

Evaluating the Effectiveness of Holistic Integrative Early Childhood Education Policy Implementation in Indonesia

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Abstract

This study evaluates the effectiveness of Holistic Integrative Early Childhood Education (HIECE) policy implementation in Kulon Progo Regency, Indonesia. Guided by a descriptive quantitative design, the research involved 100 Early Childhood Education (ECE) institutions formally trained in HIECE service delivery. Data were collected using a structured questionnaire based on five core service domains: educational services, nutrition, health and care, childcare, protection, and welfare. Results indicate an overall moderate effectiveness, with welfare services scoring highest (3.25), followed by education (3.14), health and care (3.13), childcare (2.49), and protection (2.13). While most institutions demonstrated competence in educational and health-related services, significant weaknesses were found in parental engagement and welfare support, including access to civil documentation and health insurance. The findings highlight the critical role of cross-sector collaboration, community involvement, and institutional capacity in policy realization. This study contributes empirical insights to inform localized strategies for strengthening early childhood systems and advancing child well-being through integrative, inclusive, and context-sensitive approaches.

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INTRODUCTION

Holistic Integrative Early Childhood Education (HIECE) is a comprehensive approach aimed at fulfilling the essential needs of children aged 0–6 years systematically, simultaneously, and coordinatedly. These needs span educational stimulation, health and nutrition, caregiving, child protection, and welfare services. HIECE is not merely an educational innovation but a national mandate grounded in Indonesian Presidential Regulation No. 60 of 2013. The regulation calls for cross-sector collaboration involving education, health, social affairs, and community development agencies ([Sutarman et al., 2022](#)). Its implementation reflects Indonesia's commitment to nurturing children as whole beings—physically, emotionally, socially, and cognitively.

According to the Law of the Republic of Indonesia, No. 20 of 2003 on the National Education System, Early Childhood Education (ECE) refers to efforts to stimulate and nurture children from birth to six years old as preparation for further education ([Undang-Undang RI Tentang Sistem Pendidikan Nasional, 2003](#)). Within this legal and policy framework, HIECE becomes a mechanism to realize the rights of young children to receive integrated services at the earliest and most formative stage of life ([Budiarti & Novianti, 2024](#)). It serves as a bridge between foundational child development needs and broader national education goals.

Despite the clear regulatory foundation, the implementation of HIECE across Indonesia faces persistent challenges. Research by Siagian and Andriany (2020) identifies weak intersectoral integration, lack of understanding among implementers, and inadequate governance as significant constraints ([Siagian & Adriany, 2020](#)). It is corroborated by the 2023 Survey Report, which revealed that only 36 of 514 districts had formulated a Regional Action Plan (RAD) for HIECE, and only 105 had established a functional task force ([Schoolmedia, 2023](#)). Such disparities indicate a significant gap between policy intent and ground-level execution, especially at the district level.

The effectiveness of HIECE implementation is highly contextual, depending on the availability of resources, institutional capacity, and the level of commitment among local governments. While several studies have shown promising results—such as in South Jakarta, where integrated services are operational ([Jannah & Setiawan, 2022](#); [Travelancya & Asfahani, 2022](#))—other regions like West Lombok and East Kalimantan continue to struggle with fragmentation and inconsistent implementation ([Liana et al., 2022](#); [Ligina et al., 2022](#)). These mixed findings underscore the importance of place-based policy evaluation to understand how different environments shape the success or failure of HIECE implementation.

Furthermore, effective HIECE service delivery requires inter-agency collaboration and engagement with local communities, parents, and private-sector partners ([Saripudin & Beni, 2025](#)). Schools are critical as service providers and community anchors ([Nurfahma et al., 2024](#); [Sutarman et al., 2022](#)). Their ability to implement inclusive and child-centered learning, monitor nutrition and health indicators, facilitate parenting programs, ensure child protection, and support family welfare are key benchmarks of policy success. Therefore, an empirical assessment at the institutional level is crucial to gauge whether these services are delivered effectively.

This study evaluates the effectiveness of HIECE policy implementation in Kulon Progo, a Regency in Central Java, Indonesia, which formally adopted the policy through Regent Regulation No. 44 of 2021. The research focuses on five core service dimensions: educational services, nutrition, health and caregiving, childcare, protection, and welfare. These indicators provide a holistic measure of how well the policy is being translated into practice. Drawing on data from 100 ECE institutions that have undergone HIECE training, this study offers valuable insights into the strengths and limitations of policy execution at the grassroots level.

In addition to contributing empirical evidence on the status of HIECE implementation in Kulon Progo, the study also aims to inform national efforts to strengthen early childhood systems. Through data-driven recommendations, this research is expected to guide policymakers, local governments, and early childhood practitioners in enhancing service quality, optimizing stakeholder collaboration, and ultimately improving developmental outcomes for Indonesian children.

METHOD

This study employed a descriptive quantitative research design to explain the implementation and assess the effectiveness of the Holistic Integrative Early Childhood Education (HIECE) policy. Descriptive research systematically describes characteristics, conditions, practices, or trends without manipulating variables or testing hypotheses (Santoso & Madiistriyatno, 2021).

The research was conducted in Kulon Progo Regency, which has implemented the HIECE policy since Regent Regulation No. 44 of 2021 issuance. The unit of analysis consists of Early Childhood Education (ECE) institutions that were formally designated as HIECE implementers. The research subjects were heads of ECE institutions or other stakeholders directly involved in the implementation process.

The population comprised 100 ECE units officially listed in the Kulon Progo District Education Office archives as recipients of the HIECE training program. Following Arikunto's (2011) guideline for total population sampling (when $N \leq 100$) (Arikunto, 2011), the entire population was used as the research sample, thereby ensuring complete representation.

Data were collected using a structured questionnaire distributed via Google Forms. The instrument contained 31 items designed to capture perceptions regarding the implementation of five core HIECE service domains:

1. Educational Services
2. Nutrition, Health, and Care Services
3. Childcare Services
4. Protection Services
5. Welfare Services

Each item used a 4-point Likert scale (1 = strongly disagree, 4 = strongly agree) to assess service implementation. The questionnaire was developed using the 2015 Technical Guidelines for Implementing HIECE published by

the Directorate of Early Childhood Development, Ministry of Education and Culture.

Table 1
Questionnaire Instrument

Types of Services	Score			
	1	2	3	4
A. Educational services				
1. Implement active, child-centered learning (through play)				
2. Learning is conducted inclusively and is oriented towards child development, including character values and life skills.				
3. The school provides a conducive learning environment by utilizing media and learning resources from the surrounding environment.				
B. Nutrition, health, and care services				
1. The school conducts early detection of children's growth and development, which is recorded in monthly health check-up cards. It simply monitors children's physical condition (body temperature, wounds, etc.)				
2. Schools promote healthy and balanced eating habits or provide supplementary meals regularly (adjusted to the institution's capabilities)				
3. The habit of washing hands, maintaining personal hygiene, and environmental cleanliness				
4. The school monitors nutritious and balanced meals (including children's daily packed lunches and snacks consumed while at the ECE unit)				
5. The school provides first aid equipment for the initial treatment of children who have suffered injuries and coordinates with medical personnel and community health centers if further treatment is required.				
6. The school collaborates with medical personnel in activities related to early detection and intervention in child growth and development and nutritional improvement, such as vitamin A supplementation, immunization, and eye, ear, and oral health checks for children.				
C. Childcare Services				
1. Organizing parent groups such as counseling, discussions, simulations, seminars, and consultations on child growth and development, introduction to healthy local foods, habits of clean and healthy living, worm control, use of iodized salt, prevention of infectious diseases, and so on;				
2. Parents are involved in the classroom (helping to organize the play environment, creating learning				

Types of Services	Score			
	1	2	3	4
<p>materials, acting as role models for professions related to the learning theme) and outside the classroom (serving on committees for school activities);</p> <p>3. Parents are involved in supplementary feeding programs or take turns to provide meals (under nutritionists' recommendations on providing nutritionally balanced meals);</p> <p>4. Reaching an agreement between the school and parents to participate in the parenting program is reinforced by signing a statement of commitment to carry out joint parenting.</p>				
D. Protection Services				
<p>1. The school ensures that the environment, tools, and play materials used by children are safe, comfortable, and enjoyable;</p> <p>2. The school ensures that no child is subjected to bullying or physical or verbal abuse by peers, teachers, or other adults around the ECE Unit;</p> <p>3. Teachers teach children which parts of the body can be touched by others and which cannot;</p> <p>4. Teachers teach children to help themselves when they experience uncomfortable situations, such as asking for help or avoiding places and people that they feel are dangerous;</p> <p>5. The school supervises children in all areas (including ensuring that children are within reach or accompanied by an adult when leaving school).</p>				
E. Welfare Services				
<p>1. The school assists families whose children do not yet have a birth certificate by reporting to the local government office to process the certificate;</p> <p>2. Schools allocate operational assistance funds and/or funds from other sources for welfare services (such as supplementary feeding programs, birth certificate administration, health insurance, etc.);</p> <p>3. Schools assist families who do not yet have access to health services by registering them as recipients of health insurance;</p> <p>4. Schools treat all children, including those with special needs, according to their potential and abilities and provide appropriate support to foster their self-confidence, courage, and independence;</p> <p>5. The school makes it a habit to reward children for their efforts.</p>				

The questionnaire's content validity was confirmed through expert judgment involving one academic specializing in policy analysis, one practitioner from the Kulon Progo Education Office, and a reference to the national HIECE implementation guidelines. Since the questionnaire was adapted from a previously standardized and nationally validated instrument, additional statistical reliability testing was not conducted.

Quantitative data were analyzed using descriptive statistics, focusing on mean scores and categorization of effectiveness levels. The average score of each service domain was interpreted using modified criteria from the Ministry of Home Affairs Research and Development Agency (1991), adapted into a 4-point effectiveness scale to eliminate neutral bias:

Table 2
Effectiveness parameters according to the Ministry of Home Affairs Research and Development Agency (1991)

Effectiveness Score (%)	Decimal Range	Category
Below 40%	< 1,6	Highly Ineffective
40-59,99%	1,6 - 2,399	Ineffective
60-79,99%	2,4 - 3,199	Moderately Effective
Above 80%	3,2 - 4,0	Highly Effective

These categories were used to interpret the institutional scores across the five service domains. The final results were synthesized to identify strengths, weaknesses, and actionable recommendations related to the implementation of HIECE in Kulon Progo.

RESULT

This study assessed the effectiveness of Holistic Integrative Early Childhood Education (HIECE) implementation across five core service domains in Kulon Progo Regency, involving 100 ECE institutions. The services evaluated include educational, nutrition-health-care, childcare, protection, and welfare services. Table 3 shows the average scores, with welfare services receiving the highest average (3.25), followed by education (3.14), nutrition-health-care (3.13), childcare (2.49), and protection services (2.13). Based on the four-point effectiveness scale, all services fall within the "moderately effective" to "highly effective" categories.

Table 3
Average HIECE Service Score Based on the Assessment of 100 Respondents

N.	Types of services	Average Score
1.	Education	3,14
2.	Nutrition, Health, and Care	3,13
3.	Childcare	2,49
4.	Protection	2,13

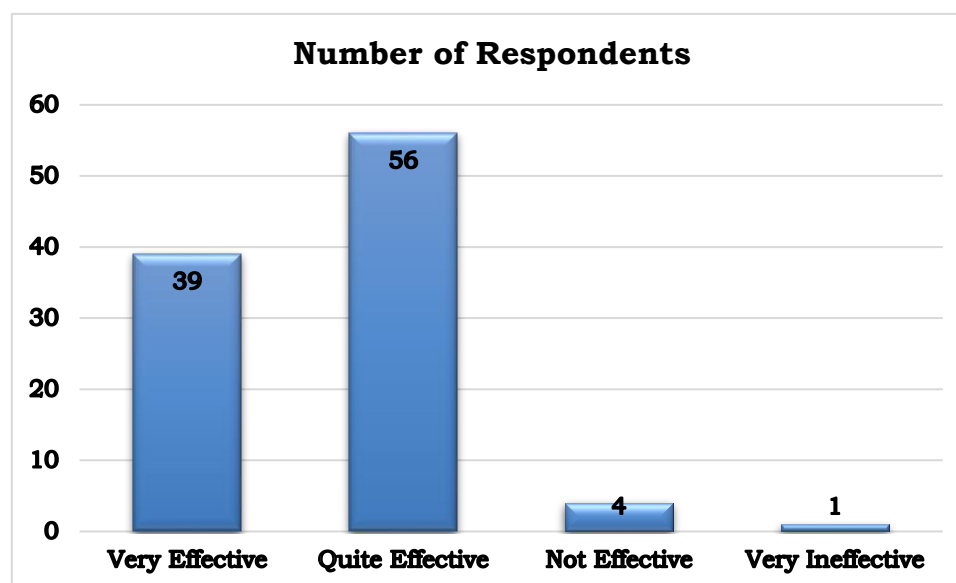
N.	Types of services	Average Score
5.	Welfare	3,25

1. Educational Services

Educational Services scored an average of 3.14, categorized as moderately effective. Of the institutions, 39 reported educational services as highly effective, 56 as moderately effective, 4 as ineffective, and 1 as highly ineffective. The main weaknesses were found in inclusive learning practices and utilization of local learning resources.

Chart 1

Level of educational services effectiveness based on the most common answers

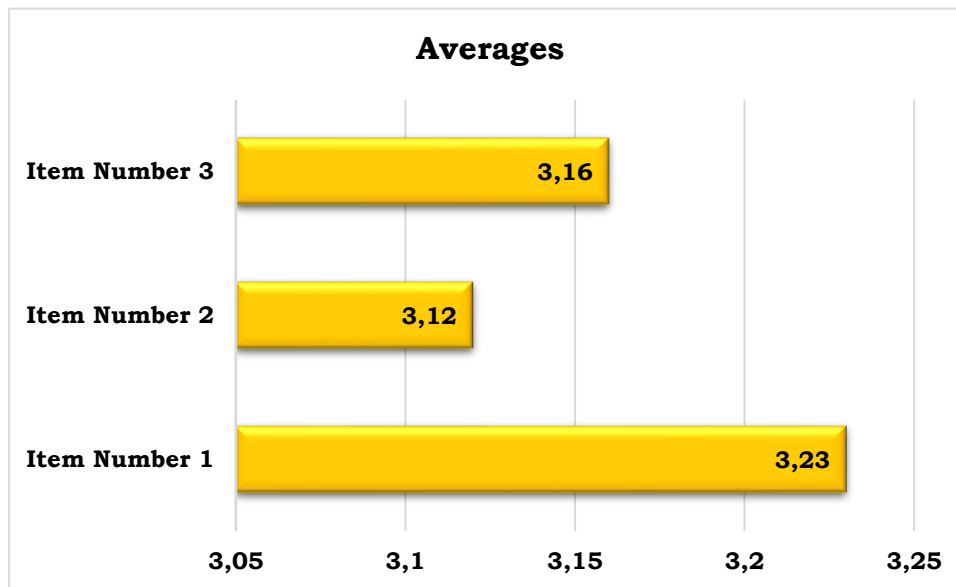


Source: Data from questionnaire results

Notably, institutions that rated their services as ineffective indicated poor implementation in fostering inclusive, character-based learning and suboptimal use of the local environment. Respondent 88, who rated the services as highly ineffective, highlighted inadequacies in applying active, child-centered learning and utilizing community-based media resources.

Analysis of questionnaire items showed that teachers were already effective in implementing child-centered learning through play (mean score = 3.23). Inclusive and developmentally appropriate learning—integrating life skills and character education—was rated fairly effective (mean score = 3.12), while creating a conducive learning environment using local media and resources scored 3.16. External collaboration in educational services was strong, with 93 institutions having formal partnerships with various entities such as libraries, religious groups, cultural communities, and foundations. Only 7 institutions lacked external partnerships in this area.

Chart 2
Level of educational services effectiveness according to the questionnaire items

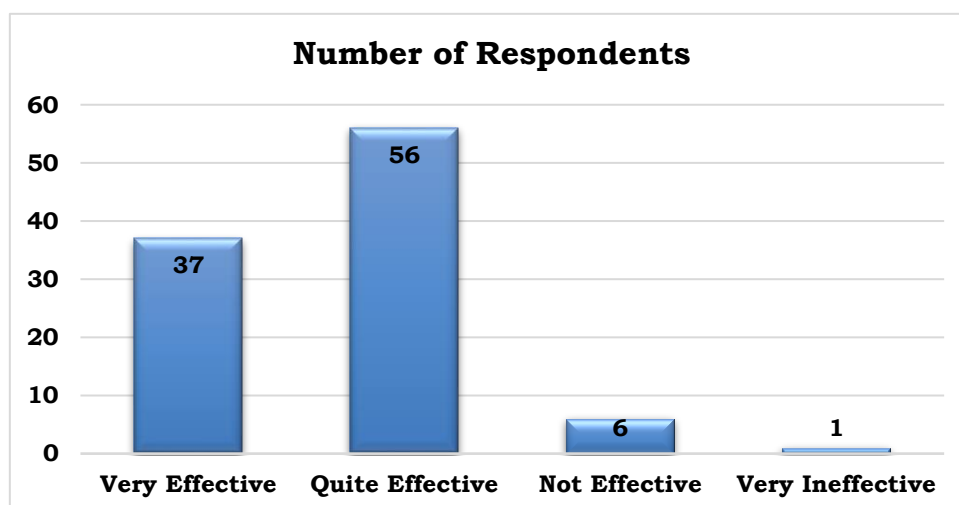


Source: Data from questionnaire results

2. Nutrition, Health, and Care Services

Nutrition, Health, and Care Services yielded an average score of 3.13. 37 institutions rated this domain as highly effective, 56 as moderately effective, 6 as ineffective, and 1 as highly ineffective. Respondents who rated the service as ineffective cited shortcomings in the early detection of child development and a lack of collaboration with health professionals for nutritional interventions. The single highly ineffective institution (respondent 88) reported failures in several aspects, including hygiene promotion, food monitoring, first aid readiness, and health collaboration.

Chart 3
Level of nutrition, health, and care services effectiveness based on the most common answers

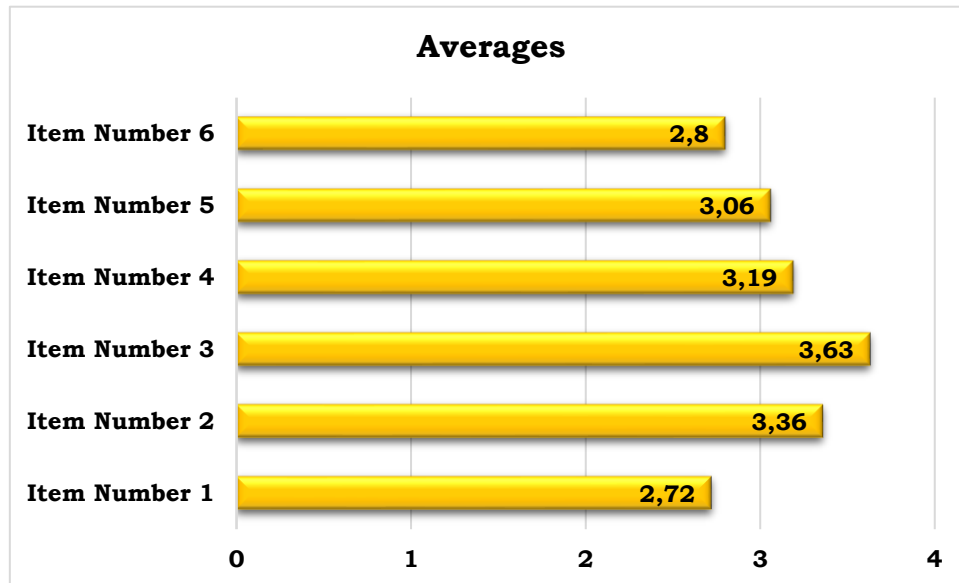


Source: Data from questionnaire results

Mean scores for each item revealed that schools were moderately effective in early detection and collaboration with medical personnel (scores = 2.72 and 2.80, respectively). Promoting healthy eating and hygiene (items 2 and 3) scored higher, at 3.36 and 3.63, respectively. Monitoring meals and providing first aid (items 4 and 5) showed scores of 3.19 and 3.06, indicating moderate effectiveness. All participating institutions partnered with Posyandu or local health centers, reinforcing external collaboration in health-related services.

Chart 4

Level of nutrition, health, and care services effectiveness according to the questionnaire items



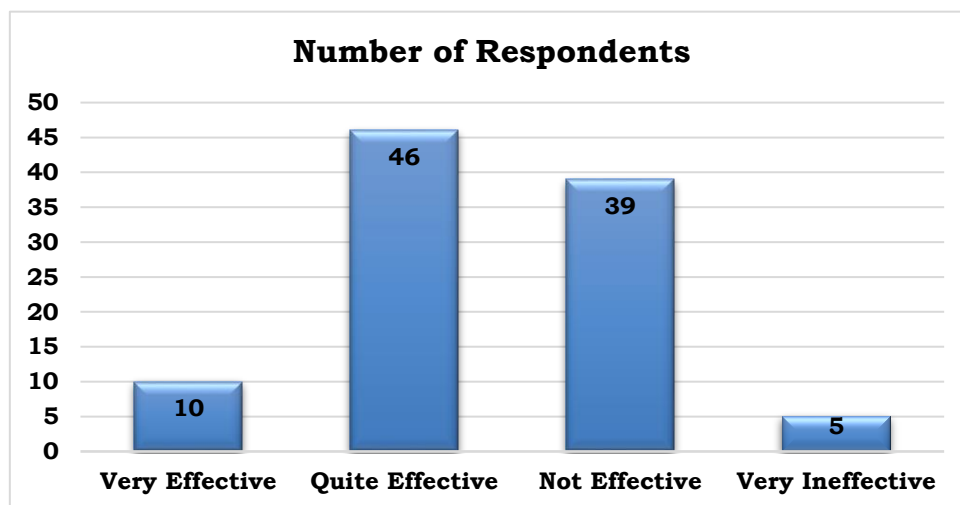
Source: Data from questionnaire results

3. Childcare Services

Childcare Services had an average effectiveness score of 2.49, placing it at the lower bound of the "moderately effective" category. Only 10 institutions rated their services highly effective, while 46 were moderately effective, 39 were ineffective, and 5 were highly ineffective. Most ineffective ratings stemmed from poor organization of Parent Meeting Groups, limited parental involvement in classroom and institutional activities, and weak agreements with parents regarding parenting programs. The five institutions were rated highly ineffective (respondents 5, 20, 33, 69, and 91), and they especially lacked effectiveness in parental participation in meal provision and commitment to joint parenting agreements.

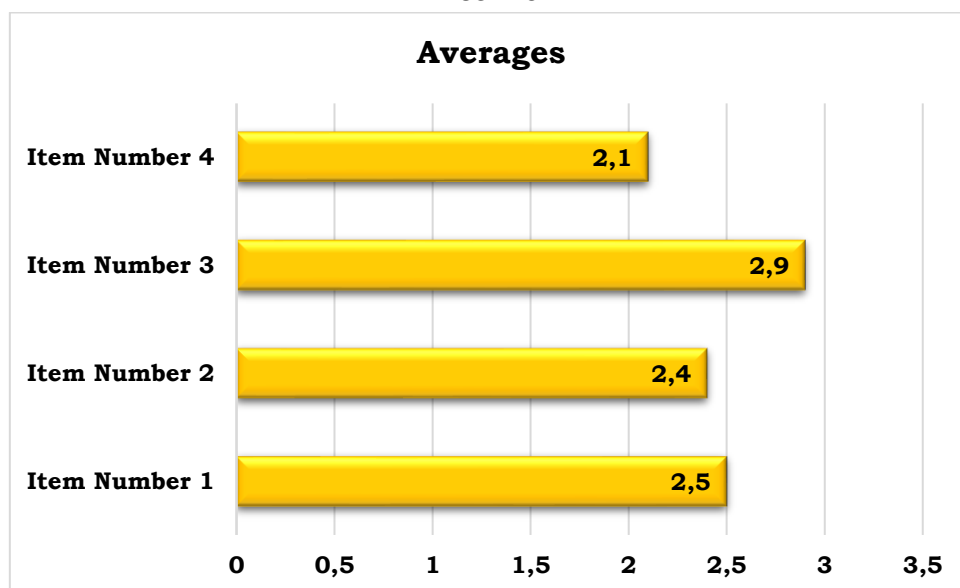
Item-level analysis indicated moderate effectiveness in organizing Parent Meeting Groups (score = 2.5) and parental involvement (score = 2.4). Supplementary feeding programs scored 2.9, suggesting relative success. However, reaching formal parenting agreements with parents remained challenging (score = 2.1). Despite these gaps, 92 institutions collaborated with external parties such as family planning officers, psychologists, and parent associations, while 8 lacked such support structures.

Chart 5
Level of Childcare Services effectiveness based on the most common answers



Source: Data from questionnaire results

Chart 6
Level of Childcare Services effectiveness based on the questionnaire items



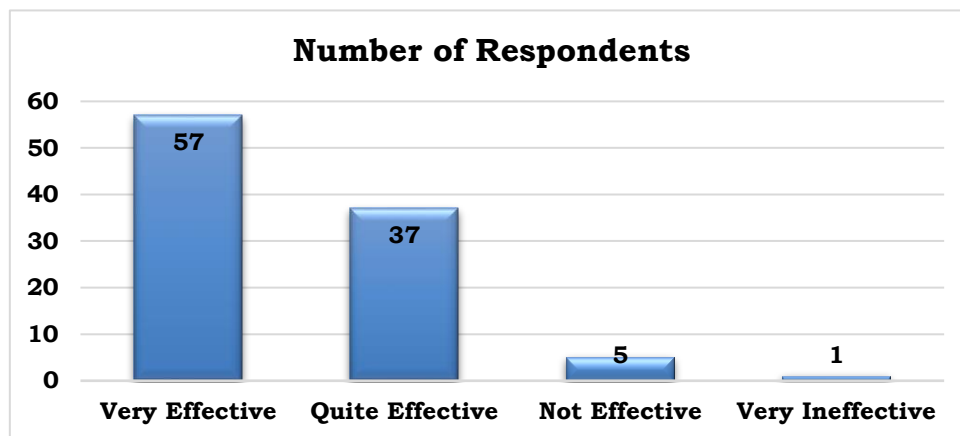
Source: Data from questionnaire results

4. Protection Services

Protection Services showed promising results, with an overall average score of 3.25, which is categorized as highly effective and the highest among the five domains. 57 institutions reported high effectiveness; 37 were moderately effective, 5 were ineffective, and 1 was highly ineffective. The ineffective institutions (respondents 24, 51, 56, 67, and 72) struggled to ensure safe environments, prevent bullying, educate children on body autonomy, foster self-protection, and supervise children's movements. Respondent 88 reported very ineffective implementation across all indicators.

Chart 7

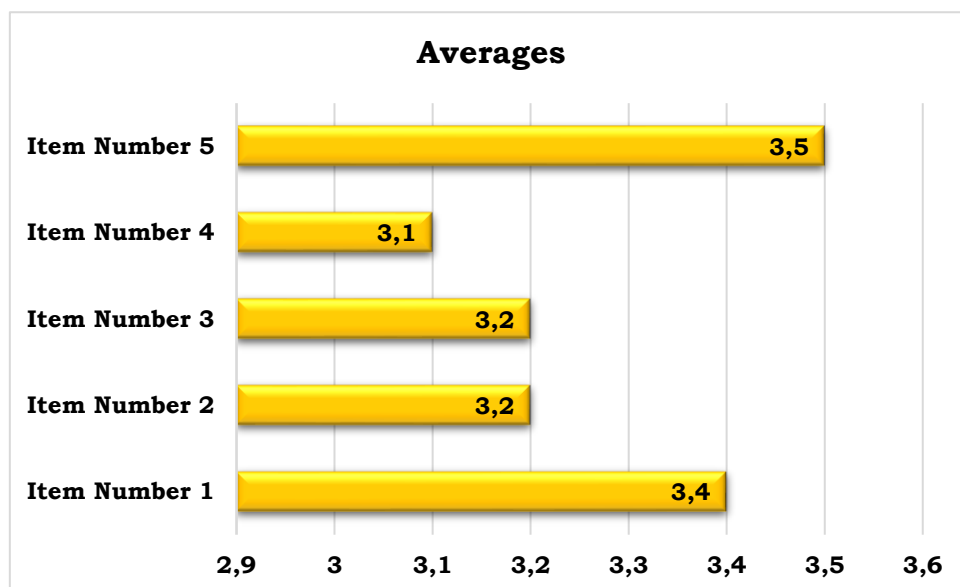
Level of Protection Services effectiveness based on the most common answers



Source: Data from questionnaire results

Chart 8

Level of Protection Services effectiveness based on the questionnaire items



Source: Data from questionnaire results

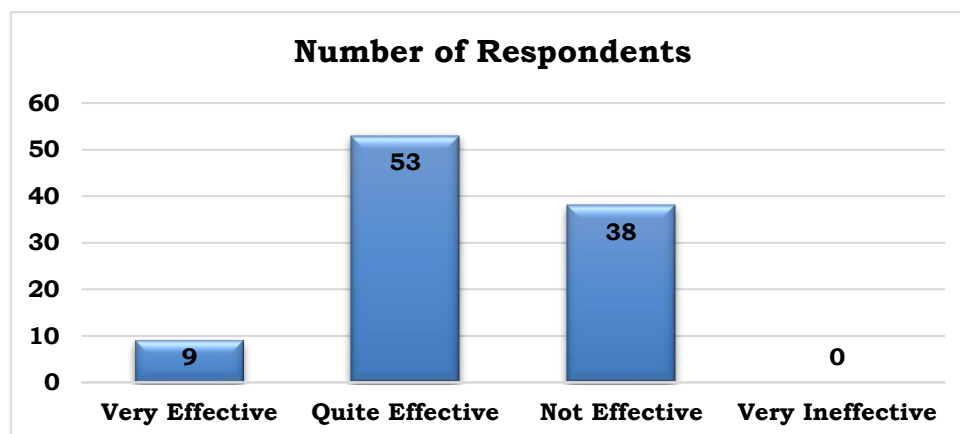
Scores per item showed strong performance: safe environments (score = 3.4), anti-bullying measures and body autonomy education (both = 3.2), teaching self-protection (3.1), and supervision (3.5). Most institutions implemented SOPs and activities to support child protection, including partnerships with law enforcement and child protection task forces. Many formed anti-bullying teams and conducted participatory activities with police stations, demonstrating comprehensive protective efforts.

5. Welfare Services

Welfare Services achieved a relatively lower average score of 2.48, still within the moderately effective category. Only 9 institutions reported effective implementation, 53 were moderately effective, and 38 were ineffective. No institution rated this domain as highly ineffective. Scores by item revealed

that schools were ineffective in assisting families without birth certificates (score = 1.85) and helping students without health access register for insurance (score = 1.62). However, institutions showed more effectiveness in allocating funding for welfare services (score = 2.82) and supporting children with special needs (score = 2.9). Encouragingly, they effectively recognized and rewarded children's efforts (score = 3.5).

Chart 9
Level of Welfare Services effectiveness based on the most common answers



Source: Data from questionnaire results

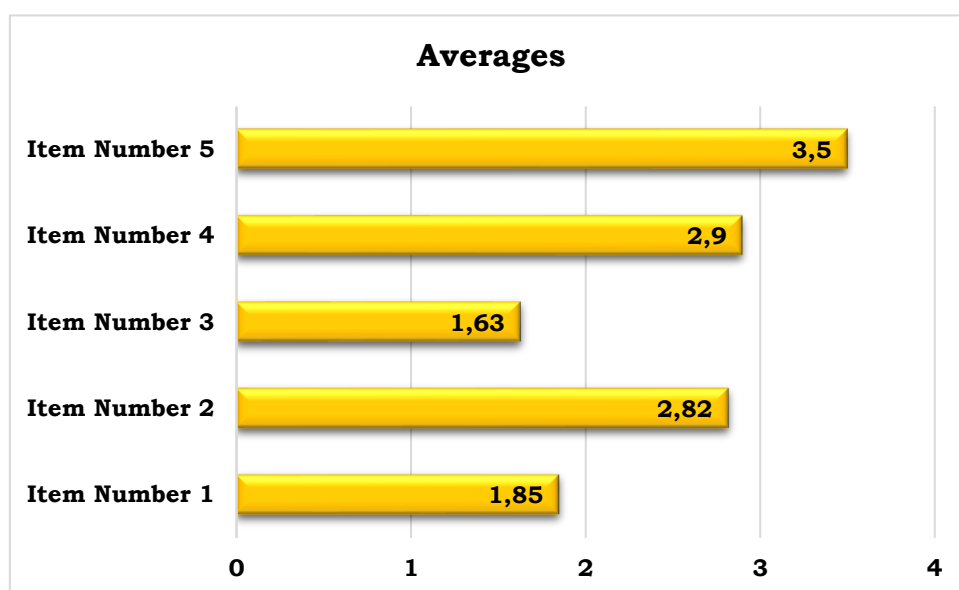
However, when viewed from the score per item, welfare services have a relatively low level of effectiveness. In item 1, it can be seen that ECE institutions are ineffective in helping families of children who do not yet have birth certificates by reporting to the sub-district office, with a score of 1.85. In item 2, the institution is quite effective in allocating operational assistance funds and/or other funding sources for welfare services, such as providing supplementary food to students, with an average score of 2.82. However, in item 3, the institution is ineffective, with a score of 1.62, in assisting students who do not have access to health services by registering them as recipients of health insurance.

In item 4, the institution is quite effective, with a score of 2.9, in treating all students, including children with special needs, to foster self-confidence, independence, and courage in all children without discrimination. Finally, the institution can be considered very effective in rewarding children for their efforts in item 5, which has an average score of 3.5.

Therefore, it can be concluded that the implementation of HIECE welfare services in Kulon Progo Regency is relatively low compared to the other four services, with a level of effectiveness that is pretty effective and an average score of 2.48.

Chart 10

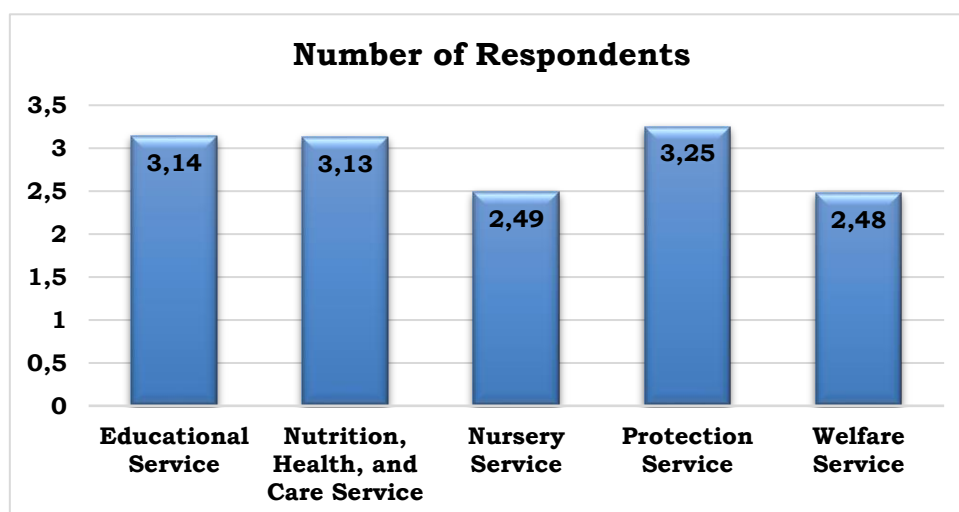
Level of Welfare Services effectiveness based on the questionnaire items



Source: Data from questionnaire results

6. Entire Services

Chart 11
Average effectiveness rate for all services



Source: Data from questionnaire results

Overall, the implementation of HIECE services in Kulon Progo Regency can be categorized as moderately effective, with a composite average score of 2.90. Educational, nutritional, and health-related services demonstrated relatively strong performance. However, significant improvements are required in childcare and welfare services, particularly in engaging parents and supporting marginalized children. Concrete measures should strengthen these weaker areas to enhance service delivery while maintaining quality and consistency in the more effective service domains.

DISCUSSION

The findings of this study indicate that the implementation of Holistic Integrative Early Childhood Education (HIECE) in Kulon Progo Regency is generally “moderately effective,” with notable variation across service domains. These results reflect the complexity of translating national policy into institutional practice and underscore the interplay between systemic support, educator competency, and community engagement ([Fevre, 2019; Nguyen, 2023](#)). From a theoretical perspective, Bronfenbrenner's Ecological Systems Theory (1979) offers a helpful lens, emphasizing the multi-layered contexts that influence child development ([Bronfenbrenner, 1979](#)). The effectiveness of HIECE is contingent not only on institutional practices (microsystem) but also on inter-institutional collaboration, policy enactment, and family involvement (meso- and exosystems).

The domain of educational services, which received a moderately high score, aligns with Vygotsky's Sociocultural Theory that highlights the significance of active, play-based, and socially mediated learning ([Vygotsky, 1978](#)). The relatively strong implementation of child-centered pedagogy, as shown in the high scores for learning through play, indicates that many educators are adopting practices aligned with Developmentally Appropriate Practice (DAP), which prioritizes experiential, context-sensitive learning. However, deficiencies in inclusive education and the use of local learning resources reveal gaps in teacher capacity and contextual adaptation—an issue emphasized in UNESCO's (2010) recommendations for localized ECE programming. Strengthening pre-service and in-service training focused on inclusive and contextualized pedagogies could improve this domain further.

The study shows moderately high effectiveness in nutrition, health, and care services. The results affirm the intersectoral spirit of HIECE, where educational institutions act as a nexus for child health monitoring, nutritional supplementation, and hygiene education. These services resonate with the WHO-UNICEF nurturing care framework, which integrates health, nutrition, early learning, and responsive caregiving ([Black et al., 2020](#)). The study found that partnerships with Posyandu and Puskesmas have become standard practice, supporting Bronfenbrenner's notion that exosystem actors (e.g., health institutions) profoundly impact the microsystem (ECE centers) ([Navarro et al., 2020; Yang & Oh, 2024](#)). However, the moderate effectiveness of early detection practices and medical collaboration implies that these linkages, while present, require strengthening through more structured referral systems and regular health integration.

In contrast, childcare services showed a lower average score, signaling weak parental involvement and limited implementation of structured parenting programs. This finding is concerning when viewed through the sociocultural lens, which stresses the co-construction of learning environments between families and educators ([Graff & Sherman, 2020](#)). Epstein's model of overlapping spheres of influence in education also reinforces the critical need for strong family-school partnerships ([Epstein & Sheldon, 2022](#)). The study's data suggest that institutional barriers—such as lack of awareness, time constraints, or inadequate communication—may hinder parent participation. Promoting sustained parental engagement through flexible scheduling, culturally sensitive communication, and formalized commitment mechanisms

(e.g., parenting contracts) can enhance the home-school connection and the effectiveness of this domain ([Garbacz et al., 2020](#); [McWayne et al., 2022](#)).

Protection services achieved the highest average score, indicating strong institutional adherence to child safety and anti-violence protocols. These results reflect alignment with the principles of child rights and the global commitment to safe learning environments ([Nastasi & Naser, 2020](#)). The implementation of SOPs, anti-bullying initiatives, and cooperation with law enforcement signifies institutional maturity in addressing child protection. From a DAP perspective, fostering psychological safety and physical security is foundational to learning readiness and social-emotional development. The findings imply that, despite other weaknesses, ECE institutions in Kulon Progo have successfully embedded a culture of protection, possibly supported by community awareness programs and local regulatory pressures.

On the other hand, welfare services recorded the lowest average score, highlighting significant shortcomings in facilitating fundamental civil rights such as access to birth certificates and health insurance. These deficiencies are particularly detrimental to children in vulnerable households, potentially limiting their eligibility for public services and long-term educational equity. Bronfenbrenner's exosystem once again becomes salient, as external administrative systems (e.g., civil registration offices, BPJS) influence what institutions can deliver. The findings underscore the need for stronger intersectoral governance and advocacy mechanisms that enable ECE institutions to serve as intermediaries between families and state welfare systems. Enhancing institutional capacity to navigate bureaucratic systems—perhaps by assigning a social services liaison—could significantly improve this domain.

Taken together, the overall moderate effectiveness of HIECE services suggests that while the policy framework is sound, practical execution varies significantly across domains. These results are consistent with prior studies ([Jannah & Setiawan, 2022](#); [Saripudin & Beni, 2025](#)) that found uneven implementation of HIECE policies due to disparities in institutional readiness, stakeholder engagement, and cross-sector collaboration. This study reinforces the importance of contextually grounded policy implementation, echoing the call for localized strategies that align with community assets, institutional capacity, and child development principles. Future efforts must prioritize building the institutional ecosystems that support holistic child development in theory and daily practice.

CONCLUSION

This study has demonstrated that implementing Holistic Integrative Early Childhood Education (HIECE) in Kulon Progo Regency is moderately effective, with notable variations across service domains. While educational, nutrition, health, and protection services exhibited relatively higher levels of effectiveness, childcare, and welfare services were less optimally delivered. These disparities underscore a systemic gap between policy formulation and institutional readiness, particularly in areas requiring cross-sectoral coordination and active family engagement.

The research findings reveal that collaborative networks with external stakeholders such as libraries, health centers, and community organizations bolster strong educational and health-related services performance. However, weaknesses in welfare and parenting services reflect limited institutional capacity to facilitate civil documentation, provide social protection, and mobilize parental participation. The results highlight the importance of strengthening institutional ecosystems supporting the full spectrum of child development needs, from cognitive and emotional to legal and social welfare dimensions.

To improve the efficacy of HIECE implementation, future policy efforts should prioritize three key strategies: (1) enhancing professional development for educators in inclusive and context-responsive pedagogy; (2) fostering structured parental involvement through flexible and culturally sensitive outreach programs; and (3) establishing liaison roles or interagency mechanisms that connect early childhood institutions with health, legal, and social service providers. These targeted improvements are essential for optimizing existing services and ensuring the realization of children's rights as envisioned by national and international early childhood development frameworks.

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