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Roles and capacities of Thai Family Development Centres

Abstract

Purpose – This study examines the perspectives of Family Development Centre (FDC) staff on their roles and capacity to promote early childhood language learning through good parenting.

Design/methodology/approach – This research employed in-depth interviews with 30 FDC staff, comprising 21 volunteers and 9 paid FDC coordinators, supported by limited field observations.

Findings – Identifying risk, surveillance of at-risk families, building community solidarity, and activities to support families, parenting and children, emerged as key components of FDC work. Staff softened their surveillance role by emphasising their social support function and personal links to local communities. Most activities aimed to strengthen family bonding and relationships, with fewer specifically addressing early childhood language deficits. FDC staff found the latter challenging, and generally sought to work in cooperation with education, public health, and child care staff when projects involved language development.

Practical implications – Most coordinators and volunteers said they lacked the capacities to promote early language development effectively and required additional training in such areas as partnerships and collaboration, family and parenting support, and project management. We argue that the importance given to partnerships reflects FDC staff's recognition that they need to draw on outside expertise to address children's language problems. Given resource constraints, volunteers will remain central to family support work for the immediate future. Even with training, lay volunteers will not become language-development experts, and future policy should centre on building a framework of professional support for the community teams.

Originality/value – The study fills a gap in knowledge about FDC work and suggests a need for training that focuses on multi-disciplinary teamwork involving both paid staff and volunteers.

Keywords: roles and capacities, surveillance, family development centres, parenting, early childhood language development, Thailand

Paper type Research paper

Introduction

Early childhood language delay is a highly prevalent condition of concern for parents and professionals. It may result in long-term consequences, not only in language development but also in social and emotional well-being. Later in life, affected children will have difficulty coping with complex situations (Wake et al., 2012). Many disadvantaged children around the world do not fulfill their developmental potential due to sub-optimal child-rearing and impoverished learning environments (McGregor et al., 2007; WHO, n.d). Recent Thai research using multi-agency data found a high prevalence of language delay, with over 20% of children aged 0-5 years old at high risk of serious language deficits, as well as falling far below national goals (Nopmaneejamruslert, 2013; Patthanapongthorn et al., 2014).

Families play a primary role in early childhood language acquisition by nurturing children's speech and literacy development at home. The domestic environment and the approach of parents are therefore critical factors. They have the potential to shape children's readiness for school, their attitudes toward learning, and their later academic attainment (Sammons et al., 2015; WHO, 1999). However, literature reviews have shown that Thai parents lack appropriate parenting skills, especially in rural areas (Moesuwan et al., 2004).

In many countries state action has been taken to address problems in family life, including in the area of language development. The Thai Ministry of Social Development and Human Security (MoSDHS) introduced Family Development Centres (FDCs) in 2004. Within the Ministry, the Department of Women's Affairs and Family Institutions oversees a system in which local government authorities (the municipalities and rural sub-district administrative organisations) host FDCs staffed by volunteers and accommodated in local government offices or other community buildings such as schools, temples, public health offices or elder care centres. Salaried local government officers sit alongside volunteers on FDC committees, but only in a part-time coordinator role supplementary to their main duties. Funding comes from central government, channeled through the provincial authorities. FDCs operate only on a part-time basis, with a number of scheduled meetings, workshops and related activities. They may be seen as loosely

organized community networks that bring together representatives from caring organizations and community members. It has been said that FDCs represent a form of social capital that supports families in local communities (Cheepsumon & Boonmak, 2014). However, they are also a mechanism for state intervention in the private sphere of family life, since they involve surveillance and remedial action as well as assistance and encouragement from community peers. Their connection with the state bureaucratic apparatus has led to an emerging concern with the performance and accountability of FDC volunteer staff, and a perceived need to improve training and competencies to support vulnerable children and their families, as happens with comparable bodies in other countries (McDonald, 2010).

Due to the limited resources and the diverse backgrounds of the part-time volunteer staff, most working in FDCs have not received specialist training or preparation. Two small exploratory studies suggest that volunteers are unsure how best to address child language deficits in their work with families, and lack sufficient knowledge about child development and effective learning strategies (Cheepsumon & Boonmak, 2014; Maneerat, 2008). The recent policy literature laments the paucity of robust findings on the current roles and capacities of FDC volunteers and just what they do to support families (Boonsuk et al., 2014; Patthanapongthorn et al., 2014; Sriwongpahnich, 2014).

This research aimed to help fill this gap by studying FDC volunteers' and coordinators' perspectives on their roles and capacities in a previously un-researched central Thai province. The specific research questions addressed are as follows. What role do FDC volunteer staff play in promoting parenting skills affecting early childhood language development? Are there role tensions when community volunteers intervene in family life? What capacities and/or training do FDC staff need if they are to work effectively in local communities?

The study and setting

This paper presents data from the qualitative component of a larger mixed methods study. The qualitative work utilized in-depth interviews, non-participant observation and documentary analysis to study the work of staff in family development centres spread

across one central Thai province (Suphanburi). Quantitative data from a cross-sectional survey of 260 respondents in the same province will be reported in other papers.

The study was approved by the research ethics committee of Mahidol University, Thailand. Steps were taken to ensure informed consent, freedom to withdraw, secure storage of data, and participant protection. Information sheets were supplied to all participants, who signed consent forms prior to interviews.

The interviews, the main data source for this paper, involved 21 volunteers and 9 paid local government FDC coordinators, selected purposively from 12 of the province's 126 centres. These 30 interviews covered all 10 administrative districts (*amphur*) in Suphanburi province. The sample was selected to include a geographical spread of FDCs across the province, a mix of city municipality, small town municipalities and rural sub-district administrative organisations, and FDC coordinators, heads, deputies, and ordinary volunteer staff.

Interviews were completed with equal numbers of men and women (15 + 15). Respondents were aged 31-70 years, with an average age at 48 years. All had completed a secondary school education. About three quarters were married and most lived in nuclear family units. The majority of FDC volunteers earned their living in agriculture. Their average reported income of just over 22,000 baht per month was higher than the national average of about 13,600 baht in July 2016. Most (over 86%) also performed other community roles such as village head, village health volunteer, and village committee member. More worked in FDCs operating under rural sub-district administrative organisations (about 70%) than in municipalities. All had at least one year's experience in FDCs, and over 60% had worked between six and ten years. However, experience of that aspect of the work that involved supporting early childhood language learning was more limited, with 50% of volunteers having had less than a year's involvement.

Fieldwork was conducted over 3 months in summer 2016. To add context to the interviews the researcher undertook hour-long observation sessions in each of the 12 centres, but those data are only used as background in this paper. Face-to-face interviews were conducted by a single researcher (WS) and typically lasted about 45 minutes. Eight open-ended questions provided a catalyst for discussing emergent topics in more depth.

All interviews were audio-recorded, transcribed verbatim, and the transcripts analysed using thematic analysis (Guest et al., 2012; Vaismoradi et al., 2016). The transcripts were read and coded, using an inductive approach to identify key themes and make connections between the ideas emerging using a simplified form of the constant comparative method (Glaser & Strauss, 1967). Later, the transcripts and a summary of provisional themes were returned to the interviewees for “respondent validation” (Bloor, 1978) and their comments were fed into the analysis.

The interviews focused on the broad domains of first, work roles and FDC staff’s capacity to promote good parenting, and second, childhood language learning and training needs. We will deal with each in turn, before discussing the implications of the study findings for practice and future training.

FDC staff roles

Four main themes emerged from respondents’ accounts of their work roles: (1) identifying risk, (2) surveillance, (3) community solidarity, and (4) organising activities.

Identifying risk

A central part of the work of the FDCs is to distinguish between families at risk and those seen as unexceptional. FDCs have a wide remit that encompasses family problems such as poverty, domestic violence, and the welfare of elders and the disabled, as well as support for child development and good parenting. Although FDCs aim to improve the situation of all local children, there is a focus on those families whose parenting practices are judged to render their children vulnerable to social problems, including language development deficits.

The task of identifying families whose children are at-risk starts with a review of numbers of children in the local area, using routinely-collected data from the Thai Basic Needs Survey carried out for the Ministry of the Interior and Ministry of Social Development and Human Security. FDC staff then work with family networks already established in many neighbourhoods to identify at-risk pre-school children, make a register containing their details, and maintain contact through home visits and other

activities. Many of the latter are organised to avoid overt targeting by including both at-risk and other families.

“In my experience, I invite both at-risk families and families who are doing well to join the training camp so as to change the attitude of family members. Some parents take less care of their children. But we let them talk to each other and bring them to get involved in the camp. We focus on enhancing family relationships and then getting them to give more time to their children... talk together, take care and understand each other.”

(P.68/1, FDC deputy head)

In cases where parents or neighbours report suspected language delay, screening using basic developmental assessment tests (usually from the Thai Developmental Screening and Promotion Manual: DSPM tools) is undertaken. This may be done by FDC volunteers, or by staff at health centres (Well Child Clinics) or Child Care Centres, who then advise the FDC about children at risk.

Organising surveillance

Having identified at-risk families, FDC staff monitor their parenting behavior. That is to say that behavior, progress towards developmental milestones and other emergent problems, become objects of sustained and ongoing surveillance. The first of five key performance indicators set out in the Ministry’s *Guidelines for Family Development Centres in the Community* is: “KPI 1. Building a surveillance network for solving family problems” (MoSDHS, 2014). Despite its interventionist connotations, surveillance (in Thai, *gaan fao jaawng*) is the term that volunteers themselves often use:

“The activities consist of activities that aim to create surveillance in the community in order to prevent violence and solve this problem. We provide knowledge and exchange ideas to analyze the problem situation, focusing on the problem within the family. We conduct activities through both small group meetings and home visits, but we rarely record or write this up formally.”

(P.95/1, FDC head)

As mentioned above, surveillance covers a wide range of social problems, of which early childhood language delay is only one. Most FDCs make a local plan that estimates the number of problem families in the community and creates a support network.

“First, we need to make a plan by surveying family data to know how many families [at risk] there are in the community. Then we invite those around them to form a staff and domestic network. I need to work as a coordinator with the local authority and put together a team.... We cannot work alone so we must work with local authority staff. We need to create appropriate activities and screen the families who need to be trained. I act as head of the family development centre and also a key coordinator linking with the local authority and relevant organisations.”

(P.68/4, FDC head)

In this FDC at-risk families are discussed at monthly case conferences or other *ad hoc* meetings, and FDC staff or other involved professionals will decide on appropriate support and a programme of action.

There is considerable variation in local practice, with some FDCs devoting more time to home visits and individual casework than others, and a general pattern of poor record keeping. Two factors that may help explain this are the limited resources available to FDCs and the absence of a strong performance management framework. The standard annual allocation from the Ministry to support the administration and activities of an FDC is only 20,000 baht (about £460 GBP), meaning that activities such as record keeping and reporting depend almost entirely on already-busy volunteers giving their time. As funds are channelled through the provincial administrative organisation, there may be cases where the full allocation is not passed on, resulting in further curtailment of activities.

“We arrange the activities annually. In the last two years we did not receive the full budget allocation, so we could not organise any events.... The Provincial Social Development Organisation only distributed a small amount of funding, and

we didn't have enough budget to support our projects.... The sub-district administrative organisation has less of a role in supporting our practice.”

(P.60/1, FDC head)

The Ministry guidelines state that FDCs must “prepare a family database including the vulnerable target group and size of the problem to plan and support families according to their needs” (MoSDHS, 2014). However, there is no requirement to provide information returns about such matters as number of families at risk, numbers with delayed language milestones, or numbers of home visits, and the Ministry does not record such statistics. Upward accountability is limited to annual reports describing the work of the FDC and its progress towards achieving the more general performance standards linked to the KPIs.

Community Solidarity

A work regime that involves identifying at-risk families and surveillance carries the risk that some families will respond negatively to what they see as inappropriate interference in the private sphere of family life. Dingwall (1992) has argued the regulation of family life in Western liberal states proceeds along the twin tracks of creating specialised oversight agencies and encouraging “moral socialisation” within self-regulating families. Western ideas about the sanctity of the private domestic sphere meant that policy makers were generally reluctant to be seen to be “policing families”, so that oversight agencies generally designed their interventions so as to mitigate this perception. For example, Dingwall and Robinson (1990: 258) described how British health visitors developed a “tutelary relationship” with mothers, so that in the words of one early commentator, the health visitor “is not an inspector in any sense of the word. Her functions are rather those of a friend of the household to which she gains access”. More recent research has found continuing tensions between surveillance and support in UK health visitors’ work, even as the focus has moved from health needs assessment to “safeguarding children” (Peckover, 2002; Cowley, Mitcheson and Houston, 2004; Peckover, 2013).

Thai FDCs perform surveillance and intervention roles, but are staffed by volunteers, so have only some of the characteristics of formal oversight agencies. Arguably Thai families show greater tolerance of state intervention than applies in the European context, in part because of the continued influence of social hierarchies shaped by the feudal *sakdina* system and the associated ideology of “religion, king and nation” (Murashima, 1988; Vorng, 2008). Traditional understandings of the monarch, and by extension the state, as the protector or guardian of the people, guided by the moral precepts of Buddhism, mean that intervention by public agencies is often seen as benign social protection. Nevertheless, identifying families as needing help and directing them towards assistance still remain sensitive and potentially difficult matters. From our interviews FDC staff soften their surveillance role both by acting out their own version of a tutelary relationship and emphasising their status as volunteers embedded in the local community. This mitigates the family policing aspect of their role by emphasising social solidarity.

The FDC’s version of the tutelary relationship centres not so much on visits by an individual professional friend, but the creation of a supportive network that includes neighbours and significant others. Most FDC staff were actively involved in local affairs and their accounts emphasised that ordinary community members and neighbours should band together to support at-risk families.

“Community members should play a significant role in performing every Family Development Centre’s activities because they should be involved in solving the problem within their community.”

(P. 68/4, FDC head)

“The neighbours must have compassion for each other, helping foster mutual dependence and sharing, and must be unselfish.”

(P.59/1, FDC deputy head)

Several respondents explicitly mentioned the importance of the neighbourhood as a locus for detecting problems, providing advice, monitoring progress, and offering empathy.

“The neighbours have to be the family network. If we cannot do that, we will encourage the neighbourhood to work instead. Because they are familiar with households in the community, we can find out about the target group from them.”

(P.1/1, FDC head)

“We require the participation of all parties. The neighbours might share the ideas, for example, sharing experience about the level at which their kid develops when comparing with the other children, as well as how to stimulate suspected delay.”

(P.68/1, FDC deputy head)

“The neighbourhood must have been watching, doing surveillance, and helping to observe the change in the child.”

(P. 8/2, paid FDC coordinator)

Almost all the respondents performed other significant paid or voluntary roles in the local community. Because of their multiple organisational affiliations, they were firmly rooted in those communities. If there was a family policing aspect to their role this was softened by their close relationship to the community being policed.

“ Mostly, I hold an activity during the Songkran festival by combining this with Senior Club activities. Certainly, I emphasize the need to involve the extended family, bringing together the grandparents, the parents, and the younger generations. I try to arrange the activity so that it relating to the culture of the community and our roles where we also act as a village health volunteer, community leader, or president of the Women and Cultural Council Committee.”

(P.59/2, FDC head)

Organising activities

The notion of activities (*git ja gam*) is central to FDC work. Activities are regarded as effective interventions, tools or mechanisms that can improve family relationships and parenting. But within a bureaucratic environment they are also a quantifiable unit of work that can be reported to district local government, the provincial administration or the Ministry in annual reports for accountability purposes. The performance indicators that apply to FDCs include “KPI 2: Providing learning activities/events to promote and strengthen family” (MoSDHS, 2014). However, the arrangements for upward accountability are less than onerous, with more emphasis on rewarding excellence than punishing weak performance. The main upshot of achieving the KPIs is a favourable mention in the MoSDHS’s annual report. In 2015 the Thai news website *Matichon* reported that of the 7,011 FDCs in Thailand, only 929 achieved the required standard in the previous year (with 436 FDCs rated “excellent” and 493 FDCs rated “good”) (Matichon, 2015).

As highly-visible events in local community settings, activities show local people that FDCs are at work. Activities range from the encouragement of mundane talk in routine domestic situations through to more organised events like trips and camps with overnight stays. They include family visits (*gaan yiam khraawp khruaa*), family meetings (*bprachoom khraawp khruaa*), family training/workshops (*ohp rohm khraawp khruaa*), family camping (*khaai khraawp khruaa*) and promoting early literacy by story-telling (*rak gaan aan*). Respondents talked both about activities that aimed to support families in a more general way, and a subset of events designed specifically to address early childhood learning and language delay.

Much of the work of the community networks has the first more general aim. The networks organise activities that allow families to spend time together and encourage closer “bonding”, both within the nuclear family and between parents and adult relatives who might provide support.

“.....Most of it is the strengthening of the family. It is activity that arranges a link with the family and focuses on family bonding.”

(P.4/2, paid FDC coordinator)

Activities that involve the extended family usually involve invitations to workshops or outdoor events where staff try to guide interactions between parents, children and assembled relatives:

“In the past most activities were intended to build good relationships between family members by encouraging family bonding.... Firstly, we’d invite the guardians, grandparents, and children to attend the programme all day together.”

(P.88/1, paid FDC coordinator)

Families may be brought together to tell stories and share experiences about harmonious family relations.

“We invite families in the community to attend the activity in order to spend time together and share their experience about how to be a happy family.”

(P.59/2, FDC head)

While improving family relationships is seen as a mechanism to help rectify early childhood language deficits, at risk families are often perceived as having multiple problems that are addressed through common support activities.

“....We arrange activities that promote family relationships....One activity is part of a proactive programme that takes the form of a walk rally..... We then let them attend this activity along with the family learning stations. The target families consist of risky families that are the families who have the teenagers who have tendency to experiment with drug use and/or engage in premature sexual intercourse. Both children and their families are invited to enjoy the activity.”

(P.96/1, paid FDC coordinator)

Parenting deficits that put children at risk of language learning delay are perceived as a likely cause of a range of social problems, and children from problem families are therefore likely to find themselves subjected to a remedial programme with wider aims.

“...We arrange a variety of the activities annually. If this year we conduct a training programme for preventing the problem of drug-addiction, we will invite a speaker who is skilled in this field and recruit school-age children who are in the high-risk group to take part in the programme. Police officers and the military are the experts we use for this training. They transfer knowledge about the danger of drugs. For environmental conservation, we invite experts from the College of Agriculture. We also have a benefaction event at the temple. The family bring their children who are between early childhood and school age to enjoy the activities in order to recognise the importance of religion. Besides this, we also conduct sports events with kids.”

(P.4/1, FDC head)

There is an emphasis on getting parents and children to engage with each other, with children being encouraged to voice their own concerns and talk about risky aspects of their lives.

“...Our next event will be a family camp where the activities cover every aspect, for example, parenting roles. Some children might not say anything to their parents. However, after attending the activity, children will have an opportunity to open their mind with their parent.”

(P.8/2, paid FDC coordinator)

Although activities aimed at strengthening family relationships appear more common than ones specifically addressing early-childhood language learning, all FDCs were involved in screening and remedial work.

“ Most are likely to be delayed. We have observed the early childhood development during developmental screening. Children will try to complete the screening test, most still cannot pass the exam, and then after supervision from public health personnel, they seem to be better at some parts.”

(P.68/1, FDC deputy head)

“Children aged two are invited to attend an activity that focuses on learning to promote spoken language.... Certainly, child development, particularly in speech development, is so important compared with other aspects.”

(P.95/1, FDC head)

“We have distributed story books for families to help promote reading activity in pre-school children.”

(P.56/1, paid FDC coordinator)

Staff were generally less confident about their ability to make an effective contribution to early-childhood learning than in their general work with families, and often preferred to offer such programmes in cooperation with other community organisations such as child care centres.

“For work relating to early childhood, we will join with the child care centre because we are also on the education committee. Our staff will prepare the places, rooms, and educational materials. We aim this care especially at pre-school children rather than school age pupils.”

(P.4/1, FDC head)

“...it may be under the supervision of the child care centre. We train both mothers and their children. For taking care of early childhood, we have the curriculum for the child care centre.... most activities involve a referral system.”

(P.4/2, paid FDC coordinator)

Local Ministry of Public Health offices and primary care centres, as well as Village Health Volunteers are also co-opted into local networks. The pattern that emerges from our interviews is that FDC coordinators and volunteers are comfortable with most aspects of risk assessment, surveillance and organising activities, but have doubts about their ability to deal with language deficit and prefer a division of labour where language screening and the planning of remedial programmes are passed to paid workers in health

or education. Many continue to be involved in such work, but feel more secure when they can draw on the support of the local multi-sectoral team.

Do FDCs have the capacity to offer language support?

There are increasing pressures for FDC coordinators and volunteers to undergo training and develop specialist expertise that will equip them to work with families and children, including in the language development area. The respondents were divided about whether their existing skills and knowledge were sufficient to allow them to perform the required roles. Most, 22 of the 30 staff interviewed, thought they lacked the ability and knowledge to assist parents with early childhood language development. While respondents were more confident about their ability to support families in a more general way, they had doubts about the capacity to help in the specialized area of language deficit.

“Our primary responsibility is taking care of overall well-being and promoting quality of life. When we try to focus more on the health aspect, we don’t usually know enough and don’t have the capacity to perform.”

(P.4/2, paid FDC coordinator)

“ I have some knowledge and can explain a little bit about how to look after children. Sometimes, we have insufficient knowledge.”

(P.68/1, FDC deputy head)

The eight respondents who felt they already possessed sufficient knowledge to assist in language development tended to de-emphasize the specialist nature of language support and see it as an extension of family support work.

“ We think that we have sufficient knowledge because we have experience of communication with families as well as acting as a role model. Besides, we have considerable experience, particularly in family support. Experience from serving on the Senior Club committee equates to working with families.”

(P.59/2, FDC head)

Training needs

Most of those who recognized that their knowledge and skills were limited agreed that they needed formal training (21 of 30). They described the benefits of training in such terms as developing personal capacities, improving outcomes, and increasing capacity to deal with expanding roles and complex problems.

“At the very least we need to have more knowledge. This is necessary to improve our personal development.”

(P.8/2, paid FDC coordinator)

“Yes, it [training] might achieve better outcomes..... That’s why we wanted to have some training workshops.”

(P.95/3, paid FDC coordinator)

“Regarding the emergence of new problems, that is more complicated than ever, so we need to develop our personal skills.”

(P.15/1, paid FDC coordinator)

When respondents were asked about the type of training required, the three most commonly cited topics were partnership working, family support, and project management. Almost half (14 of 30 respondents) believed that partnership or collaboration skills were a key area:

“ I would like to train in all three topics [I mentioned before] particularly the partnership collaboration aspect.”

(P.68/1, FDC deputy head)

“If we need to do additional training, I think partnership collaboration or working with family networks seems more important than the other aspects. We would like to know how to build the network and communicate with others in the team.”

(P.4/1, FDC head)

Almost as many staff (13 of 30) mentioned family support as a training priority.

“We should invite our family network team to participate in a training programme in order to have adequate knowledge on this point before providing a family service in the community. Because sometimes we lack knowledge concerning child developmental stages according to age.... Knowledge dissemination and communication skills are essential to support children to develop well.”

(P.68/3, paid FDC coordinator)

“I require basic knowledge about child development, for example how children age four years old develop and how to stimulate them according to their age group, because we do not have enough information about these things.”

(P.45/2, FDC head)

None of these respondents mentioned more specific requirements for language development training in this context.

The other widely-shared training priority, project management, mentioned by 11 of the respondents, shifted the focus from team building and substantive knowledge about child development to the process of managing the work.

“Hmmm, we should know the principles how to write a project plan.”

(P.56/1, paid FDC coordinator)

“We need to learn how to make a plan in orders to promote and support children effectively.”

(P.15/1, paid FDC coordinator)

Discussion

This study found that FDC staff viewed their roles mainly in terms of the components of risk assessment, surveillance, social solidarity, and activities to support families and children. As a mainly volunteer workforce they mitigate any perception that they are policing family life by reassuring targeted families that they are fellow

community members motivated by a desire to protect disadvantaged families, and that they do this through partnership rather than coercion. The fact that FDC volunteers receive no payment and generally undertake other roles in local administration or voluntary organisations helps them to present their work as community support rather than state intervention. However, as family support work expands more into specialist areas like early language development, the competence and expertise of volunteer staff is increasingly open to challenge.

FDC work tended to focus on group or family activities rather than individual casework with parents and children with language delay. Most FDC activities offered family support of a general kind, seeking to promote good parenting by encouraging communication, bonding and help from the extended family. Some aimed to address social problems such as teenage pregnancy, recreational drug use and violence. Volunteers appeared less comfortable with the activities aimed at correcting language delay. Maneerat's (2008) study arrived at the similar finding that FDC staff sometimes avoided language development work because of doubts about their knowledge and competency. In the present study, several respondents explained that language support generally involved joint-working with child care centre, health or educational staff, something that helped to compensate for skills deficits among the volunteers.

Respondents identified collaboration with partners, family support and, project management as the most important areas for training. The last two are mentioned in existing policy guidelines that suggest that skills in project management and family services can be addressed by using a participatory learning approach (Cheepsumon & Boonmak, 2014; MoSDHS, 2014). This is a promising training method well-suited to a volunteer workforce, and could usefully be extended to the area of partnership working. A recent US study evaluating a programme to improve staff capabilities to support social-emotional development in pre-school settings (Green et al., 2012) found that training brought significant gains over time in terms of reduced staff stress, increased awareness of best practice, and more evidence of a shared understanding of how best to meet children's needs. Overall, formal training, preferably using a participatory learning framework, would be likely to improve volunteers' confidence and problem-solving abilities.

The most difficult area to address will be how far to include specialist knowledge about childhood language development in such training programmes and what level of knowledge is feasible in the voluntary organization context. A majority of the FDC volunteers are engaged in agricultural work and did not progress to university, so that their capacity to understand the technicalities of language development support may be limited. At present FDCs often work in partnership with childcare centres or health staff as a way of supplementing their existing knowledge. Arguably future training programmes should prepare FDC staff to collaborate with language specialists in such centres by providing basic knowledge and a shared vocabulary, rather than aiming for an unrealistic level of volunteer expertise.

Volunteering exists in the space between individual altruism and professional work (von Schnurbein et al., 2013). It reflects a commitment to values such as compassion, concern for others, generosity and social responsibility (Wuthnow, 1991; Hustinx et al., 2010) and additionally, in the Thai Buddhist context, observance of the norms of reciprocal obligations between seniors and juniors (the *phoe-naawng* relationship) and the importance of accumulating merit by good works (*tham boon*). Yet at the same time, FDC volunteering is an organised activity and brings volunteers into regular contact with paid support workers in local government, education and the child care and health centres. It might be argued that attempts to train FDC volunteers and build competence in the specialist area of language development, will over time result in an increased professionalisation of family support work, and some weakening of the local connections that presently help FDC volunteers engage harmoniously with their communities. There are many examples where informal voluntary work has evolved into a formal occupation (Dingwall, 1983), but also cases where a reverse phenomenon has occurred, as for example when the state supplements a professional workforce with volunteers to control costs (van Bochove et al., 2018).

Where professionals and volunteers work side-by-side there are risks of “demarcation” disputes, but also examples where delegation of certain professional tasks to volunteers is acceptable to both groups (Hoad, 2002; van Bochove et al., 2018). Financial constraints are likely to mean that FDCs will be staffed mainly by volunteers for

the foreseeable future, but professional support for language development work is likely to expand. Studies in Western countries suggest that professional support is a key element in improving family-centred early childhood services (Fordham et al., 2012). A recent study of parenting interventions to prevent child maltreatment found that the involvement of multiple professional disciplines was an important facilitator for success (Shapiro et al., 2012). Such studies suggest that a similar approach would work for the FDCs.

Several limitations of the present qualitative study must be acknowledged. It involved only 30 FDC staff in a single Thai province. It employed convenience sampling and so may not accurately capture the full range of staff perspectives, even in the 126 FDCs in this one province. Thus, we do not claim that the findings are generalizable, even though many of the points emerging are compatible with the findings of earlier small-scale studies. Although we carried out limited field observations, these did not include work such as developmental screening, so that we were not always able to triangulate and confirm the interview findings. Finally, our interviews did not measure knowledge and skills directly, but relied on self-reported competencies and training needs.

Note

The term FDC staff refers to both volunteer staff and paid local government officers whose duties include working for part of the week as FDC coordinators.

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