

Teachers' Opinions About One-to-One Tuition – a Report From Poland

Beata Antoszevska¹

¹University of Warmia and Mazury in Olsztyn, Poland

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CORRESPONDING AUTHOR:

Beata Antoszevska;
beata.antoszevska@uwm.edu.pl

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ABSTRACT

One-to-one tuition is an important form of assistance dedicated to pupils who, due to their health issues, are unable to temporarily (or permanently) participate in traditionally organised schooling. In view of teachers' scepticism towards one-to-one tuition, mostly because it fails to satisfy children's needs of personal contact with peers, the study was conducted among educators. The results presented here are part of larger research on one-to-one education. The aim was to find out teachers' opinions about one-to-one tuition and mandatory year-long one-to-one preschool education. The material for analysis was collected with the diagnostic poll method, employing a questionnaire technique. The respondents had to be professionally active teachers. The survey participants evaluated their experience in one-to-one tuition as a positive one. Very few provided negative opinions, these being mainly because of the financial costs or the learners' home and family environment being unfavourable for teaching. It is optimistic to assume that the research participants acknowledge the opportunities that one-to-one tuition creates for working with school pupils. The limited contact of an ill child with peers is most often referred to as a disadvantage of this form of tuition. A change which was most frequently suggested in the organisation of one-to-one tuition was the implementation of modern technologies, the Internet, and online teaching applications. The respondents suggested that the teachers delegated to work with a student at home should be the ones appointed by the school head teacher. It was rather discouraging to discover that the surveyed teachers believed a person delegated to carry out one-to-one tuition did not need special preparation.

Keywords: one-to-one tuition; student with a chronic illness; teachers; chronic illness; health

INTRODUCTION

One-to-one tuition as well as one-to-one mandatory year-long preschool education are the forms of assistance dedicated to children and adolescents whose health condition either prohibits or hinders their attendance in a mainstream preschool (or any other form of preschool education establishment, e.g. a preschool class in a primary school) or school (Regulation of the Ministry of Education of 28 August 2017 on one-to-one year-long preschool education and one-to-one tuition of children and adolescents (Dz. U. 2017, item 1656). Another form of assistance to pupils who can attend a preschool or school (but due to health-related difficulties cannot participate in all preschool or school classes with their classmates) is an individualised learning plan for the mandatory year-long preschool education and an individualised learning plan for school education (The Regulation of the Ministry of Education of 9 August 2017 on guidelines for the organisation and provision of psychological and pedagogical assistance in general public preschools, schools and other education institutions (Dz. U. item 1591).

Both these forms of tutoring enable pupils to learn and follow the curriculum according to their psychophysical capabilities and the conditions in a place where such lessons are held. When discussing one-to-one tuition in Poland, and particularly its origins, it is pertinent to mention the currently binding Regulation of the Minister of National Education of 28 August 2017 on one-to-one year-long preschool education and one-to-one tuition of children and adolescents (Dz. U. 2017, item 1656) and the preceding legal regulations; as well as the literature describing how to educate children with chronic illnesses or other health conditions which make it difficult for the pupils to participate in ordinary lessons.

One of the key terms found in the aforementioned ministerial regulation (and in the preceding ones) is the notion of health, which serves to identify recipients of one-to-one tuition. However, health is difficult to be defined and descriptions based on common sense are insufficient. Besides, any attempt at making this term operational is evidently laden with difficulties. Representatives of many scientific domains have long been trying to determine what health means but their efforts have not been entirely successful. No agreement has been reached as to a shared and universal understanding of health that would be applicable in all sciences in which efforts have

been made to coin its definition (e.g. medicine, psychology, sociology). The situation is even more complicated due to the discrepancy between how health is defined by a doctor of medicine and by a patient, or even within larger groups thereof.

The focus on measurable, physiological parameters revealing cases of disease or pathologies in the way a human body functions is an incomplete approach. To arrive at a more comprehensive definition of health, it is necessary to take into account the subjective dimension as well as societal circumstances. Domaradzki (2013) observes that mental processes as well as complex human behaviours cannot be explained solely in terms of disturbances in the processes occurring in an organism, hence the two medical models applied thus far (biomedical and biopsychosocial ones), while still being valid, present certain limitations and cannot fully help to identify the individuals in need of one-to-one tuition. The medical model serves to diagnose clinical cases of illness while omitting such health conditions where symptoms of an illness are felt but no distinct pathology can be detected in the body (Domaradzki, 2013) or, conversely, an illness is diagnosed but it does not lead to such limitations that might prevent education in ordinary classroom settings. The International Classification of Functioning, Disability and Health (2001) is helpful in arriving at more uniform definitions of health and health conditions.

The difficulty in coining a precise definition of the key term 'health' triggers another problem, such as the indication of a condition that would either prevent or hinder a child/pupil from attending lessons in a traditional school setting. Within different groups of chronic diseases, there is much variation both in the course of an illness (e.g. the severity of symptoms, duration or therapeutic options) and the consequences for a given patient pertaining to the performance of everyday life activities. Moreover, there will be large differences within the same group of diseases, for example neoplastic diseases, whose progress and available treatment are highly diverse. Within different types of leukaemia, it is difficult or outright impossible to determine the same course, treatment protocol, or effect on teaching and learning. The same conclusion can be drawn for childhood asthma, which is a disease with a diverse set of clinical symptoms. Its course depends on complex pathological mechanisms as well as the patient's age. Whether or not certain symptoms will be manifested depends on the structure and functions of the respiratory system (Emeryk, Zubrzycka, Bartkowiak-Emeryk,

& Gawlik, 2012). Thus, any illness, albeit differently, limits (permanently or temporarily) the child's capacity to meet the mandatory education requirement or to learn in the conventional classroom system. In the course of a chronic disease and therapy, there could be events of the exacerbation or alleviation of symptoms as well as transient periods of remission (Góralczyk, 1996). Among the conditions that most often result in a child receiving one-to-one tuition are asthma, diabetes, heart defects, cystic fibrosis, neoplastic diseases, cerebral palsy, epilepsy, congenital and neonatal abnormalities, in particular spinal cord hernias, injuries and fractures due to road traffic accidents. Other students who receive one-to-one tuition could be ones who use medical equipment that is difficult to move, pregnant students (especially in the last term of pregnancy), underage mothers, and students with mental disorders (Rzędowska, 2007). It is worth adding that the above catalogue is not set and a decision as to whether a pupil should receive one-to-one tuition lies in the hands of the doctor who provides medical care to the individual. The medical documentation prepared by a consultant doctor serves as the basis for the decision which is approved by an adjudicating panel affiliated with an appropriate psychological and pedagogical clinic. It is important to mention that, a certificate expressing the need for one-to-one tuition should not be issued unless supported by clearly expressed medical recommendations. The engagement of a doctor and their attitude to diagnosing the health condition of a schoolchild is to ensure that no child will be referred to this alternative form of education without legitimate reasons. On the other hand, medical records substantiating a decision about one-to-one education should include, as broadly as possible, physiological, psychological and environmental conditions of a given child. Any unjustified referral of a child to one-to-one tuition will obscure the purpose of such alternative education and foster disillusionment among both students and tutors. Cases of dissatisfaction are observed in practice, as indicated by Bocheńska (2005) and Hawrylewicz-Kowalska (2018). Both these authors emphasise that a student's illness and associated ailments can be reflected differently in the child's ability to attend school. Some parents limit the participation of their children in classes where they could integrate with other students, justifying it by their poor physical condition. Some try to force teachers to lower the teaching level even when there is no proper reason for this.

Following the regulations contained in Education Law, it emerges that efforts have been made for many years to

specify the conditions for arranging one-to-one tuition more accurately in order to satisfy, as far as possible, the needs of students with different health problems. The history of therapeutic pedagogy shows that one-to-one tuition in Poland was regulated by the Ministry of Education and Higher Education on 5 August 1971 (Journal of Law of the Ministry of Education and Higher Education, 5 August 1971, no 11 item 70). The regulations binding then stated that ill children were eligible to receive home instruction by visiting teachers (Maciarz, 2001). Subsequent amendments comprised provisions for other forms of instruction to be offered at home, at a special education centre or a care and education institution (for example: Regulation of the Ministry of Education of 29 January 2003 on the way and mode of organising one-to-one tuition for children and adolescents (Dz. U. 2003, item 193), with an educational group in a preschool or a preschool division in a primary school, or with a class in a school. This system enabled ill children to have more frequent contact with peers and (in theory) counteracted the isolation of an ill or disabled child. The current law clearly states that one-to-one tuition can only be carried out at a student's place of residence (Regulation of the Ministry of Education of 28 August 2017 amending the regulation on one-to-one mandatory year-long preschool preparation and one-to-one tuition of children and adolescents (Dz. U. 2017, item 1656). This change provokes a negative response from teachers, students and parents. Commuting to a student's home incurs travel expenses for teachers, and the housing conditions sometimes prohibit the proper organisation of a learning environment. Furthermore, a student is deprived of daily contacts with peers. However, holding one-to-one tuition at a student's place of residence, particularly at home, fully satisfies one of the provisions of the aforementioned law, 'the health of a student prevents or hinders their school attendance.' (Regulation of the Ministry of Education of 28 August 2017 amending the regulation on one-to-one mandatory year-long preschool preparation and one-to-one tuition of children and adolescents (Dz. U. 2017, item 1656). For the possibility of a different place where one-to-one tuition could take place to become a reality, this provision would have to be either amended or further clarified in its parameters.

The subsequent regulations made more specific provisions regarding the way one-to-one tuition is given and its duration (Regulations connected with the Covid-19 epidemic also allow other forms of teacher-student contact, not only direct ones. Regulation of the Ministry

of Education of 4th September 2020 amending the regulation on one-to-one mandatory year-long preschool preparation and one-to-one tuition of children and adolescents (Dz. U. 2020, item 1537) and Regulation of the Ministry of Education of 4th September 2020 amending the regulation on one-to-one tuition of children and adolescents (Dz. U. 2020, item 1538). The legislator allows for the possibility to shorten or temporarily suspend one-to-one instruction, thereby indicating it is a temporary solution. When the student recuperates or attains adequate immunity, they have an opportunity to return to traditional education in a school setting.

The issue of integrating a child/student with peers has been an important aspect in all previously mentioned legal acts. The earliest regulations contained provisions which specified that the extent of integration depended first and foremost on the possibilities available to the school head teacher and the health condition of a schoolchild (It states: 'For full personal development of school students in one-to-one tuition and their integration with peers, the school head teacher to the extent possible and considering the students' health, should foster their participation in school life (e.g. school celebrations) Regulation of the Ministry of Education of 29th January 2003 on the way and mode of organising one-to-one tuition for children and adolescents (Dz. U. 2003, item 193). Later regulations (Regulation of the Ministry of Education of 18th September 2008 on the way and mode of organising one-to-one mandatory year-long preschool education and one-to-one tuition of children and adolescents (Dz. U. 2008, item 1086) referred to the recommendations in the referral certificate that had to be taken into consideration, and to the diagnosis of a child's ability to take part in extracurricular activities to develop their interests and talents, furthermore in celebrations and other events in a preschool or school (Regulation of the Ministry of Education of 28th August 2014 on one-to-one mandatory preschool education and one-to-one tuition of children and adolescents (Dz. U. 2014, item 1157), or only in selected educational lessons (Regulation of the Ministry of Education of 28th August 2017 amending on one-to-one mandatory preschool education and one-to-one tuition of children and adolescents (Dz. U. 2017, item 1656). The currently binding regulation provides for the possibility of using forms of psychological and pedagogical aid organised at school, and thus schoolchildren can take part in revalidation activities as well as occupational counselling sessions outside their weekly timetable. The current legal act (Re-

gulation of the Ministry of Education of 28th August 2017 on one-to-one mandatory preschool education and one-to-one tuition of children and adolescents (Dz. U. 2017, item 1656) obligates teachers to monitor pupils in terms of how they manage in school life. Conclusions from teachers' observations, the pupil's health and consultations with the pupil and his or her parents are the basis for taking measures which will enable the child to maintain contact with peers in a class. When arranging and implementing one-to-one tuition, one must not forget to evaluate to what extent the peer environment can support the child in resuming regular learning at school. It is equally significant to identify the scope in which one can arrange the child's participation in school life.

MATERIAL AND METHODS

The following study has been conducted in view of the scepticism among teachers as regards one-to-one tuition, mostly because it fails to satisfy a child's need for peer contacts (isolating a sick child from healthy peers) (Krztoń, 2005). The results presented in this article are part of a larger study dedicated to the subject of one-to-one tuition and concern only teachers' opinions about one-to-one tuition and mandatory year-long one-to-one preschool education. The survey questionnaire was placed on a Google platform and the link was mailed to schools and preschools whose head teachers had agreed to participate in the study. The questionnaire was addressed only to professionally active teachers. The participation was voluntary and every teacher expressed informed consent before taking part in the study. The questionnaire was composed of three parts: instruction, main part and demographic questions. The main body of the survey comprised 23 questions, pertaining to both knowledge of one-to-one tuition and opinions thereof. Questions about opinions concerned the following issues: advantages and disadvantages of one-to-one tuition, organization of one-to-one tuition (place and process), support provided to teachers engaged in one-to-one tuition, teaching methods used in one-to-one tuition, responsibility for contacts with peers, and possible modifications in one-to-one tuition. Most were semi-open questions. The demographic questions included such points as: age, gender, job service duration, place of work, professional advancement level, etc. The submitted questionnaire forms were verified in terms of accuracy. It was decided to discard the ones where no more than 4 questions had been answered.

Table 1. **SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS**

Variables		N	%
Gender	Female	305	90.24
	Male	31	9.17
	No data	2	0.59
Age	Up to 40 years	111	32.84
	41-60 years	149	44.08
	Over 60 years	75	22.19
	No data	3	0.89
Job service	Up to 5 years	42	12.43
	6-20 years	177	52.37
	Over 20 lat	117	34.61
	No data	2	0.59
Place of work	Public school	247	73.08
	Special school	19	5.62
	Integration school	60	17.75
	Integration and public school	9	2.66
	OREW	2	0.59
	No data	1	0
Professional advancement level	Chartered	223	65.97
	Appointed	54	15.98
	Contract	50	14.79
	Trainee	8	2.3
	No data	3	0.89

DESCRIPTION OF THE RESPONDENTS

The study covered a group of 338 teachers, including 305 women and 31 men. The age distribution was as follows: 33% were teachers age up to 40 years old, 44.1% were between 41 and 50 years old, 22.2% of the respondents were over 50 years old. Half of the respondents had worked as teachers for 6 to 20 years (52.4%), 35% had worked as teachers for over 20 years, and 12.4% had worked for less than 5 years. Most respondents worked in mainstream schools (73%); 18% were employed in integration schools, and 6% worked in special education schools.

Among the surveyed teachers, 69% were employed in primary schools, 13% worked in secondary schools, 8% were preschool teachers, and 9.8% taught in both primary and secondary school. 66.4% of the respondents had some experience working in one-to-one education. The table presents the socio-demographic characteristics of the respondents.

The results were processed statistically. The variables were assessed by abundance. The Chi² (squared) Pearson test was applied to test the relationship between variables.

RESULTS

38% of the teachers rated their experience of tutoring a student on a one-to-one basis as good, and nearly one in four claimed it was very good. Few respondents pointed to having both positive and negative experiences. The negative experiences were connected with the costs of commuting to a child's home or the family environment being rather unfavourable to the child's education. Teachers who had been working for up to 5 years most often lacked any experience in one-to-one tuition, whereas those with longer job service tended to report good and very good experiences in this area. The distribution of replies is given in the following table 2.

It is worthwhile to note that preschool teachers most frequently had no experience providing one-to-one tuition. Teachers working in primary, secondary or both primary and secondary schools usually reported

Table 2. **JOB SERVICE AND EXPERIENCES IN ONE-TO-ONE TUITION**

Service	What are your experiences in one-to-one tuition?				
	Very good experiences	Good experiences	Mixed experiences	No such experience	Row in total
up to 5 years	7	10	0	25	42
%	16.67	23.81	0.00	59.52	100.0
6-20 years	51	70	8	45	17
%	29.31	40.23	4.60	25.86	100.0
over 20 years	23	49	5	39	116
%	19.83	42.24	4.31	33.62	100.0
Total	81	129	13	109	332
Chi ² Pearson=20.22525, p=0.00252					

very good and good experiences (Chi² Pearson test =32.14272, p=0.00019).

The vast majority of teachers (97.8%) are of the opinion that a child's contact with peers is significant (of which 73.2% assessed it as very significant). Answers suggesting that such contact was not significant when received sporadically (1.2% of the respondents). Regarding the way a child/pupil can keep in touch with peers, most replies focused on three possibilities, all of which involved encouraging pupils to contact others via communication channels, i.e. text messages, social media, telephone calls (82%) or (76%) visiting a classmate (if not contraindicated) or (50%) contact via online education platforms. Very few teachers (3.5%) suggested inviting a classmate to events held in school on the condition that their health would allow it. According to the surveyed teachers, the prevailing opinion was that the person responsible for maintaining peer contacts was the class head teacher (41%). Nearly ¼ (24%) of the respondents said that this responsibility lies in the hands of the teachers who work with children on a one-to-one basis as well as other people (e.g. school psychologist, counsellor, school head teacher, parents). In turn, 11% of the teachers included in the survey claimed that the child's parents are responsible for helping the child keep in touch with peers. Slightly fewer respondents (9%) maintained that this is the duty of both the class head teacher and the parents. It is worth noticing that teachers working in integration schools much less frequently than teachers from mainstream schools and special education schools implicated that it was the responsibility of just one person to help a child in one-to-one education to be in touch with peers; in turn, teachers from mainstream schools much less frequently indicated that it is the responsibility of several persons (Chi² Pearson=25.18826, p=0.00005). Furthermore, secondary school teachers most often concluded that this is the responsibility of one person and preschool teachers claimed it is a task of two people. Those working in primary schools most often assigned this task to several people or even a team of people (Chi² Pearson=28.02729, p=0.00009).

In the following questions, the respondents were asked to point to positive and negative sides of one-to-one tuition. Among the adverse consequences, isolation of a student from their peers was most often indicated (82%), followed by working in a specific environment (32%). Among the advantages, the ones most often indicated are the ability to adjust the teaching methodology

to the student's capabilities (86%), the opportunity for the student to catch up with the curriculum or even a chance to make more rapid progress (52%) as well as the teachers being able to monitor the student's progress better (31%). The option that one-to-one tuition opens up more opportunities for making lessons more attractive was chosen only occasionally (4%).

The teachers were also asked whether a person allocated to provide one-to-one education should be a graduate of a therapeutic pedagogy course at University. Only 31% of the respondents believed this was necessary, whereas over half (54%) declared there was no such need for teachers to undertake a course of studies in this field. It is worth noting that teachers who had been working for up to 5 years much more often indicated that it was necessary to complete a course of studies in therapeutic pedagogy, while those who had been teaching for 6 to 10 years or over 20 years most often maintained that no such studies were needed. The distribution of replies is shown in table 3 below.

The justifications for the positive replies most often included the statement that having graduated from such a course of studies, a teacher will have the necessary knowledge and skills to support a schoolchild in one-to-one education and deal with problems as they occur more effectively or will be able to work more effectively with the pupil (40%). 6% suggested that a course preparing a teacher to work with a student in the one-to-one system would suffice, while very few (1.5%) decided a

Table 3. **SERVICE AND OPINIONS ON COMPLETE A COURSE OF STUDIES IN THERAPEUTIC PEDAGOGY**

Service	In your opinion, should a teacher providing one-to-one tuition should complete a course of studies in therapeutic pedagogy?				
	Yes	No	No opinion	Depending on the needs	Total
to 5 years	18	15	6	3	4
%	42.86	35.71	14.29	7.14	100.0
6-20 years	48	99	19	11	177
%	27.12	55.93	10.73	6.21%	100.0
over 20 years	39	69	9	0	117
%	33.33	58.97	7.69	0.00	100.0
Total	105	183	34	14	336
Chi ² Pearson=15.17539, p=0.01894					

talk with the pupil's parents would be a sufficient form of preparation for one-to-one tuition. In this context, the answers given to the next question, such as which teachers should be delegated to carry out one-to-one tuition, are interesting. Most teachers said they should be the teachers already teaching the given subjects and should be appointed by the school head teacher, with 41% adding the choice should not depend on special preparation, and 39.6% highlighted that it is necessary to acquire some preparatory training for conducting one-to-one tuition. Only 19% assumed this task should be delegated to the teachers who are willing to do it. Teachers employed in integration schools much more often than others pointed to the fact that teachers assigned to one-to-one tuition should be the ones who are prepared for this task, however much less often than the others claimed that this type of tuition should be carried out by any willing teacher. Teachers working in mainstream schools most often claimed that these should be teachers appointed by the school head teachers because of the preparation they have for this type of tuition, whereas teachers from special education schools assumed that it could be one of any and all teachers who are prepared for this task (χ^2 Pearson=15.89718, $p=0.00316$). Contract teachers and trainee teachers much less often than appointed and chartered teachers claimed that teachers delegated to provide one-to-one tuition should be appointed by the school head teacher because based on their preparation, and much more often pointed to those who are prepared to teach in this system (χ^2 Pearson=11.37592, $p=0.02265$).

The respondents were also asked what support a teacher appointed to provide one-to-one tuition should be given. Most decided that teachers in one-to-one tuition need IT support (65%), nearly half (47%) pointed to financial support and (45%) support regarding the subjects taught (Teachers had the option to mark several answers). Emotional support proved to be less significant (32%). More specifically, the scope of teacher support included current information about the child's health condition; ways to help the student; information about the student's family situation; ways to deal with difficult situations; help in establishing priorities for a given student; reimbursement of the cost of travel and provision of proper working conditions; exchange of experiences in the forms and methods of teaching to improve learning success and clues on how to implement the curriculum and syllabus. The persons that the teachers expect to provide support are above all: the school head teacher

(45%), school psychologist (42%) and school counsellor (41%). Here are examples of the replies given by the survey respondents:

'A teacher is not always able to deal with a student's illness', 'Teachers mostly follow the syllabus and are not prepared for contact with an illness (often a mental disorder). In such cases, the support of a school head teacher or counsellor does not matter as the teachers are not prepared to incidents like self-mutilation, swallowing items, or dementia caused by taking antidepressants', 'A school counsellor can share their knowledge how to tackle stress, techniques to motivate a student, etc. Sharing experiences and effective work strategies among teachers is also extremely valuable', 'We are not always able to manage our emotions that arise as a result of contact with severely ill children or we are unprepared as to how a child functions in a family', 'Travel to a child's home takes time (and a teacher often travels by their own means of transport), so they should be fully reimbursed for all the time dedicated to work, not just for the classes they teach', 'The school head teacher has available funds and can assign a teacher to training sessions, or raise their salaries by providing an incentive allowance'.

Worth noting is that the surveyed teachers underlined the need to involve both the school counsellor and psychologist in one-to-one education, pointing to their knowledge, skills and competences as well as the scope of in-school responsibilities. With respect to the school head teachers, their position as a school manager was often emphasised.

The subsequent question concerned methods used to work with a pupil in one-to-one education. 17% of the respondents decided that all possible methods should be tried, although the main determinant is the child's health and well-being. More specific indications most often focused on: exercises (98%), discussions (66%), talks (64%), brain storming sessions (54%) and instructions (29%).

47% of the respondents concluded that the way one-to-one education is organised could be improved, 11% saw no reason for changes, and 41% had no opinion on this matter. Arguments connected with learning were most often quoted. 69% of the teachers suggested that modern technologies, including the Internet and online teaching platforms (45%), should be involved. The teachers also expressed the opinion that more time should be devoted

to talking with the pupil about what was bothering them (48.5%). Very few teachers (4%) pointed to the possibility of better contact with peers so that a child in one-to-one education would not feel isolated from their classmates.

DISCUSSION

One-to-one tuition is an extremely important form of teaching for children who, for reasons of different health conditions, are unable to attend traditional lessons in classrooms. Owing to one-to-one tuition, they gain a chance to continue learning, avoid taking a break from schooling, and can keep up with the curriculum designed for their age group. Shiu (2001) reminds us that children with chronic diseases have unique needs but all share the need of equal access to educational opportunities.

The respondents provided positive opinions of their experiences with students taught at home, and very few gave negative opinions, linking them mainly to financial costs or a family environment that does not promote learning. Similar results were reported by other researchers who analysed the work of teachers with students at home. Acevedo, Gilchrist (2007) showed that one of the most important issues raised by their interviewees was the question of close personal relationships with children and their families. Both positive and negative aspects were mentioned. A close relationship with a child was often cited as a rewarding factor, while barriers to establishing relationships were perceived as something negative. On the other hand, some teachers expressed the need for training sessions that would help them not to have to engage deeply in relationships with pupils or their parents. When encountering problems, teachers asked their colleagues or other professionals for assistance. Meetings and talks helped them to deal with the difficult aspects of their work.

Many studies indicate that teachers are not well prepared to work with children who suffer from chronic disorders. They lack sufficient knowledge about the nature of diseases, their treatment or about children with a specific disorder. In a study conducted by Clay et. al. (2004), as many as 59.4% (n=446) of the school personnel reported as lacking the necessary preparation to take care of a child with a chronic illness. The need for teachers to gain professional training in the scope of working with a chronically ill student was more often acknowledged by the group of teachers with the shortest job service time (up to 5 years).

Jachimczak (2011) emphasises the necessity to provide suitable literature for teachers delegated to work with

students in the one-to-one tuition system, which does not entirely correspond to general teaching methodology, and calls for the elaboration of 'own approaches' because of the often uniqueness of the health problems of a school child assigned one-to-one tuition for a certain time. This is also underlined by Olesińska-Pawlak (2003), who maintains that teachers working with ill children should pay attention to the periodically or chronically lower physical capacity of their students, elevated sensitivity to sound stimuli, significantly greater propensity to anxiety, disturbed development of perception processes, transient or permanent changes in the intellectual capacities (memory, concentration, attention, speech, thinking) and disturbed development of insight to cognitive structures (self-image, perception of the world, inferior self-evaluation, etc.) Thus, it seems justified to equip teachers with additional skills and competences that go beyond general pedagogy. Obviously, it would be difficult to achieve this unless a teacher showed some interest and willingness to acquire such skills. Every teacher, not just the one posted to provide one-to-one tuition, should be creative and engaged in the work with children, able to understand children's problems and needs, and constantly searching for effective forms and methods to work with pupils (Jachimczak, 2011). Such an attitude helps to ensure that teaching will be effective.

A teacher assigned the job of a one-to-one tutor must therefore be aware of the responsibility they bear for the students, providing them with care, education and proper upbringing. Taking care of a pupil's psychosocial development, the teacher should collaborate with the child's parents and identify the forms of contact with peers that are possible to implement, and make attempts to foster the integration of the student he or she teaches at home as well as with that student's classmates. Such efforts will facilitate the re-adaptation of a pupil to regular in-school education. Suzuki and Kato (2003) draw attention to the fact that children learning at home need support as they often feel unprepared to return to their school environment and report a feeling of loneliness and isolation. It is essential that a teacher should constantly encourage students to offer support to their ill peers, which will most probably translate into their desire to return to and to function in the school.

Organisation of one-to-one tuition should rely on earlier, constructive (and tested) experiences of teachers, which will make it possible, to the highest possible degree, to take into account the health and educational needs of pupils who require one-to-one education.

The research results show that the change in the organization of one-to-one tuition most often indicated by the respondents was the implementation of modern technologies, the Internet and online education applications. The importance of new technologies is stressed in a study performed by Bear (2014). This researcher demonstrated that teachers and parents as well as children with chronic ailments acknowledge the potential of new technologies in terms of education and contact with healthy school pupils. Using these technologies, students are able to send their assignments and to participate in team projects.

An important issue that was noted by the respondents was the funding of costs related to travel to the place of residence of a schoolchild holding a certificate of eligibility to one-to-one tuition. The Education Law does not provide for the reimbursement of travel expenses or compensation for the time spent in commuting to the student's home. Paweł Nowak (2018) observes that any possible co-financing of travel costs to reach students in the one-to-one education system should be considered in the light of the teacher's employment contract (or appointment act).

The above analysis of the survey results encourages further investigations regarding both organisation and methodology of one-to-one tuition. Qualitative studies displaying experiences of teachers and their in-depth insight into one-to-one-tuition would also make a valuable contribution to exploring this subject further.

CONCLUSIONS:

- The teachers participating in the study acknowledged the opportunities created by one-to-one tuition, emphasizing strongly the opportunity to adjust teaching methods to the individual capabilities of a student.
- The limited contact of a child with peers was most often quoted as a negative aspect of this form of education. However, teachers only sporadically noticed a chance to make changes in this regard as they tended to choose indirect forms of contact (e.g. text messages, phone calls, etc.). A change most often suggested in terms of the organization of one-to-one tuition was to implement modern technologies, the Internet and online education applications.
- While acknowledging the importance of contact between a child with health problems and his or her pe-

ers, the surveyed teachers most often claimed that it was primarily the responsibility of the class head teacher.

- According to the respondents, a teacher delegated to one-to-one tuition does not need to complete diploma courses in therapeutic pedagogy. The teachers included in this study most often expressed the opinion that they need the knowledge about a specific student (that is, practical knowledge) and expect to gain it from the school head teacher, counsellor and psychologist. The teachers with the shortest job service were most open to gaining knowledge about the specific functioning of children with chronic diseases and physical disabilities.
- The teachers expect information, material, substantive and emotional support.
- The teachers expect information about a student and his or her family, assistance in resolving difficult situations, reimbursement of travel costs or an incentive allowance, as well as exchange of experiences in terms of forms and methods of work with a student to improve the efficiency of one-to-one tuition and suggestions how to implement the curriculum.
- The persons who could provide support, according to the respondents, are mainly the school head teacher, counsellor and psychologist.
- According to the respondents, the educators delegated to one-to-one tuition should be the teachers assigned this task by the school head teacher. It was not encouraging to discover that the surveyed teachers did not agree that a person posted to work with a student at home needed to be adequately prepared.
- The analysis of variables connected with the advancement level of teachers and type of an educational institution in which they worked revealed statistically significant differences. Trainee teachers and contract teachers more often acknowledged the need to be adequately prepared for work with a student taught at home. Also, teachers working in special needs schools more often advocated that a teacher should be prepared for giving one-to-one tuition.

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REFERENCES

- A'Beat, D. (2014). Supporting the learning of children with chronic illness. *Canadian Journal of Action Research* 15, Issue 1, 22-39. <https://doi.org/10.33524/cjar.v15i1.143>
- Acevedo, M., Gilchrist, A. (2007). Tuition for children who cannot attend school due to illness in Scotland: experiences of home tutors. *Support for Learning* 22, No 2, 90-95. <https://doi.org/10.1111/j.1467-9604.2007.00453.x>
- Bocheńska, K. (2005). *Nauczanie indywidualne – potrzeba czy wymysł?* http://edukacjaialog.pl/archiwum/2005,103/pazdziernik,212/nauczanie_indywidualne_-_potrzeba_czy_wymysl,1836.html
- Clay, D. L., Cortina, S., Harper, D. C., Cocco, K. M., & Drotar, D. (2004). Schoolteachers' experiences with childhood chronic illness. *Children's Health Care* 33 (3), 227-239. https://doi.org/10.1207/s15326888chc3303_5
- Domaradzki, J. (2013). O skrytości zdrowia. O problemach z konceptualizacją pojęcia zdrowie. *Hygeia Public Health*, 48 (4), 408-419.
- Emeryk, A., Zubrzycka, R., Bartkowiak-Emeryk, M., & Gawlik, R. (2012). *Dziecko z astmą w rodzinie i szkole. Poradnik dla rodziców, opiekunów i nauczycieli*. Lublin: Wydawnictwo UMCS.
- Góralczyk, E. (1996). *Choroba dziecka w twoim życiu*. Warszawa: Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej.
- Hawrylewicz-Kowalska, P. (2018). Nauczanie indywidualne – między tradycją a alternatywą. Poszukiwanie pola badawczego. *Forum Oświatowe*, 30, 1 (59), 179-191.
- ICF – *Miedzynarodowa Klasyfikacja Funkcjonowania, Niepełnosprawności i Zdrowia*, World Health Organization Geneva, Centrum Systemów Informacyjnych ochrony Zdrowia 2001.
- Jachimczak, B. (2011). *Dydaktyczne i pozadydaktyczne uwarunkowania efektów nauczania indywidualnego dzieci przewlekle chorych*. Kraków: Oficyna Wydawnicza „Impuls”.
- Krztoń, A. (2005). *Nauczanie indywidualne a paragrafy*. http://edukacjaialog.pl/archiwum/2005,103/pazdziernik,212/nauczanie_indywidualne_a_paragrafy,1837.html
- Maciarz, A. (2001). *Pedagogika lecznicza i jej przemiany*. Warszawa: Wydawnictwo Akademickie „Żak”.
- Nowak, P. (2018). *Dojazdy nauczycieli na nauczanie indywidualne*. <https://www.monitorszkoły.pl/arttykul/dojazdy-nauczycieli-na-nauczanie-indywidualne>
- Oleńska-Pawlak, T. (2003). *Wspomaganie uczniów przewlekle chorych w szkołach ogólnodostępnych*. Nowa Szkoła, 4, 22-27.
- Rzędowska, A. (2007). Szkolni „indywidualiści”. *Wszystko dla Szkoły*, 3, 8-10.
- Shiu, S. (2001). Issues in the education of students with chronic illness. *International Journal of Disability, Development and Education* 48, No 3, 269-281. <https://doi.org/10.1080/10349120120073412>
- Suzuki, L. K., Kato, P. M. (2003). Psychosocial Support for patients in pediatric oncology: The influences of parents, schools, peers, and technology. *Journal of Pediatric Oncology Nursing* 20, No 4, 159-174. <https://doi.org/10.1177/1043454203254039>
- Legal Regulations
- Act of 26th January 1982 Teachers' Charter (Dz. U. 1982 No 3 item 19).
- Act of 26th June 1974 Labour Code (Dz. U. 1974 No 24 item 141).
- Regulation No 29 of the Ministry of Education of 4th October 1993 on the guidelines for organising care for school pupils with disabilities, their education in mainstream and integration public preschools, schools and other education entities and organising special needs education.
- Regulation of the Ministry of Education of 18th September 2008 on the way and mode of organising one-to-one mandatory year-long preschool education and one-to-one tuition of children and adolescents (Dz. U. 2008, item 1086).
- Regulation of the Ministry of Education of 20th March 2020 on special solutions during the temporary restriction in the operation of certain entities of science and higher education system in relation to preventing, counteracting and combating COVID-19 (Dz. U. 2020, item 493).
- Regulation of the Ministry of Education of 28th August 2014 on one-to-one mandatory preschool education and one-to-one tuition of children and adolescents (Dz. U. 2014, item 1157).
- Regulation of the Ministry of Education of 29th January 2003 on the way and mode of organising one-to-one tuition for children and adolescents (Dz. U. 2003, item 193).
- Regulation of the Ministry of Education of 4th September 2020 amending the regulation on one-to-one mandatory preschool education and one-to-one tuition of children and adolescents (Dz. U. 2020, item 1537).
- Regulation of the Ministry of Education of 4th September 2020 amending the regulation on one-to-one tuition of children and adolescents (Dz. U. 2020, item 1538).
- Regulation of the Ministry of Education of 9th August 2017 on the rules for the provision and organisation of psychological and educational support in public preschools, schools and institutions (Dz. U. 2017, item 1591).