Development of the Integrated Coaching System for Health Promotion of Early Childhood in Child Development Centers

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Abstract: *The purposes of this research and development are as follows: (1) to develop and seek an efficient integrated coaching system for health promotion in early childhood at child development centers; and (2) to evaluate the effectiveness of an integrated coaching system for health promotion in early childhood at child development centers by using embedded and mixed methods research with a sample of 40 children in early childhood at childcare centers. The research instruments were a form of integrated coaching system and an early childhood health promotion assessment. The data was analyzed using mean, standard deviation, a dependent t-test, a growth score, a repeated measures ANOVA and content analysis. The results indicated the following: (1) the integrated coaching system consisted of three elements: (1.1) upstream; (1.2) midstream, which indicated the 5P's Model, in which the first P was Purpose, the second P was Participation, the third P was Procedure Design, the fourth P was Practice, and the fifth P was Performance Reflection; and (1.3) downstream, which was developed and obtained an E1/E2 efficiency value of 82.50/87.50; and (2) the level of effectiveness after using the integrated coaching system revealed the following: (2.1) the average score for early childhood health was higher ($p<.05$), and (2.2) early childhood health development had a higher growth score ($p<.05$). This research was utilized for health promotion in early childhood at child development centers. As a result, those in early childhood had better health and an improved quality of life.*

Keywords: *Integrated coaching system, Health promotion, Early childhood, Child development centers*

Introduction

Having all children healthy is a wish of all countries because being healthy is an important foundation of human life security. Thailand has the National Economic and Social Development Plan, which has targets with regard to the country's development direction over a 20-year period (2017-2036). Continuous health care for Thai children is performed in accordance with policies that require improvement of the health promotion of early childhood (Ministry of Public Health, 2020). Therefore, it is better to start developing health promotion from early childhood, especially with children from birth to the age of six. This period is defined as "the first six golden years of life, which are the most important of early childhood." In this period, children will develop and strengthen all aspects of health very quickly, especially those related to the brain, which grows very quickly before the age of six, and neurological development. The development of early childhood health promotion is therefore very important. As a result, child development centers have been established to accommodate adequate early childhood health care in both the public and private sectors. However, there are still problems managing the quality of early childhood health, which affects early childhood health problems. According to the National Early Childhood Development Standards (Department of Children and Youth, Ministry of Social Development and Human Security, 2020, Ministry of Education and Ministry of Public Health, 2020, National Early Childhood Development Board, 2021), children in early childhood have a large amount of improper growth and development. This affects human resource quality improvement issues from the upstream and midstream levels through to the downstream level. Early childhood is considered the age of origin, so it is the most important factor in building the country to prosper in the future. In today's social conditions, most parents and guardians must earn a living for their family by working outside the home. Therefore, it is necessary to take those in early childhood to child development centers. The development of early childhood health development in child development centers currently

differs in quality due to inequality with regard to early childhood opportunities, especially among early childhood groups that lack opportunities or groups of children in early childhood in remote areas or areas where access to early childhood health promotion is difficult. Investigators saw that the early childhood healthcare gap that was arising was in line with the results of a survey by the National Institute for Child Health Development, Ministry of Public Health and Ministry of Education. It found that the level of early childhood health problems that arose did not meet the target criteria of many established standards. (Ministry of Education and Ministry of Public Health, 2020, National Early Childhood Development Board, 2021).

Children in early childhood have growth and development that does not meet the benchmarks: being underweight, thin, overweight, obese, short, and receiving poor nutrition according to age, according to the results of a survey by the National Institute for Child Health Development. (Ministry of Public Health, 2019, Ministry of Education and Ministry of Public Health, 2020, National Early Childhood Development Board, 2021). The number of health and developmental conditions for normal children in early childhood decreased in 1999 (71.70%) and 2007 (65.10%), and there was an IQ level below the benchmark (Under 100). In 2014, Thai children had about 30 percent of developmental delays everywhere. Children aged 3-5 had 34 percent developmental delays. In 2017, Thai children continued to have non-benchmark growth and undesirable development, and there was an IQ level below the benchmark (IQ level 98). This was below the target threshold set by the National Standards for Early Childhood Care, Development and Education, Thailand.

The four ministries of the literature review included the Ministry of Public Health, Ministry of Education, Ministry of Interior, and Ministry of Social Development and Human Security. It was found that since 2019, there has been a resolution to establish child development centers nationwide. The National Standards for Early Childhood Care, Development and Education, Thailand, are used as the country's central standards for early childhood health care (Ministry of Social Development and Human Security, 2019, 2020; National Early Childhood Development Board, 2021). This research, therefore, used the National Standards for Early Childhood Care, Development and Education, Thailand, integrated with the Child Development Center Standards, Department of Health, Ministry of Public Health, which uses the Developmental Surveillance and Promotion Manual (DSPM) as a tool for monitoring and promoting early childhood development and as central standards for improving the quality of early childhood care in child development centers.

In this research, the researcher synthesized the health characteristics of early childhood in early childhood health enhancement. In the early childhood health promotion dimension, there are two areas, growth, and development, which are used as a dimension to enhance early childhood health in child development centers. According to the literature review, combining the current situation, integrated coaching concepts, and integrated digital technology learning based on 5P's Model of Phattarasatjatum et al. (2021), a systematic review of the coaching model is between the years 2012 to 2020. The integrated coaching system is an important process used to enhance early childhood health in child development centers in various locations. The researcher synthesized the integrated coaching system to achieve learning goals and to achieve a correct understanding in the direction of jointly improving the health promotion of early childhood in child development centers.

The researcher developed "The integrated coaching system for health promotion of early childhood in child development centers" by integrating digital technology, which is easy to use in a new normal way of life. It can be a source of knowledge and allow communication and consultation on early childhood health care for early childhood development. Health promotion can help reduce the cost of early childhood health care in

accessing the early childhood healthcare system. Using digital technology to support health promotion makes it convenient, reduces costs, saves time, and leads to more safety in early childhood health care by reducing crowded travel to various medical facilities. Early childhood health care has improved quality of life and health. Even if children in early childhood are in places with disasters or situations such as the COVID-19 pandemic, outbreaks, or new recurrent incidences of infectious diseases, they will be given access to a service plan to enhance early childhood health and to have a healthy life in a new normal.
The objectives of this research were to 1) Develop and find out the efficiency of the integrated coaching system for health promotion of early childhood in child development centers; and 2) Evaluate the effectiveness of the integrated coaching system for health promotion of early childhood in child development centers: 2.1) Evaluate the health promotion of early childhood in child development centers before and after using the integrated coaching system; and 2.2) Evaluate the development of early childhood health promotion at child development centers in four phases, namely phase 1, before using the integrated coaching system; phase 2, during the use of the integrated coaching system; phase 3, after using the integrated coaching system; and phase 4, follow-up after using the integrated coaching system.

Research methodology

Research and Development: R&D was performed using an embedded mixed methods design; the research was conducted in four steps: The 1st. Step- Research 1: R1- The needs of the integrated coaching system for health promotion of early childhood in child development centers were studied and analyzed (Analysis: A). The 2nd. Step- Development 1: D1- The integrated coaching system for health promotion of early childhood in child development centers was designed and developed (Design and Development: D). The 3rd. Step- Research 2: R2- The integrated coaching system for health promotion of early childhood in child development centers was implemented (Implementation: I). The 4th. Step- Development 2: D2- The effectiveness of the integrated coaching system for health promotion of early childhood in child development centers was evaluated (Evaluation: E).

Population: The population consisted of children aged from 2 years and 6 months to 3 years and 6 months old who had been in child development centers for at least one month or more. The children had to be currently well, with a history of being normal newborns and no history of preterm birth, low birth weight less than 2,500 grams, asphyxia, or cognitive and learning disabilities.

Sampling: The sample consisted of 40 children aged from 2 years and 6 months to 3 years and 6 months old who had been in child development centers in northern provinces for at least one month or more. The children had to be currently well, with a history of being normal newborns and no history of preterm birth, low birth weight less than 2,500 grams, asphyxia, or cognitive and learning disabilities. A purposive sampling method based on inclusion criteria was used.

Instruments: 1) The instrument used in the experiment was the integrated coaching system for health promotion of early childhood in child development centers (Content validity $\bar{x}$= 4.90, S.D.=0.10). 2) The instrument used to collect data was the early childhood health promotion assessment form (Content validity $\bar{x}$= 4.95, S.D.= 0.01).

Data collection methods

Table 1 Data collection methods

Step	Materials and methods
1st Step Preparation	1. Preparation of researchers and research assistants: Integrated coaching skills were practiced using digital technology. 2. Courtesy to the executives related to child development centers: The researcher introduced herself, the research objectives, the data collection procedures and duration, the research instruments, the protection of the sample and permissions, and benefits. 3. Preparation of location, instruments, media, and integrated coaching calendar was performed.
2nd Step Operation procedures	1. The sample was chosen, and the protection of the sample and permissions were clarified. When the sampled children were willing to participate in the research, the parents of those sampled children had to sign to give their consent. 2. Experiments were performed in four phases according to the research design: **(1) Pre-trial phase:** The Early Childhood Health Promotion Assessment Form was used **(Phase 1).** **(2) Trial phase:** The Early Childhood Health Promotion Assessment Form was used during the trial **(Phase 2).** **(2.1) Performance:** The integrated coaching system for health promotion of early childhood in child development centers was used. It consisted of three elements. **Element 1- Upstream-** 1. Human resources: Children in early childhood; parents, guardians, or families; caregivers; executives and drivers of child development centers; and community people 2. Place: Child development centers 3. Budget and funding 4. Media: Digital technology 5. Instrument: The integrated coaching system **Element 2- Midstream-** The process of using the "5 P's Model" 1st. Step P: Purpose 2nd. Step P: Participation 3rd. Step P: Procedure design 4th. Step P: Practice 5th. Step P: Performance reflection **Element 3- Downstream-** 1.Growth 2.Development (2.1) Gross motor skills (2.2) Fine motor skills **(2.2) Manual:** The integrated coaching system was used for manual health promotion. **(2.3) Media:** Digital technology media was used for 24 weeks. **(3) Post-trial phase:** A week after the trial, the Early Childhood Health Promotion Assessment Form was used **(Phase 3).** **(4) Post-trial follow-up phase:** Four weeks after the trial, the Early Childhood Health Promotion Assessment Form was used **(Phase 4).**
3rd. Step Evaluation	1. The researchers conducted an evaluation of the results of the Early Childhood Health Promotion Assessment in all four phases and concluded the findings to present the results of the data analysis.

Research results

Part 1: Conclusions on the development and efficiency of the integrated coaching system for health promotion of early childhood in child development centers: The efficiency of the system was measured as E1/E2= 82.50/87.50. The integrated coaching system was a systematic conceptive structure that represents the relationship of a comprehensive system structure and it consisted of the following three elements: (1) upstream, (2) midstream, and (3) downstream:

Element 1: Upstream was the origin of the system and its details are as follows: (1) Human resources included children in early childhood; parents, guardians or families; caregivers; executives and drivers of child development centers; and community people who participated as individuals in the community; (2) Places included child development centers; (3) Budget and funding included support of budgets and funding for the development and implementation of quality development; (4) Media included use of digital technology, such as LINE, Google, and mobile health applications; and (5) Instruments included the integrated coaching system for health promotion of early childhood in child development centers.

Element 2: Midstream was the implementation. The process used the "5 P's Model": 1st Step P: Purpose set a goal of success in ensuring healthy early childhood health to a certain standard; 2nd Step P: Participation contributed to, developed, and enhanced early childhood health; 3rd Step P: Procedure was designed to allow staff to perform in accordance with the context of the child development centers they were working in; 4th Step P: Practice was done in the two following areas of early childhood health promotion: growth and development; and 5th step P: Performance was reflected on to evaluate the health promotion of early childhood in child development centers.

Element 3: Downstream was the outcome. To evaluate the enhancement of early childhood health, measurements were performed in two areas: (1) Growth dimensions, which were head circumference for age, weight for age, height for age, and weight for height, and (2) Development dimensions, which were the development of gross motor (GM) skills and the development of fine motor (FM) skills, were used as measurements of enhancement of early childhood children in child development centers.

Part 2: Conclusion on the effectiveness assessment on the integrated coaching system for health promotion of early childhood in child development centers:

There were 40 children in early childhood who participated in this study: 21 males and 19 females (52.50% and 47.50%, respectively), and those children, who received health promotion, were measured as follows: (1) growth as an assessment dimension before and after using the coaching system, respectively: (1.1) 38 and 40 people (95%, 100%) had a normal head circumference for their age, which were at the highest levels. Therefore, it was concluded that the number of children who had normal brain growth according to the age threshold had increased to the maximum level; (1.2) 27 and 32 people (67.50%, 80%) had a normal weight for their age, which were at a moderate and high level, respectively. Therefore, the number of children who had gained weight according to the age threshold had increased to a high level; (1.3) 33 and 36 people (82.50%, 90%) had a normal height for their age, which were at a high and the highest level, respectively. Therefore, the number of children with a height according to the age threshold had increased to the highest level; and (1.4) 21 and 32 people (52.50%, 80%) had a normal weight for their height, which were at a low and high level, respectively. Therefore, the number of children with a weight according to the threshold for their height had increased to a high level; and (2) development as an assessment dimension before and after using the coaching system, respectively: (2.1) 18 and 36 people (45%, 90%) had normal gross motor (GM) skills, which were at the lowest and highest level, respectively. Therefore, the development of gross motor (GM) skills had increased to the highest level; (2.2) 15 and 34 people (37.50%, 85%) had normal fine motor (FM) skills, which were at the lowest and high level, respectively. Therefore, the development of fine motor (FM) skills had increased to a high level.

Table 2 Assessment of early childhood health promotion in child development centers before and after the use of integrated coaching systems (N= 40)

Assessment dimension of early childhood health promotion	Before			After			t	df	p-value
	$\bar{x}$	S.D.	Level	$\bar{x}$	S.D.	Level			
1. Growth	3.72	.21	High	4.38	.10	High	21.34	39	.000
1.1 Head circumference for age	4.75	.10	Highest	5.00	.00	Highest	15.81	39	.000
1.2 Weight for age	3.37	.20	Moderate	4.00	.10	High	23.30	39	.000
1.3 Height for age	4.12	.30	High	4.50	.20	Highest	24.03	39	.000
1.4 Weight for height	2.62	.25	Moderate	4.00	.10	High	19.47	39	.000
2. Development	2.07	.25	Low	4.38	.15	High	20.39	39	.000
2.1 Gross motor (GM) skills	2.25	.30	Low	4.50	.20	Highest	28.46	39	.000
2.2 Fine motor (FM) skills	1.88	.20	Low	4.25	.10	High	19.38	39	.000

* p-value <.05

Remark: These research benchmarks had to be evaluated three times in all. Therefore, they were considered to have met the evaluation benchmarks.

From table 1, Children in early childhood had higher average scores of early childhood health promotion in growth and development after using the integrated coaching system ($p<.05$). In addition, the total average score of early childhood health promotion was also higher after using the integrated coaching system.

Table 3 Analysis of early childhood health development data in child development centers: Phase 1: before, Phase 2: during, Phase 3: after, and Phase 4: follow-up was analyzed using the Greenhouse-Geisser correction (N= 40 Persons) (Overview)

Health promotion	Early childhood health promotion overview								Mean Square	F	p-value
	Phase 1 before		Phase 2 during		Phase 3 after		Phase 4 follow-up				
	x̄	S.D.	x̄	S.D.	x̄	S.D.	x̄	S.D.			
Early childhood health	2.80	.24	3.60	.25	4.25	.12	4.85	.30	15.45	167.40	.000
Level	Moderate		High		High		Highest		Growth score		

*p<.05

From table 2, The average developmental scores at all stages of early childhood health promotion, respectively, resulted in a higher growth score ($p<.05$).

Discussion

The researcher's findings based on the research objectives were as follows.

1. The results of the development and efficiency of the integrated coaching system for health promotion of early childhood in child development centers explain that the researchers had designed and developed instruments, having verified the quality of the instruments, which showed that the integrated coaching system built was high quality and efficient in its implementation. This was because the design process was performed and developed according to systemic procedures by applying the results of the integrated synthesis of expert coach concepts, integrated technology learning concepts (Knight, J., 2009, Patphol, &Wongyai, 2019), child development theories (Kail, RV., 2011), health promotion concepts, child development center standards of the Department of Health, Ministry of Public Health, and National Standards for Early Childhood Care, Development, and Education, Thailand (Ministry of Public Health, 2019, National Early Childhood Development Board, 2021), and a needs assessment and analysis to enhance the health of early childhood ($PNI_{Modified}$). When synthesized, it was designed and built to be integrated with the theoretical concepts of such educators, which were uniquely synthesized to be developed with the integrated coaching system according to three elements:

Element 1 Upstream can be explained by human resources, which are an important source of input because they are important and necessary to help improve the health of early childhood; those in early childhood are an important human resource and at an age where they cannot take care of themselves. Human resources with good early childhood health enhancement capacity are required so that they can enhance the health of children in early childhood, leading to healthy children. This is consistent with the study of Phattarasatjatum et al. (2021), which found that caregivers who were subjected to an integrated technology coaching model through social media could improve their early childhood healthcare performance. As a result, children in early childhood became healthier.

It is also consistent with the study of Thangtumpituk (2018), which established awareness of the father's role and mother's role and community participation in early childhood health promotion. Receiving budgets and funding to promote operations is very important because budgets and funding are very important inputs that help to improve the quality of child development centers to improve the health of early childhood. This is consistent with the study of Nantalit et al. (2015), which found that child development centers operational issues included a lack of operational funding. Buildings were not conducive to teaching and learning and teachers lacked self-improvement. Furthermore, the community lacked cooperation and executives did not value network meetings. The results showed that funding, human resources, and communities are important sources of help in the implementation of early childhood health promotion to achieve its goals for the intended purpose. In today's global situation, integrated use of digital technological media, such as LINE, Google, and mobile health applications, is a system and mechanism for learning in a new normal world that allows a person to be able to access and learn anytime, anywhere, and wherever that person may be so they can learn information and communicate information on what is beneficial to improving early childhood health. This is consistent with the study of Phattarasatjatum et al. (2021), which found that the use of information technology, LINE, and Facebook media-enabled communication, and improved the early childhood healthcare performance of caregivers. As a result, early childhood became healthier.

Element 2 Midstream can be explained by the operation which uses the "5 P's Model" process to target the success of healthy children in early childhood according to national early childhood standards for the quality of early childhood. The process also provides human resources groups with an important role in the development of child development centers by giving them the freedom to operate the child development centers they are working in because each child development center has a different context. The schedule and dates of early childhood health promotion operations using the Developmental Surveillance and Promotion Manual (DSPM) instrument depend on the learning conditions of early childhood at the time. Such operations will make early childhood healthier, with no illness and growth according to the established benchmarks, i.e., normal head circumference for age, weight for age, height for age, and weight for height. Performance reflection was done before, during, after, and in the follow-up on the development of each stage of early childhood to develop and summarize the results of the development and enhance the health of early childhood. This is consistent with the study of Sripairote et al. (2018), which found that teachers who joined the coaching program had teacher competency scores in the post-coaching program period which were different from the pre-coaching period, and scores in the post-coaching program period were different from those in the two-week follow-up period at the .05 level.

Element 3 Downstream can be explained by early childhood health enhancement in growth dimensions, which are head circumference for age, weight for age, height for age, and weight for height, and development dimensions in the development of gross motor (GM) skills and fine motor (FM) skills, which results in healthy early childhood. This is consistent with the study of Phattarasatjatum et al. (2021), which found that the development of the integrated technology coaching model through social media passed the quality inspection criteria with E1/E2 efficiency = 80.50/84.50 and showed that the integrated technology coaching model through social media could be a quality check. It can improve the early childhood healthcare performance of caregivers in childcare centers with statistical significance at the .05 level. And this is consistent with the study of Wilaem (2021), which found that the Instructional model focusing on Coaching and Mentoring had efficiency at E1/E2 = 81.59/82.63 which was higher than the criterion set of 80/80

2. Evaluation of the effectiveness of the integrated coaching system for health promotion of early childhood in

child development centers were as follows. After using the integrated coaching system, those in early childhood had a higher average score of early childhood health promotion in growth and development than before using the coaching system, with statistical significance at the .05 level. It has been explained that element 1 – upstream – was the origin, element 2 – midstream – was the middle of the system and used the "5 P's Model" process, and element 3 – downstream – was the destination, namely the enhancement of the health of early childhood in growth and development. We evaluated the reflection on performance in developing and improving the health of early childhood according to the designed and developed integrated coaching system. As a result, after using the integrated coaching system, there were higher early childhood health enhancement scores than before using the integrated coaching system, with statistical significance ($p<.05$). This was consistent with the study of Phattarasatjatum et al. (2021), which found that the development of the integrated technology coaching model through social media could improve the early childhood healthcare performance of caregivers in childcare centers, with statistical significance ($p<.05$). As a result, early childhood became healthier. The present study was also consistent with the study of Saphuksri, & Nillapun (2019), which found that after participating in a professional learning community, teachers' understanding of art-based learning and the professional learning community was higher than before participating in the professional learning community ($p<.05$). And this is consistent with the study of Wilaem (2021), which found that the comparison of learning effectiveness of academic support personal between pretest and posttest showed that posttest mean score was higher than the pretest mean score with statistical significance ($p<.05$).

The development of early childhood health promotion in the child development centers was evaluated in four phases: Phase 1 – before, phase 2 – during, phase 3 – after, and phase 4 – in the follow-up after using the integrated coaching system. There were higher growth scores at all stages of development. The development of early childhood health from the three elements of the integrated coaching system is important and dynamically connected, allowing the integrated coaching system to achieve the integrity and stability of the system. As such, the integrated coaching system made early childhood healthier at all stages of development.

From the origin, element 1 – upstream, through to element 2 – midstream, which can be explained by the implementation of the "5 P's Model" process developed by the researcher, the system was in line with the concept of child health promotion with three early childhood development theories, which involve parents, guardians, or families; caregivers; and executives and drivers, based-on psychological methods. These include the integrated coaching process and cognitive-behavioral processes of solution-focused human resource groups, finding and developing strengths, and utilizing strength-based approaches in understanding how to develop and promote early childhood health in the right way. This is consistent with the study of Lai, & Palmer (2019), which showed that executive coaching requires psychological methods to help coaches succeed. This research adopted Gesell's Maturational Theory. It explains that children in early childhood will grow and develop according to cephalocaudal law and proximodistal law, starting from the development of gross motor skills through to the development of fine motor skills. This contributes to the understanding of the start of development, properly enhancing the health of early childhood according to the growth and development processes that occur according to natural mechanisms. The results of this study have led to the development of higher levels of early childhood health at all stages of development.

Additionally, this research adopted Piaget's cognitive development theory to enhance the development of early childhood health. This theory explains that children in early childhood learn through hands-on activities; organizing activities for early childhood is an active process, and play can be promoted by using symbolic play and enhancing the imagination of children in early childhood. This gives those in early childhood agility, and energy in learning that will enhance their health to the extent that they can learn and act. Activities can help those in early childhood build their own knowledge by understanding the process of building knowledge in early childhood. It can help children in early childhood create learning to enhance their health. This makes early childhood healthier at all stages of development.

In the same way, Vygotsky's sociocultural theory was also adopted. This theory explains that children build knowledge in early childhood through experiences. They interact while conducting activities among friends and adults. For this reason, child development centers should provide social and cultural activities for early childhood. Language is used as a tool for the development of thinking in early childhood and the language development of early childhood, through the development of thinking and play in activities to enhance children's health. After children in early childhood learn the language and develop their own thinking, by using the Child Development Center Standards, Department of Health, Ministry of Public Health, and the National Standards for Early Childhood Care, Development and Education, Thailand, the DSPM manual can be used as an important tool which includes the process of organizing activities for those in early childhood to interact safely with others and the environment around them. Therefore, human resource groups are an important source of knowledge in the midstream, where these groups are needed to enhance children's health by helping those in early childhood learning.

Finally, element 3 – downstream, showed that the system had made early childhood healthier at all stages of development. From the development scores, it can be seen that the development of gross motor skills had a higher development score than the score for the development of fine motor skills. Strengthening the development of fine motor skills is associated with the use of finger muscles, hands, and eyes. These fine motor developments are associated with the functioning of the brain and nervous system with characteristics of fineness and exquisiteness. Therefore, the development of early childhood health should be focused on the development of fine motor skills as it is more difficult to develop those in young children compared to the development of gross motor skills. This is consistent with the study of Chaichanasang (2017), which found that family participation in child development centers and the three child development strategies, which were enhancing participation in family activities, strengthening family child development networks, and child development education, enhanced the health of early childhood. Some suggestions from this research were 1) budgets and funding should be supported. The program should provide early childhood grants under appropriate conditions and provide stakeholders with the opportunity to collaborate on development to provide higher quality child development centers. 2) Development of early childhood health in growth and development requires a period of tracking and therefore, long-term, time-series research should be conducted so that caregivers can monitor, correct, and improve the health of those in early childhood according to the stage of development. 3) There should be developed to promote quality of life and positive reinforcement. Empowerment of children; parents, guardians, or families; caregivers; executives and drivers; and community people is constantly evolving, and higher compensation should be provided to childcare groups.

References

Chaichanasang, T. (2017). The Community Participation in 1–2 Years Old Child Development Promotion. *Journal of Nursing and Health Care, 35*(4), 176-184.

Department of Children and Youth, Ministry of Social Development and Human Security. (2020). *Database public and private and child center data*. Retrieved March 11, 2020, 2021, from http://www.bps.m-society.go.th/

Kail, R. (2011). *Children and their development* (6thed). Prentice-Hall.

Knight, J. (2009). *Coaching approaches & perspectives.* Corwin Press.

Lai, Y., & Palmer, S. (2019). Psychology in executive coaching: an integrated literature review. *Journal of Work-Applied Management, 11*(2), 143-164.

Ministry of Social Development and Human Security. (2019, 2020). *National Early Childhood Development Act B.E. 2562 (2019).* Retrieved April 9, 2019, 2020, 2021, from http://www.ratchakitcha.soc.go.th

Ministry of Education and Ministry of Public Health. (2020). *Thailand's early childhood development crisis is 30% below the standard, prompting a timely search for a timely solution.* Retrieved February 15, 2019, from https://www.hfocus.org/content/2018/06/12324

Ministry of Public Health. (2019). *Developmental Surveillance and Promotion Manual (DSPM)*. WVO Officer of Printing Mill.

Nantalit, N., Wannapira, C., & Sritham, R. (2015). Management of Child Development Centers under Local Government Organization, Thoeng District, Chiang Rai Province. *Journal of social academic, 8*(3), 84-102.

National Early Childhood Development Board. (2021). *National Standard for Early Childhood Care, Development, and Education Thailand.* Retrieved March 2. 2020, 2021, from http://www.dla.go.th/upload/document/type2/2020/3/21360_1

Patphol, M., &Wongyai, W. (2019). *Teacher as the Coach* (1st ed.). Charansanitwong Printing Co., Ltd.

Phattarasatjatum, P., Nillapun, M., Prachusilpa, G., & Vanichwatanavorachai, S. (2021). Development of an Integrated social media and technology-based Coaching Model for Developing Early Childhood Healthcare Competencies of Caregivers in Local Administration Organization Childcare Centers. *Journal of The Royal Thai Army Nurses, 22*(3). 123-134.

Saphuksri, S., & Nillapun M. (2019). Professional Learning Community Blended Technologies to Enhance the Competency of Learning Management by Art Based Education And Improve The Skills Of Creative Innovation Creation For Elementary Students. *Veridian E-Journal, Silpakorn University Humanities, Social Sciences, and arts, 12*(5), 1218- 1232.

Sripairote, T., Yoelao, D., & Sombatwattana, P. (2018). Influence of Project-Based Learning Coaching Program on Teacher Competency. *Veridian E-Journal, Silpakorn University, 11*(2), 96-110.

Thangtumpituk, T. (2018). The Development of a Health promotion Model for children with community participation. *Journal of The Royal Thai Army Nurses, 19*(Supplement), 222-229.

Wilaem, W. (2021). Instructional Model Focusing on Coaching and Mentoring Support Personnel of Thammasat University. *Thammasat Journal, 40*(2), 98-115.