

The Role of the School Nurse in Supporting Parents of Children with Autism and in Creating an Inclusive School Environment

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Abstract

Supporting children with special needs in the school environment requires a holistic approach, in which school nurses play an important role. They are not limited to providing medical care or monitoring chronic conditions; they also act as crucial links between parents, teachers, and healthcare professionals. Through this collaboration, they significantly contribute to the creation of a safe and supportive learning environment. At the same time, they offer valuable guidance and information to parents, enhancing their involvement both in the care and educational journey of their children. Strengthening the school-family relationship is a key factor in improving students' quality of life and promoting their meaningful inclusion. However, challenges remain, such as understaffing and the limited institutional recognition of school nurses' roles. It has become clear that strengthening school nursing is essential for shaping a more humane and inclusive school environment.

Keywords: school nurses, children with special needs, parental support, school-based medical care, school-family relationship, student inclusion, inclusive education, safe learning environment, student quality of life.

1. Introduction

The presence of a school nurse in the educational environment proves to be critical for supporting parents of children with autism and improving the school experience of students, their role is not limited to providing health care, but extends to counseling, guidance, and collaboration with teachers and health professionals. Strengthening the school–family relationship, creating a safe learning environment, and taking a holistic approach to special education are key aspects of the work. However, understaffing and limited institutional recognition of this role present challenges that affect its effectiveness, so strengthening staffing and institutional support are necessary for the full development of this role's potential, to ensure an inclusive and supportive school experience for every student. Introduction The inclusion and support of children with autism in the school setting is a process that requires coordinated efforts by multiple professionals. The role of the school nurse, in this context, emerges as particularly significant since it is directly connected to promoting students' overall health and wellbeing. This role is not limited merely to managing health issues, but extends into developing effective collaborative relationships with parents so that the needs of children with autism can be addressed in a timely manner within the

school. The collaboration between the school nurse and parents creates a communication framework that facilitates the provision of individualized care services. Parents provide valuable information regarding their child's health and specificities, enabling the nurse to design suitable interventions. The exchange of this information forms the foundation for more targeted support, which strengthens the safety and functionality of the school environment. School nurses do much more than provide medical care. They're also involved in education and prevention, working to improve the everyday wellbeing of students. By teaching both staff and students about health topics—including how to understand and support classmates with autism—they help create a more inclusive, accepting school culture (Kastriti, 2023). When nurses are part of conversations about inclusion policies, their hands-on experience often brings valuable insight that can shape more thoughtful and practical decisions. Complimentary to the nurse, support from the school social worker plays a decisive role in cases of children with ASD (Autism Spectrum Disorder). Social workers are involved in designing and implementing individualized education programs (IEP), while offering psychosocial support to parents and facilitating access to community resources. Although research on how social workers serve parents of children with ASD remains limited, existing data suggest their contribution is multidimensional. The holistic approach proposed in many studies involves cooperation among nurses, social workers, teachers, and psychologists. Working together across disciplines doesn't just help identify or manage specific challenges—it also allows for more complete support for the entire family. Regular meetings between professionals help keep everyone on the same page, making sure that the care and interventions stay consistent and well-coordinated. However, a critical look at the data reveals an interesting dynamic: although the vast majority consider the existence of support structures such as parent groups essential, these are not systematically implemented within the activities of the school social worker (Foster, 2015). This may suggest either lack of resources or limitations in the precise definition of responsibilities among professionals within the school. Therefore, there is room for further development of practices that strengthen this dimension of parent involvement. Another issue concerns teachers' attitudes toward children with autism. The use of instruments such as the TATIS scale has shown that their perceptions significantly affect the effectiveness of inclusive practices (Kella et al., 2015). If teachers feel confident and informed about the peculiarities of autism, collaboration with the school nurse and other specialists is facilitated. Conversely, insufficient training or hesitation may act as a barrier to implementing successful interventions (Koukourava, 2022). From this evidence it becomes clear that there is a need to create communication networks among all parties involved: parents, teachers, and school nurses. The existence of such networks can reduce parents' stress, especially in situations where they must face daily challenges with their child (Kastriti, 2023). Open communication helps ensure that support strategies are consistent throughout the student's schooling. It is likely that without this comprehensive collaboration, the process of including children with ASD in mainstream schooling will remain dysfunctional. The aim is not simply the presence of support structures but that they be active and easily accessible to the parents who need them most. This presupposes both institutional changes and ongoing professional development for practitioners to guarantee the quality and continuity of interventions (Foster, 2015). Emerging trends show interest in developing new forms of parent-teacher consultation that could be further reinforced through existing support mechanisms (Koukourava, 2022). Ultimately, this field calls for an approach in which each professional recognizes not only their responsibilities but how these are dynamically interconnected with other roles within the school system. Only then can there be real improvements in how children with autism are supported and in how their families are assisted.

2. Theoretical framework for the role of the school nurse

2.1 *Primary health care and the school environment*

Primary Health Care (PHC) within the school environment constitutes a special adaptation of core public health principles to the needs of students, with the aim of safeguarding their physical, mental, and social wellbeing. The coexistence of children from different backgrounds, ages, and health statuses creates complexity that the school health team must address, with the school nurse taking a leading role (Davli, 2024). The nurse's daily presence ensures prompt response to incidents, as well as the implementation of long-term prevention programs that go beyond simply providing first aid. The importance given to individualized care for acute and chronic conditions is particularly pronounced in the research evidence. This work is considered the most important duty of the school nurse, with very high average evaluation scores—an indication that direct clinical support remains the core of PHC in the school context (Dauli, 2024). This responsibility is not limited to intervention after a specific incident but extends to developing action plans for students with chronic conditions such as type 1 diabetes or epilepsy. In such cases, collaborating with parents and educators is essential to adapt the student's schedule. Simultaneously, PHC in schools has a clear community health dimension. Networking actions with primary care providers, mobile units, or health centers can strengthen the school's capacity to meet more needs (Davli, 2024). One example is organizing routine preventive checks by external health professionals, who inform both staff and students on issues such as nutrition or psychological resilience. Here arises a component of PHC that is often implied but not systematically implemented: integrating health education into the daily educational routine. Such interventions have proven effective in cultivating self-care behaviors in students (Kastriti, 2023). However, if confined to fragmentary initiatives without continuity or basis in well-structured plans, their impact is reduced. At this point the issue of institutional organization arises: in the Greek reality it is observed that the framework for operating the school nurse role remains in early stages (Davli, 2024), which may limit the integration of PHC into the education system. This creates inequality in students' access to comprehensive care services. The scientific discourse around PHC in schools highlights that, beyond the clinical dimension, the nurse's role includes elements of education and counseling toward parents and educators. Contemporary views emphasize that the effectiveness of these actions depends on continuous training of the health professionals serving schools (Kastriti, 2023). Without continuous education, gaps or incorrect practices in dealing with special needs may arise. Another element that should not be overlooked is the connection between collaboration and student outcomes. Data show that when there is close communication between school and the parents of a child with disorders such as ASD, both behavior and academic outcomes improve. This finding bears particular importance for implementing PHC practices in schools: health promotion actions are not only individual but collective, involving all links of the educational community. Despite the theoretical recognition of this dynamic relationship among parents, school, and nurse, it seems there are areas where practice lags behind expectations. For instance, limited support is provided for psychoeducational groups or family therapy in the school setting (Foster, 2015). Such services could operate complementarily to the main dimensions of PHC, building a more robust safety net around the student. It is also worth noting that teachers' perceptions of the nurse's role affect the effectiveness of PHC in school. When educators regard the nurse as an integral member of the learning community and are well informed about their responsibilities, the likelihood of synergies in favor of students increases. Conversely, low understanding or unclear conception of the nurse's contribution may lead to underutilizing its potential. Ultimately, integrating PHC into the school environment requires strategic planning that takes into account not only immediate needs for incident response but long-term prevention and health promotion demands. This means developing policies of cooperation between the Ministry of Education and public health bodies so that every school is equipped with the necessary resources to implement a full spectrum of

services. Such an approach functionally links everyday care practice with wider public health goals, transforming the school into not only a place of learning but a nucleus of prevention and health security for the entire community.

2.2 Legal and institutional framework

The legal and institutional framework governing the role of the school nurse is intimately connected to the effectiveness of Primary Health Care in schools, defining clearly responsibilities, constraints, and opportunities for the health professional within the educational system. In the Greek reality, the framework is still in formation, making the implementation of uniform standards not always feasible (Davli, 2024). The absence of a clear division of roles among different specialties—such as nurses, social workers, and psychologists—may lead to overlaps or gaps in service provision. International trends show that institutional recognition of the school nurse includes not only clinical work but participation in health education, prevention, and support of special groups of students. In countries like the United States, laws such as the Every Student Succeeds Act (ESSA) reinforce the presence of health professionals in schools, providing policy guidance to improve access to comprehensive care services (Dauli, 2024). Adoption of similar provisions in Greece could ensure more consistent implementation of practices and stronger protection of students' rights. Moreover, regulations governing the nurse's role often include requirements for continuous education and certification of skills. This is considered necessary for staff to meet the needs of a constantly changing student population, including those with chronic diseases or disabilities. However, in practice, this education is not always institutionalized as a mandatory process in Greece, leaving room for variation in the quality of services provided from school to school. A critical part of the institutional framework concerns the legal responsibilities the school nurse carries in performing duties. These include adherence to safety protocols for first aid, protection of students' personal health data, and compliance with international and national public health guidelines. Data protection laws (such as the EU's General Data Protection Regulation, GDPR) require particular caution when recording students' health information. Another important aspect is the need for institutional provision of multi-level cooperation between the school and external agencies. Some legal frameworks foresee collaborations between the Ministry of Education and health structures so that consistent coverage is provided across all schools (Dauli, 2024). If such collaborations are not well structured or funded, there is a risk of inequality in students' access to specialized services. The institutional dimension also includes defining procedures for inclusion and support of children with developmental disorders such as autism. International best practices call for specific protocols for creating individualized education plans (IEPs), with active participation of the school nurse in planning teams (Kastriti, 2023). These arrangements rely on legislative recognition of every child's right to adapted education. The debate around the institutional framework brings up a dual issue: on one hand, the need for comprehensive legal coverage for all nurse functions; on the other, ensuring that these policies are translated into feasible field procedures. Examples from other countries show that even well-organized policies may not be supported with adequate resources or administrative oversight (Davli, 2024). The institutional framework is the foundation upon which all actions are built; without clarity in rules, efforts to provide high-quality services may remain fragmented. Essentially, what is required is a systematic mechanism for evaluating how these policies are implemented in the field to detect and address areas needing improvement early. Finally, one must examine the influence of the institutional framework on parents' and teachers' perception of the school nurse's role. Research shows that when legal statutes clearly define the responsibilities and rights of the health professional in the school, this helps build trust among all participants (Dauli, 2024). In contrast, unclear or incomplete provisions may create confusion about what the nurse can or should undertake, undermining the dynamic collaboration necessary to support vulnerable student groups.

3. School nurse and support for children with autism

Understanding the Autism Spectrum (ASD) is foundational for effectively supporting children and families involved in it. The literature indicates that diagnosis can be reliable as early as 18 to 24 months, provided it is conducted by an experienced professional. However, real-world implementation of early diagnosis encounters obstacles, as many children are diagnosed later, depriving families of access to early intervention and support structures (Foster, 2015). The developmental screening precedes more extensive diagnostic evaluation, which examines aspects such as social skills, verbal and nonverbal communication, and adaptive behavior. Scientific evidence confirms that the heterogeneity of symptoms is substantial: two children with ASD may present entirely different behavior and needs. This poses challenges for school nurses and educators because it demands personalization in both care and inclusion strategies. Heterogeneity is observed in both the range and intensity of difficulties—from children with significant linguistic and social deficits to those who communicate adequately but struggle intensely with changes in routine or sensory processing. The psychosocial dimension of ASD makes it necessary for the school nurse to act as a central bridge among family and school. Research shows that parents and teachers consider participation in consultative programs that include parallel training in autism needs positively. This consultation functions not only as a collaboration improvement tool but also enhances consistency in interventions, reducing familial stress in daily life. The challenges faced by families of children with ASD vary—from practical difficulties managing episodes of intense stress to handling critical attitudes in the broader social environment (Koukourava, 2022). Such situations may lead to increased physical or psychological burden for parents, making collaboration of all professionals in the school context necessary. Here the school nurse serves as a main support hub, providing information on crisis management strategies and contributing to long-term plans for social inclusion. Their service is not limited to handling health emergencies during the day but extends into psychosocial support of parents. Data show that most school social workers have supported parents of children with ASD, but nurses can provide a complementary role by acting as a steady daily support resource within the school system. In practice, this means they may allocate time—even in limited hours—to listen to parents' concerns and link them to community services. Their approach is often guided by ecological frameworks that view the student as part of a dynamic system of person–environment relations (Kella, 2015). Within this perspective, intervention is not one-dimensional but seeks to positively influence both the immediate school context and broader social structures affecting the child. In this framework, collaboration becomes central: without systematic information exchange among all involved stakeholders, there is risk of fragmented measures that do not fully meet the child's needs. Another critical point is that the nurse may contribute to training school staff in first aid and safety for children with ASD. Because these children often present different reactions in emergencies, it is essential to have sensitized and properly trained adults in the school. Moreover, the nurse's presence gives parents a sense of security since they know that crises or health issues arising during the student's day can be managed immediately. However, there are limits to the nurse's direct involvement in deeper psychological or family issues—these typically fall within the domain of other professionals such as the school social worker (Foster, 2015). Nevertheless, identifying needs and making referrals to external services is a key responsibility of health professionals in schools. International literature has shown that when school nurses participate actively in planning Individualized Education Plans (IEPs), the gap between clinical recommendations and classroom practice is bridged more effectively (Kastriti, 2023). This involvement allows better adaptation of learning goals to each child's characteristics. Coordination of health and educational goals helps the child maximize their capabilities without becoming excessively burdened physically or mentally.

A particularly interesting aspect is the nurse's role in promoting inclusive practices in the school. Through daily interventions and collective awareness-raising actions, the nurse can

improve classmates' attitudes toward a student with ASD, reducing exclusion or stigma (Koukourava, 2022). Successful strategies include small group activities in class where students work cooperatively to understand and respect the needs of a peer with autism. Empirical observation shows that the closer the collaboration between nurse and parent, the better the inclusion outcomes of the child in daily school life (Kella et al., 2015). The quality of this relationship depends on trust; without it there is high risk that essential information for improving care in class remains incompatible or incomplete. In contrast, an active communication channel can prompt timely adaptation of strategies even before problems arise. Limited resources are a constant challenge: many support programs rely on professionals' personal efforts rather than institutionalized processes (Davli, 2024). This can lead to uneven service levels among schools. Establishing a clearer policy framework could ensure consistent quality of care in all cases. Overall, the school nurse's presence adds value to the collective effort to support children with autism: acting as a provider of direct care and as an educator for school staff; strengthening relations with parents; participating in IEP teams; promoting inclusive practices within the student community; and serving as a gateway to external resources when specialized intervention is needed (Foster, 2015; Kastriti, 2023).

4. Supporting parents of children with autism

4.1 *Communication and counseling*

Communication and counseling among parents, school nurses, and teachers constitute a pivotal axis that can significantly influence the inclusion experience of children with autism in school. Combining clinical information from the nurse with pedagogical strategies from educators establishes a common reference framework for all stakeholders. Research demonstrates that when parents actively participate in counseling programs alongside teachers, collaboration is strengthened and consistency in intervention practices increases (Koukourava, 2022). This kind of coordinated engagement substantially reduces parental stress and facilitates implementation of appropriate classroom modifications. The process of communication is not always straightforward. There are cases where parents feel their child's needs are not fully recognized, either due to insufficient understanding of autism or absence of a clear institutional framework defining professional roles and responsibilities (Davli, 2024). In such situations the nurse may act as mediator, translating clinical needs into educational language that teachers can immediately integrate into daily class activities. It is worth noting that counseling involves more than just information exchange: it includes developing parents' skills to manage crises or behavioral changes in their child (Foster, 2015). Through organized meetings or workshops, parents learn how to apply anxiety-management techniques, identify warning signs before behavioral outbursts, and establish stable routines at home. These skills diffuse into the school environment when communication is bidirectional: the nurse informs teachers of what worked at home, while teachers share effective strategies used in class with parents. Successful counseling depends on mutual trust. Data indicate that the quality of the relationship between nurse and parent largely determines support effectiveness (Kella et al., 2015). Without that trust, interventions may become fragmented or inconsistent, especially when new needs arise requiring immediate response. Establishing stable communication channels—such as scheduled weekly meetings or secure digital platforms—facilitates early detection of issues and adaptation of action plans. Research observations suggest that counseling gains greater momentum when paired with educational awareness actions within the school system (Kastriti, 2023). For example, presentations on the particularities of ASD to the entire teaching staff reinforce consistency in responses toward students of the spectrum. The nurse can play a central role in such presentations by bringing clinical examples and offering practical guidance for everyday situations. Moreover, via collaboration with social workers and psychologists, the content of counseling sessions can be enriched to more holistically address the family's psychological and social needs. The Greek reality

displays difficulties in institutionalizing such practices; many schools rely on individual initiative rather than formal policies or guidelines that guarantee consistency over time (Davli, 2024). This results in considerable variation in support quality across regions. Institutionalizing structured counseling could help address these discrepancies by providing a common implementation standard. When peers are educated about ASD, incidents of stigma or exclusion decrease. The nurse can guide these actions by collaborating with teachers so that acceptance messages reach the entire school. Teachers often express reservations about including a child with autism in a typical class; such attitudes can shift through continuous communication and participation in consultative programs where they come to better understand the child's needs and potentials (Kella et al., 2015). Here the nurse acts not only as an information source but also as a motivator in changing attitudes. At a practical level, a comprehensive communication and counseling strategy might include: Scheduled multidisciplinary meetings (nurse–teachers–parents) to review progress Open communication channels via email or secure digital applications Parent workshops on crisis management and routine adjustments Awareness workshops in the school for students without ASD to foster acceptance These activities require resources and institutional support; without that there is risk of their implementation being episodic. Scientific evidence shows that investment in consistent processes of communication among all stakeholders yields long-term benefits not only for students with ASD but for the entire school community (Foster, 2015; Koukourava, 2022).

4.2 Parent participation in school activities

Parent participation in school activities—especially for families of children with autism—is not merely auxiliary to educational processes but a dynamic tool for enhancing social inclusion and the child's socio-emotional development. Their active presence allows a more holistic approach to the educational experience, directly connecting school and home environments (Koukourava, 2022). In many cases, such involvement acts as a catalyst for sensitization and education of the broader teaching and student body about the special characteristics and strengths of children on the Autism Spectrum. One particularly important dimension is creating collaboration structures—such as parent groups or participation in school committees designing activities—where parents can contribute experiences, ideas, and practical solutions for better adapting the school environment and schedule. However, research shows that such structures often underperform or rely on the initiative of individual professionals without a coherent institutional framework (Foster, 2015). This leads to unequal utilization of parents' contributions—some schools fully integrate their input while others remain in a more formal communication mode. The presence of parents in events such as cultural activities, informational seminars, or interactive activities with students without developmental disorders can shift attitudes toward autism. When peers observe the close connection and cooperation among school, student, and family, acceptance is reinforced and prejudices reduced (Kella et al., 2015). The school nurse can play a pivotal role here by facilitating parent involvement through information programs or providing them with practical guidance on how to participate. Experience shows that when nurse, teachers, and parents coordinate, interventions have more coherence and stability. It is also important that parent participation is linked to school training in crisis management or social skills development. Through personal knowledge of daily child interaction, parents can offer examples of strategies that worked at home. Teachers can translate these into classroom adjustments (Foster, 2015). On the other hand, participation gives parents access to techniques and resources used in the school, which they can feed back to the home environment. Yet there are challenges: sometimes parents hesitate to attend public activities due to fear of social criticism or prior negative experiences (Koukourava, 2022). Here the nurse's role is dual: to provide psychosocial support creating a sense of security so the parent feels welcome, and to mediate to teachers for dissolving misunderstandings regarding the child's behavior. The Greek reality is

uneven in terms of opportunities for active parent participation in school activities. While in some cases regular meetings are organized to exchange good practices within the school community, in others such processes are completely absent (Davli, 2024). Institutionalizing parent participation not only in formal procedures (e.g. information meetings) but also in planning and implementing actions could equalize these inequalities. It is equally important that parent-involving actions have experiential, not merely theoretical, character. For instance, educational games that bring together children with ASD and their classmates under guidance of teacher and parent can build authentic relationships. In such settings, the physical presence of the nurse acts as a safety net so that any unexpected health needs or behavioral crises are immediately addressed (Kastriti, 2023). Educator perceptions also affect the extent to which they will permit or invite parent presence. If the teacher believes parent presence might weaken the learning process or reveal difficulties in classroom management, they might limit such opportunities (Kella et al., 2015). Conversely, informed teachers who understand the supportive role of the parent tend to actively promote such bonds. From a policy implementation perspective, a clear institutional framework predicting specific forms of parent participation in the school lives of children with ASD is needed (Davli, 2024). In its absence, each school may apply measures ad hoc without consistency or continuity. A coherent plan should ideally include collaboration of multiple professions (nurses, social workers, psychologists) so that parent participation links both educational and psychosocial dimensions. Ultimately, the quality of participation depends on three core elements: open communication among all stakeholders (Foster, 2015), action programs that provide meaningful parental involvement (Koukourava, 2022), and an institutional base guaranteeing continuity of these initiatives regardless of changes in personnel or school administration (Davli, 2024). When combined effectively, this produces a strong support network benefiting not only the student with autism but the whole school community.

5. Creating an inclusive school environment

5.1 *Policies and inclusion strategies*

Implementing policies and strategies for including students with autism in school requires a system combining clear institutional provisions with everyday collaboration among all stakeholders. The goal is to create a framework that supports not only the academic but also the social development of the child, incorporating experience and expertise from professionals such as the school nurse, educators, and social workers (Kastriti, 2023). International practice shows that the effectiveness of these policies depends on their institutionalization; when legally defined protocols foresee individualized inclusion programs (IEPs) with involvement of health professionals, outcomes are more consistent and efficient (Dauli, 2024). Strategy formulation often begins with a needs analysis for the student and family, a process that can be guided by the school nurse. The nurse functions as a translator of clinical data into educational inputs used for designing adaptations in schedule, teaching methods, and behavior management (Koukourava, 2022). In practice, such adjustments may include sensory-neutral spaces for children sensitive to noise or lighting, flexible durations for tasks, and special social interaction strategies. A key success factor is ongoing communication between school and parent. Policies that reinforce continuous information exchange reduce potential inconsistencies in interventions. Reports show that active parent involvement in school actions contributes to building a common support front for the student, providing shared defenses against difficulties (Foster, 2015). The nurse can guide this cooperation by facilitating regular meetings to review strategies. Moreover, inclusive strategies should include awareness actions for the broader school community. When all staff—from teachers to administrative personnel—know basic characteristics and needs of children with ASD, tension and misunderstandings are minimized (Kella et al., 2015). School awareness programs can be designed by the nurse in collaboration with social workers, integrating experiential exercises for nondisabled students to cultivate acceptance. Institutional policies need

to specify clear role divisions. Without that, risk arises of overlaps or gaps in support—something observed in Greece, where inclusion processes may be influenced by limited resources or non-institutionalized practices (Davli, 2024). Developing a national framework incorporating best practices from other countries could help yield more consistent service quality and application of inclusion strategies. A critical point is training educators in special education matters. Continuing training programs centered on ASD can improve their attitudes toward inclusion and the effectiveness of practices they apply (Koukourava, 2022). The nurse has a coordinating role so that this training connects directly to students' daily needs. Inclusion strategies are not limited to educational interventions—they must also account for students' health safety. Safety protocols for emergencies, developed jointly by nurse and teacher, add protection for ASD students and build parents' trust in the school. Furthermore, establishing networks linking the school with community health structures can enable specialized visits or evaluations at school without forcing parents to move or find private resources (SIMOPoulou). This connection brings the school closer to its role as a community support hub. In practice, many policies remain theoretical due to lack of funding or human resources (Davli, 2024). Even with political will, if permanent staff and infrastructure are not ensured, strategies risk remaining occasional. Hence, evaluation mechanisms are needed to assess policy effectiveness in the field, not just on paper. The final form of an effective inclusion policy includes multi-level actions: a clear institutional framework (Dauli, 2024), systematic teacher training (Koukourava, 2022), parent participation in program planning (Foster, 2015), active nurse involvement in IEP teams (Kastriti, 2023), and continuous updating for all stakeholders on inclusive practice best practices (Kella et al., 2015). Only through such multifaceted planning can the school environment truly become inclusive for children with autism.

5.2 Collaboration of interdisciplinary teams

Collaboration of interdisciplinary teams in schools emerges as a necessary condition for successful inclusion and support of students with autism, especially when efforts focus on both academic progress and psychosocial development. Linking this issue with the earlier discussion of inclusion policies makes it possible to see how inclusion strategies must be implemented via coordinated action by various professionals (Kastriti, 2023). In practical terms, an interdisciplinary team may consist of the school nurse, the classroom teacher, a special educator, a psychologist, and the social worker. Studies show that each member contributes a different perspective and specialization—the nurse is responsible for monitoring health issues and implementing safety protocols, while the social worker focuses on connecting with community resources and family support (Foster, 2015). The psychologist contributes by assessing the student's cognitive and emotional functioning and providing a framework for psychological empowerment. Collaboration is not limited to mere information exchange. Effective teams plan individualized programs based on a shared understanding of the student's needs. Tools such as the Individualized Education Program (IEP) allow clinical data to be integrated into educational practice so that classroom adaptations align with medical or therapeutic guidelines (Kastriti, 2023). The nurse's presence at meetings is critical for conveying information about physical health, medication regimens, or sensory discomfort. A common challenge is that the level of collaboration among team members varies. Schools with institutionalized collaboration frameworks show greater consistency in interventions; conversely, when participation depends more on personal initiative than policy, service quality disparities emerge (Davli, 2024). This means two students in different schools may experience very different support even if their needs are similar. Communication with parents should be considered an integral part of collaboration. Data show that when parents actively participate in interdisciplinary meetings, alignment of goals between school and family is improved (Koukourava, 2022). The school nurse often functions as a “translator” between clinical and everyday language—explaining research findings or technical

terms to parents and offering them directions to apply at home. On the other hand, parents share significant observations about the child's behavior outside school, helping the interdisciplinary team grasp the student's broader context (Kella et al., 2015). In practice, there are challenges: lack of time for joint meetings or absence of a unified digital information platform can reduce collaboration effectiveness. Also, when responsibilities are not clearly apportioned, risk arises of overlaps or unaddressed gaps in care. International experience shows that existence of cooperation protocols—with defined steps of evaluation and quantitative goals—allows better monitoring of outcomes (Dauli, 2024). Training of team members is another crucial factor. Educational programs that cover both clinical aspects of ASD and pedagogical strategies can create a shared knowledge base across professional disciplines (Koukourava, 2022). For instance, a seminar designed by the nurse together with the psychologist can include exercises recognizing sensory triggers causing difficulty and practical ways to manage them in class. Furthermore, participation in community health actions enhances interdisciplinary approaches: when school nurses use networks of health providers to access external evaluations or therapies not available in school, new support channels open (Simopoulou). The ability to refer a student directly to a specialized center without bureaucratic delay can make a difference in timely intervention. Team coherence is reflected in participants' perceptions: when members consider their contribution to be equal and necessary, a collaborative environment emerges that offsets resource limitations (Davli, 2024). Conversely, if any discipline feels marginalized or its role is not fully recognized (something that has historically happened in some settings with nurses), quality of interventions diminishes. That is why policies strengthening roles are necessary so each professional has a clear scope of action and accountability connections with others. The ultimate goal is a culture of continuous collaboration in which strategy design occurs at the same table with all professionals and the parent (Foster, 2015), not in isolation by specialty. Structures such as monthly multidisciplinary review sessions or joint training workshops can be pivotal starting points. Through this process the school acquires characteristics of an integrated support environment where no field—educational or health—is isolated but all function dynamically toward the benefit of the student with autism.

6. School nursing and student population health

6.1 *Health promotion and prevention*

Health promotion and prevention in the school environment are inseparably linked to the role of the school nurse, who is called upon to act both as a provider of direct clinical care and as a catalyst for transforming the school into a healthier, safer learning environment. Experience from daily practice shows that health promotion initiatives do not merely have therapeutic goals but are developed proactively to mitigate potential problems that may affect students' attendance and social inclusion (Davli, 2024). The concept of prevention—especially in environments with children having chronic conditions or developmental disorders such as ASD—extends beyond routine health checks. The school nurse designs and implements health education programs addressed to the whole school community and integrated into the regular school schedule. These initiatives may include training for handling emergencies, guidance on good nutrition, strategies for psychological resilience, or information about school safety. The nurse's contribution to continuous updates on infectious disease prevention and epidemic management is particularly important, as the school is a setting of rapid disease transmission (Dauli, 2024). The school setting requires balance: prevention efforts demand deep collaboration among nurse, parents, and educators, yet many Greek schools still rely on fragmented initiatives lacking formal institutional backbone (Davli, 2024). This leads to variation in service quality—some students enjoy fully developed health education programs while others lack access. In international best practices, designing prevention programs follows stages: assessing student population needs, setting prevention goals, and integrating them into the overall IEP when necessary (Dauli, 2024). A key

component includes creating links with local health or community institutions so that the school acts as an access point to a wider set of health services (Simopoulou). Training all school stakeholders is essential for strengthening prevention efforts (Koukourava, 2022). When teachers know how to apply health education principles in class, the message spreads to students and becomes part of school culture. The nurse can organize experiential workshops where students actively practice self-care strategies—such as stress management or hygiene practices. Through these experiences, the school transmits not just knowledge but also attitudes of responsibility toward personal and collective health. The psychosocial dimension should not be overlooked: prevention also means empowering psychological well-being and implementing programs to reduce risks of bullying or social isolation (Kella et al., 2015). At the core of these actions lies interdisciplinary collaboration in planning interventions not only when problems emerge but before they lead to substantial dysfunction. The nurse's role also includes systematic collection of health data from students through periodic assessments. Such data are used to design personalized interventions but can also contribute to shaping public health policies when aggregated at a national level. Thus, the school becomes both an implementation site and a source of information feeding into broader prevention strategies in public administration. Studies in the U.S. and U.K. have shown that presence of a full-time school nurse correlates with improvements in accident prevention metrics and better compliance with public health guidelines (e.g., vaccinations) (Dauli, 2024). In the Greek reality, permanent presence remains a goal; many schools are served by personnel covering multiple schools, limiting the possibility of systematic implementation of comprehensive prevention programs (Davli, 2024). It becomes clear that successful health promotion actions require a culture of synergy among all school professionals and active involvement of parents (Foster, 2015). When parents are informed about practices in the school environment, they can replicate them at home, ensuring continuity. Simultaneously, parents' inclusion in planning actions helps align them with realistic family conditions.

6.2 Supporting students with chronic conditions

Supporting students with chronic conditions requires an adaptive, systematic, and multidimensional approach in which the school nurse plays a key role. Chronic conditions include a wide range of situations—type 1 diabetes, epilepsy, asthma, heart disease, or autoimmune disorders—that affect student functioning daily and may pose significant obstacles to academic performance and social inclusion (Simopoulou). Support in such cases extends beyond disease management to organizing a school environment responsive to each student's needs, combining clinical care with inclusive practices. In everyday operations, the school nurse educates both student and staff on self-management of the condition. For instance, in diabetes, the student needs to know how to monitor blood glucose and recognize hypo/hyperglycemia symptoms; educators must know when and how to intervene to protect the student's health during school hours (Dauli, 2024). Similarly, for epilepsy, training in safety protocols to be applied during seizures is crucial for preventing complications (Kastriti, 2023). A critical element is development of Individualized Health Plans (IHPs) closely coordinated with the IEP, where they exist. These plans specify procedures for handling emergencies, necessary schedule adaptations, and actions that must precede or follow a medical event. Their presence prevents improvisation that may endanger the student and ensures all parties (teachers, administration, parents) understand required actions (Simopoulou). Collaboration with community health providers is especially useful. The school nurse can act as a reference point for communication with physicians or therapists overseeing the student, transmitting updated treatment instructions or activity limitations (Dauli, 2024). This connection reduces inconsistency between care at school and at home or in clinical settings. Leveraging community resources, such as mobile health units, also helps families access specialized services without traveling or incurring extra burdens. Health support is closely linked to psychosocial factors. Students with chronic conditions often experience anxiety or low

self-esteem due to limitations the condition imposes on participation in activities. The nurse can develop empowerment programs through small discussion groups or life skills workshops where students share experiences and learn coping strategies (Kella et al., 2015). Such actions mitigate obvious boundaries to inclusion in school social life. Educating peers is also a powerful support strategy. When other children understand what a chronic condition means and how they can assist (e.g., by asking for help if they notice symptoms), incidents of stigma or misinterpretation decline (Koukourava, 2022). Awareness actions can be integrated into broader school health policies, making acceptance culture consistent. However, implementing such integrated programs in the Greek context has difficulties. Often processes rely more on individual initiative than institutionalized frameworks (Davli, 2024). This leads to service quality heterogeneity across schools even when student needs are comparable. Institutional assurance of resources and repeated staff training are necessary so that quality of services for students with chronic conditions remains high regardless of geographic region. Finally, effective support is built through continuous evaluation of applied practices. The school nurse can systematically collect data about students' health status and responses to care plans (Simopoulou). These data are tools not only for internal revision but also for public health authorities to design policies improving the educational environment for children with chronic conditions. With this multilayered approach—combining clinical oversight, psychosocial support, ongoing staff education, family and community collaboration—the school nurse becomes the foundation of daily protection and social inclusion for students with chronic health needs.

7. Conclusion

The inclusion and support of children with autism in the school environment demands a comprehensive approach that integrates multiple facets of educational, health, and social care. The role of the school nurse is pivotal—not confined to delivering clinical care but extending to health promotion, prevention, and boosting students' psychological wellbeing. Collaboration among nurses, teachers, parents, and other professionals establishes a dynamic framework that ensures effective inclusion of children with autism. The development of individualized educational programs (IEP) and health plans (IHP) is a key element for adapting the school environment to each student's needs. Continuous professional development of school staff, active family participation, and formation of networks with community health bodies all contribute to enhancing children's quality of life. At the same time, awareness and acceptance initiatives within the student community reduce stigma and exclusion. In the Greek context, institutional reinforcement and resource assurance are necessary to uniformly implement practices across all schools. Systematic data collection and evaluation can help improve existing policies and build an environment that fully supports every student. Through collaboration and continual improvement, the school can be transformed into a space of prevention, support, and inclusion—serving not only children with autism but the entire educational community.

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