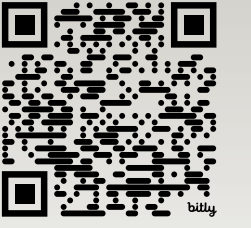


# Juvenile Arthritis

MISSING  
SCHOOL



Juvenile idiopathic arthritis (JIA) is a serious autoimmune disease that can cause ongoing pain, joint deformities, and vision loss. JIA is as common as diabetes, yet awareness remains low, and diagnosis can take months or even years. Effective treatments are available making early diagnosis and access to specialist care vital to prevent severe complications and protect childhood. Pain, unpredictable flares-ups, and (public) disbelief affect daily life.



## Health condition

- 85% have daily pain (stiffness, and swelling, often worse in mornings)
- 46% struggle with daily activities (from opening bottles to needing a wheelchair)
- Up to 20% will have serious eye inflammation, risking blindness if not detected
- 72% have medication side effects e.g. nausea, vomiting, mouth ulcers, hair loss
- Unpredictable acute episodes of moderate to severe pain (flare-ups)



## Student population

Up to **10,000 children under the age of 16** and up to **30,000 young Australians aged 0–24** are estimated to have JIA (the same prevalence as diabetes in the same age group)

**5,000 of these may be school-aged** though exact numbers unclear

A new **national registry is mapping prevalence and distribution** of JIA and related childhood rheumatic diseases; **500 registrations** to date

*“Sometimes people assume I’m using my arthritis as an excuse ... I miss school when I’m super sore. Last year was my first year of high school, so it was much harder, and I was much sorer because of all the changing classes, and particularly the stairs.”*



## Juvenile Arthritis Foundation Australia (JAFA)

The primary organisation representing children and adolescents with juvenile arthritis and their families in Australia.

[www.jafa.org.au](http://www.jafa.org.au)



## School absence patterns

- Children with JIA average 12% missed school per year due to their arthritis
- Average of 25 visits per year to an average of five different health professionals
- Disease flare-ups and resulting absences are unpredictable
- Parents may send children to school despite other illnesses, worried about high absences



## Challenges for students

- Daily pain and stiffness limit sports, play, and peer activities, often affecting mental health
- Teachers may misinterpret pain as excuses, especially when symptoms fluctuate
- Long handwriting triggers pain; scribing may slow thinking, and typing isn’t always allowed
- Injections can be distressing, creating anxiety daily



## Challenges for families

- Frequent appointments, treatment costs, side effects and flare-ups add stress
- Only six paediatric rheumatology teams exist nationwide, with none in TAS, ACT, or NT
- Pain and physical limitations require careful planning for outings or holidays, limiting spontaneity
- Siblings may feel overlooked, and worry about the child’s health



## What schools should know

- Children may be fine one day but struggle the next; understanding this can prevent labelling kids as lazy or faking
- Pain is often worse in the morning requiring flexibility with late arrivals
- Tasks like climbing stairs or handwriting can worsen pain and fatigue
- Simple adjustments—seating near a lift, flexible deadlines, typing—help reduce strain
- Medication side effects—such as nausea, brain fog, fatigue – may affect concentration and call for practical classroom adjustments
- Open communication encourages students to speak up about pain or needed breaks
- Staff across subjects should share consistent accommodations so students don’t have to repeat their situation
- Peer educating about invisible conditions can reduce stigma and isolation
- Empathetic strategies support both academic progress and overall wellbeing