MOORE THAN ARTHRITIS

SCHOOLS & JIA AWARENESS

Being a Friend Like Pip

Listening, inclusion, privacy and everyday friendship



A Pip the Panda story and activity guide

Shared reading for ages 5-8 | Extensions for ages 9-12

Stronger together. Beyond limits.

START HERE

Read together. Let the child lead.

A flexible way to use the guides

Start with the story that fits the child's current concern. Read one story section, pause for conversation, and offer an activity only if the child wants it. Ten minutes may be plenty. Return another day; finishing the pack is not a task the child has to complete.

Offer more than one way to respond

Children can speak, point, draw, use a communication device, ask an adult to write, or simply listen. Read activities aloud when helpful. There are no scores for writing, movement or how much a child shares. Blank spaces are invitations, not homework.

Use fiction safely

The animal school is an imagined setting for learning. Pip's experiences do not describe every child with arthritis. A child can disagree with Pip, choose another response or decide the story does not fit them. Never ask a pupil to confirm a diagnosis or explain private treatment to a class.

Health information and individual support

The stories provide awareness and conversation prompts, not diagnosis or treatment instructions. A child's own clinical advice and agreed school arrangements take priority. Adults manage medicines, healthcare decisions and safe supervision. None of the activities asks children to test pain tolerance or copy exercises.

For whole-class use

Introduce the material as a story about belonging and different needs. Check privately with the affected child and family before connecting it to their experience. Everyone can participate without identifying a health condition. Allow children to pass or leave a discussion with an adult.

Ask: "Would you like to talk, draw, listen, or stop for now?"

GUIDE 3 / STORY 1

Being a Friend Like Pip

The club with a missing place

Pip, Rowan and Ada were making a lunchtime explorers' club. Rowan wanted a running treasure hunt. Ada wanted secret messages. Pip wanted a map with a sea monster on it.

On Tuesday, Pip said, "I would like to play, but running does not work for me today." Rowan thought quickly. "You can sit here and look after our coats!"

Rowan meant to help. Pip looked at the coats, then at the map. "I wanted to be an explorer too," they said. Ada put down the secret-message pencil. "We should ask Pip what would work."

Pip did not know the whole answer. Together, they asked the adult supervising lunchtime. They thought about the parts everyone liked: searching, solving clues and being together. The grown-up helped them make a game that fitted the children's needs that day.

They placed clues where everyone could reach them and chose a way to play that did not depend on speed. Pip could join the search, take a pause or change their mind. The friends checked that the choices felt useful.

Later, Rowan asked why Pip sometimes needed a different plan. Pip said, "I have arthritis. Sometimes my joints are sore or stiff. I don't want to explain all about it now."

"Okay," said Rowan. "Do you still want the sea monster to wear a hat?" Pip grinned. They very much did.

Pause together

Why did looking after coats feel different from being included? What did Rowan do well at the end?



Ask what would help. Leave room for the answer.

GUIDE 3 / STORY 2

Kindness includes listening

The next day, another pupil saw Pip using a mobility aid. "You didn't use that yesterday," they said. Pip went quiet.

Ada did not ask Pip to explain. "People can need different support on different days," she said. Then she asked Pip quietly, "Would you like me to stay with you, or shall we find an adult?"

Pip wanted an adult. Ms Fern listened and checked what had happened. She did not tell the class Pip's private health details. She helped make sure Pip felt safe and knew who to come back to.

At lunchtime, Rowan reached for Pip's bag to help. Then Rowan remembered to ask. "Would you like me to carry this?" Pip said no. "Thanks for asking. I want to carry it myself." Rowan accepted the answer.

On Friday, Pip could not come to explorers' club. The friends saved a clue and, through the adults' agreed arrangements, asked whether Pip wanted to hear about the game. There was no demand to reply or catch up.

When Pip returned, Rowan said, "Good to see you. Want to choose the next adventure?" Nobody asked for a hospital report. Pip suggested building a cardboard lighthouse.

Their club still had arguments about whose turn it was with the good pencil. Friendship was not perfect. But they were learning to listen, ask, include and get adult help when something was wrong.

Talk about the ending

How did the friends stay friends without becoming Pip's carers? Why was telling Ms Fern helpful? Adults are responsible for healthcare and keeping children safe.

A friend can offer company. An adult takes responsibility for care and safety.

GUIDE 3 / UNDERSTAND

Four things a friend can do

1. Believe and listen

If someone says they are sore, tired or finding something difficult, listen. You do not need to see pain to take them seriously. Try: "Thanks for telling me." Avoid turning yesterday's game into a test of what they can do today.

2. Ask before helping

"Would you like help?" is better than grabbing a bag, moving someone's chair or touching a mobility aid. Wait for the answer and accept no. Do not move someone or their equipment unless an adult is handling an immediate safety situation.

3. Include without pressure

Keep inviting someone, even if they sometimes cannot come. Ask what they enjoy and what might help. Offer choices without making them organise the whole activity. It is okay for anyone to say no, pause or change their mind.

4. Get an adult when needed

Tell a trusted adult about bullying, someone feeling unwell, a problem you cannot solve or anything unsafe. You are not responsible for medicines, judging symptoms or making a friend feel better.

Private does not mean unsafe secrets

Do not share someone's diagnosis, photos or appointment news without appropriate permission. If someone might be unsafe or needs help, tell a trusted adult even if asked to keep it secret. You can explain: "I want you to get help, so I am telling an adult."

Remember the ordinary things

Talk about stories, hobbies, jokes and plans too. A friend with arthritis is a whole person with interests and choices.

Listen. Ask. Include. Get adult help.

GUIDE 3 / ACTIVITY

Redesign the explorers' club

Invent a club for a group of imaginary children. Nobody needs to explain their own health or disability. Draw a plan or talk through the choices.

1. What makes the club fun?

Choose two important parts: solving clues, creating, exploring, talking, movement or something else. Keep those parts in your new design.

2. Find a barrier

Imagine the game depends on running fast, reaching a high shelf or standing for a long time. Who might find that difficult? What question would you ask before assuming what they need?

3. Change the game

Try changing the rules, space, equipment, timing or ways to participate. Give meaningful choices. Do not make one child watch every time. Ask an adult about safety and individual needs.

4. Check the invitation

Practise: "Would you like to join? There are a few ways to play, and you can change your mind." How could someone ask for a pause without losing their place in the group?

The best design is one the people using it help shape.

GUIDE 3 / DISCUSSION CARDS

Helpful, unhelpful, or ask first?

Read each card. There may be more than one thoughtful answer. Explain what you would change and when an adult should take responsibility.

Card A: "I told everyone about your arthritis so they would understand."

Unhelpful without permission. A good intention does not remove someone's privacy. Ask what they want shared, and let appropriate adults support any necessary information-sharing.

Card B: "Would you like company while you wait for the teacher?"

Usually a helpful offer. Wait for the answer. Stay only if wanted and appropriate. Tell an adult if the child seems unwell or unsafe; do not try to manage it alone.

Card C: "I will push your wheelchair to make it quicker."

Ask first; do not touch or move it without permission. A mobility aid is part of someone's personal space. Speed is not more important than control, dignity and safety.

Card D: "If you don't come today, I won't invite you again."

Unhelpful pressure. Try: "We'd like you there. It's okay if today doesn't work." Adults can help the group plan contact or activities that include the child without demanding a response.

Card E: "Someone keeps making fun of your walking. Let's tell an adult."

Helpful. Do not join in, copy the behaviour or try to settle a risky confrontation. Support the child to get adult help. Adults should act and follow up, rather than make the child solve it.

A kind intention is a starting point. Listening makes the difference.

GUIDE 3 / AGES 9-12

Respect without making a fuss

Group chat scenario

A classmate has been away for an appointment. Someone posts, "What's wrong with them?" Another person suggests sharing a private photo. What could you do without disclosing their health information?

Possible response: "Let's leave their private information alone. We can ask if they want the homework or a friendly message." Do not repost the photo. Tell a trusted adult if private information is being spread, someone is targeted or you are unsure how to respond.

When a friend changes plans

You can feel disappointed and still respect their decision. Try: "I was looking forward to it. Would another time work, or would you prefer we leave it for now?" Avoid demanding medical proof, repeated explanations or a promise that next time will be different.

Repair a mistake

If you helped without asking, shared something private or made an assumption, acknowledge it clearly. "I should have asked. I am sorry. What would you like me to do now?" Stop the behaviour. Ask an adult to help if the information has spread or someone is being harmed.

Friendship is shared

A child with JIA can be funny, thoughtful, impatient or helpful just like anyone else. Friends can disagree respectfully. Nobody owes constant gratitude for being included, and nobody should become responsible for another child's medical care.

Write a response

Choose one: a private check-in; a respectful invitation; a message challenging gossip without revealing details. Keep it short and let a trusted adult help if the situation is difficult.

Being supportive includes knowing when something needs adult help.

GUIDE 3 / ADULT COMPANION

Teach inclusion without spotlighting a child

Learning aims

Children can practise asking before helping, recognise privacy boundaries, suggest an inclusive change and identify when to get adult help. They should not leave believing that friendship means monitoring symptoms or taking on care responsibilities.

Suggested class session: 25-35 minutes, adaptable

Introduce Pip as a fictional character. Read the two story sections, use two discussion cards and redesign one game in pairs or small groups. Let pupils respond verbally or visually. End with one clear route for getting adult help at school.

Agree boundaries before teaching

If a pupil has JIA, consult privately with them and their family about any link to their experience. Consent to one conversation is not consent to an assembly, photograph or social post. Plan how to answer personal questions without identifying the child.

Do not simulate disability

Avoid tasks that restrict movement, imitate pain or use mobility equipment as a game. Such activities cannot reproduce someone's life and may encourage stereotypes. Explore barriers in the fictional club instead, then ask what adults can change.

Respond to unkindness

Treat mocking, repeated exclusion and online targeting as concerns for adults to address through the school's procedures. Listen, record what is reported, explain the next step and check back. Do not require the child to publicly explain JIA or accept an apology before support is provided.

Check learning

Ask: "How do we offer help? What can stay private? When do we tell an adult?" Listen for the difference between ordinary curiosity and pressure to disclose. Praise respectful actions and repair, rather than portraying a child with arthritis as inspirational for attending school.

The child should leave the lesson with more belonging, not more responsibility.

SHARED ADULT GUIDANCE

Health questions, feelings and safe support

Keep healthcare with the right adults

Use the family's agreed contact arrangements and the child's clinical advice. Medicines, doses, side effects, exercise prescriptions and screening schedules are outside this pack. Do not start, stop or change treatment because of a story or worksheet.

Eye checks matter

Some children with JIA develop inflammation inside the eye, called uveitis. It can be present without obvious symptoms. Keep the specialist eye-check schedule even if the child reports no problem. New eye pain, redness or changes in vision need prompt medical assessment; follow the clinical team's urgent advice route rather than waiting for a routine appointment. [7]

New or worrying changes

The pack cannot assess illness or injury. Seek appropriate clinical advice for new, worsening or concerning symptoms. At school, follow the individual healthcare and emergency arrangements. Use emergency services for an immediate threat to life. A child should tell a trusted adult rather than decide the urgency themselves.

Make room for feelings

Acknowledge frustration, worry, sadness and anger without insisting on a positive ending. Ask what is difficult and whether the child wants listening, practical help or both. If emotional distress persists, affects daily life or raises a safety concern, seek appropriate professional support and use safeguarding procedures where relevant.

If a child discloses harm

Listen calmly, avoid promising secrecy, and explain that you will involve people who can help. Follow the setting's safeguarding process. Do not investigate through a class activity or ask peers to solve the situation.

Support is personalised. Pip's story is never a substitute for the child's own care.

SHARED ADULT GUIDANCE

Using the guides and sharing feedback

Choose a useful starting point

Start with a situation that matters to the child: a changing day, a school activity or a friendship question. Read a short section together and ask what they think about Pip. Let the child choose whether to connect the story to their own experience.

Keep sessions flexible

Use one activity at a time. Offer drawing, speaking, pointing or listening, and stop when the child wants to. There is no expected number of pages to complete and no reward for doing more than feels manageable.

Listen to children

Ask: "Which part felt like real life?" "Did any words feel confusing or uncomfortable?" "Did Pip have enough choices?" "What would you change?" Offer pictures or choices as well as open questions. Nobody needs to share a diagnosis or private experience to answer.

Turn learning into an adult action

Agree one practical next step, who will take responsibility and when you will check back. Ask whether the change helps the child learn, feel comfortable and stay included. Review the arrangement when needs or circumstances change.

Help shape future resources

Parents, carers, educators and relevant professionals can share feedback with Moore Than Arthritis through the existing website contact route. Comment on clarity, tone and usefulness. Please leave out children's names, school details, medical records and other private information.

Keep older readers in mind

The ages 9-12 pages offer more detailed scenarios and questions. Choose the approach that suits the individual child. Some may prefer a conversation or written scenario to a mascot-led activity; their preference matters.

Measure whether children feel heard and adults act, rather than how many pages are completed.

SOURCES & EDITION NOTES

Evidence behind the learning

Health and school information checked on 12 November 2026. Numbered references identify the factual material; stories, scripts, activities and proposed lesson formats are original MTA development content. References do not imply endorsement or clinical approval.

[1] Great Ormond Street Hospital. Conditions treated by the Rheumatology department. https://www.gosh.nhs.uk/wards-and-departments/departments/clinical-specialties/rheumatology/conditions-treated-rheumatology-department/

[2] Arthritis UK. My child has been diagnosed with JIA. https://www.arthritis-uk.org/information-and-support/understanding-arthritis/young-people-and-families/information-for-parents/my-child-has-been-diagnosed-with-jia/

[3] Arthritis UK. Managing JIA. https://www.arthritis-uk.org/information-and-support/understanding-arthritis/young-people-and-families/managing-JIA/

[4] Cambridge University Hospitals. Guide to physical activity and exercise in JIA. https://www.cuh.nhs.uk/patient-information/guide-to-physical-activity-and-exercise-in-juvenile-idiopathic-arthritis-jia/

[5] Arthritis UK. Reasonable adjustments at school. https://www.arthritis-uk.org/information-and-support/understanding-arthritis/young-people-and-families/information-for-schools/reasonable-adjustments-at-school/

[6] Arthritis UK. Supporting a young person with arthritis: schools booklet. https://www.arthritis-uk.org/media/bv1k0b3z/j1272_yp_schoolsbooklet_update_web.pdf

[7] JIA-at-NRAS. Eye Health. https://jia.org.uk/resource/eye-health/

Moore Than Arthritis

Schools & JIA Awareness | Version 1.2 | 12 November 2026. General educational awareness material. This guide does not provide medical advice, diagnosis or treatment and makes no claim of independent clinical approval or endorsement.

Find Moore Than Arthritis resources: https://www.moorethanarthritis.co.uk/resource-library

Stronger together. Beyond limits.