cultural identity and the power imbalances between the nurse and the recipient of care.

Examples in B4SC practice

- Invites whānau involvement and recognises different family structures (including aiga and extended family)
- Ensures tikanga Māori is respected (e.g. safe, appropriate, and culturally respectful engagement with the child and whānau, awareness of tapu/noa in clinical spaces)
- Adapts communication style based on cultural and language needs, using te reo Māori in greetings and key interactions (e.g., mihi, explaining the purpose of the check) when appropriate
- Uses interpreter service where required to ensure informed consent is obtained
- Ensures referrals are culturally appropriate and acceptable to the family

Pou Three: Whanaungatanga and Communication

A commitment to whanaungatanga and communication requires registered nurses to establish relationships through the use of effective communication strategies which are culturally appropriate and reflect concepts such as whānau-centred care and cultural safety. An understanding of different forms of communication enables the nurse to engage with the interprofessional healthcare team, advocate for innovative change where appropriate and influence the direction of the profession.

Examples in B4SC practice

- Clearly explains the purpose and components of the B4SC in plain, understandable language
- Obtains informed consent or documents a decline, explains and maintains confidentiality, and stores information securely.
- Uses age-appropriate engagement strategies with tamariki (e.g., play-based interaction during vision/hearing checks)
- Adapts communication for whānau health literacy levels
- Documents the B4SC in a systematic way to meet legal and professional standards (legible, accurate, and concise) and provides the data required for the B4SC Information System Communicates findings and next steps clearly, ensuring whānau understand results and referrals
- Varies the nursing approach to respond to child/tamaiti and family/whānau communication needs who in turn articulate satisfaction with the process and relationship established.
- Collaborates with early childhood educators, GPs, and other providers

Pou Four: Pūkengatanga and Evidence-Informed Practice

Pūkengatanga and evidence-informed nursing practice requires registered nurses to use clinical skills, coupled with critical thinking and informed by high quality and current evidence, to provide quality, safe nursing care. Evidence-informed practice prepares the nurse to differentially diagnose, plan care, identify appropriate interventions, lead the implementation and evaluate care provision and outcomes.

Examples in B4SC practice

- Applies comprehensive knowledge of child health and development to undertake a systematic assessment as described in the WCTO Practitioner Handbook and Well Child Schedule.
- Facilitates the review and interpretation of the assessments undertaken by VHTs and early childhood educators to ensure the B4SC provides a comprehensive picture of a child/tamaiti's health and development.
- Demonstrates ability to use, and interpret the findings from, the B4SC assessment tools: Child Health Questionnaire, SDQ, PEDS-R, growth, dental health, speech, immunisation status, family violence, smoking status, and vision and hearing testing outcomes.
- Demonstrates local referral pathways are used to promote the health and development of children before they are 5 years old.
- Escalates concerns appropriately (e.g., safeguarding issues, developmental delays)

Pou Five: Manaakitanga and People-Centred Care

Manaakitanga and people-centred care requires nurses to demonstrate compassion, collaboration and partnership to build trust and shared understanding between the nurse and people, whānau or communities. Compassion, trust and partnership underpin effective decision-making in the provision of care to support the integration of beliefs and preferences of people and their whānau.

Examples in B4SC practice

- Ensures the environment in which the B4SC is being undertaken is appropriate, safe and private for the child/tamaiti and his or her family/whānau using interpreters where required.
- Explains how the family/whānau are involved in evaluating a child/tamaiti's B4SC outcome, and the importance of follow-up prior to the child/ tamariki beginning school.
- Demonstrates an understanding of how the delivery of the B4SC is modified to meet the immediate needs of the family, when required.
- Understands the principles of health literacy, uses language whānau can understand to explain the process, findings, interventions and referrals of the B4SC assessment. Uses the B4SC as an opportunity to provide health promotion and parenting education.
- Uses strength-based approaches and demonstrates respect for the knowledge of parents and caregivers through the process of the B4SC assessment and works in partnership with families.

Pou Six: Rangatiratanga and Leadership

Rangatiratanga and leadership in nursing practice are demonstrated when nurses proactively provide solutions and lead innovation to improve the provision of care. Leadership requires all nurses to act as change agents and lead change when appropriate. Fundamental to the integration of leadership is the need for nurses to intervene, speak out, and advocate to escalate concerns on behalf of colleagues or recipients of care.

Examples in B4SC practice

- Demonstrates accountability for safe, ethical practice
- Escalates concerns when child and/or whānau safety or wellbeing is at risk
- Supports and mentors new staff or students in B4SC delivery
- Identifies gaps in service delivery (e.g., low uptake in priority populations) and advocates for improvement
- Contributes to service development, including quality improvement activities undertaken to monitor and improve the B4SC programme and own nursing practice e.g. participation in audit and peer review
- Engages in ongoing professional development relevant to B4SC

