

Between Mandate and Practice: A Scoping Review of Early Childhood Counselling Needs in Indonesia and Lessons from Eight Education Systems

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Abstract

Early childhood counselling in Indonesia is often treated as a matter that policy has already settled: national regulation mandates guidance and counselling services and sets a ratio of one counsellor to 150 students. Yet children in the preschool and early primary years remain at the margins of both research and provision. This scoping review asks what counselling needs young Indonesian children experience, what conditions produce those needs, and what Indonesia can learn, rather than borrow, from eight education systems: Finland, Australia, Singapore, Canada, the United Kingdom, New Zealand, Japan and South Korea. Following the PRISMA-ScR guidelines, we searched eight databases for sources published between January 2015 and February 2026 and retained 38 for narrative and thematic synthesis. Seven descriptive codes were consolidated into four analytical themes: needs that are visible but uncounted; needs produced in relationships within families and schools; delegated care, in which classroom teachers become counsellors by default; and mandates without machinery, in which regulatory ambition outpaces funding, workforce and coordination. Comparator systems differ from Indonesia less in what their policies state than in how they fund posts, prepare teachers and organise family support. Drawing on these themes and on ecological systems theory, we propose the Integrated Early Childhood Counselling Framework (IECCF), which links child, family, teacher, school, community and policy layers. Rather than treating counselling needs as individual deficits, the framework locates them in the relations between these layers and offers a testable scaffold for policy, teacher education and research in Indonesia and comparable settings.

1. Introduction

Early childhood mental health has long been studied through a clinical lens, in which the central questions concern diagnosis, prevalence and treatment of disorders that are already established. Over the past decade, a second body of work has shifted attention towards prevention and towards the settings where young children spend their days. Studies of universal, curriculum-based social and emotional learning in early childhood education and care have shown that the years before formal schooling are when emotional self-regulation and relational capacities take shape, and that these capacities can be strengthened in ordinary classrooms (Blewitt et al., 2018). National initiatives such as KidsMatter and Be You in Australia have extended this logic to whole-school and whole-service approaches (Graetz et al., 2008; Hoare et al., 2020), while evaluations of school-based mental health coordinators have begun to ask how such work can be staffed and sustained (Darling et al., 2021). Taken together, these studies suggest that early childhood counselling is not merely the treatment of disorder but the guided support of children, families and teachers before difficulties harden into lasting patterns.

This shift, however, has been uneven. Most of the robust evidence still comes from high-income systems and from studies of adolescents rather than young children (Darling et al., 2021; Fung, 2019). In low- and middle-income countries, where mental health systems are thinner and the gap between need and provision is widest, early childhood remains the least studied period of all (Harte & Barry, 2024; Patel et

al., 2018). The global deterioration of child mental health during the COVID-19 pandemic has made this gap harder to ignore (Racine et al., 2021).

Indonesia sits at the centre of this tension. As the world's fourth most populous country, it has expanded early childhood education (*Pendidikan Anak Usia Dini*, PAUD) rapidly, and its regulatory framework appears, on paper, to anticipate the counselling needs of young learners. Permendikbud No. 111/2014 mandates guidance and counselling services from the early years onwards, and national workload regulation sets an ideal ratio of one counsellor to 150 students. In practice, most primary schools operate without counsellors, and counselling duties are absorbed by classroom teachers who have rarely been prepared for them (Farozi, 2019; Yadi et al., 2024). Meanwhile, community studies report that a substantial share of young children show behavioural and emotional difficulties. In Yogyakarta, 17.8% of children aged two to five years had behavioural and emotional problems, with parental depression as the strongest determinant (Hanifah et al., 2023), and kindergarten screening in Banjarmasin identified probable mental and emotional difficulties in up to 60% of children (Anggeriyane et al., 2024). These estimates vary widely, yet they converge on a single point: the needs are present, while the services intended to meet them are not.

The existing Indonesian evidence is fragmented across health, psychology and education journals, published in both English and Indonesian, and rarely read alongside international experience. Comparative work, when it occurs, tends to present high-income systems as templates to be adopted. Such framing overlooks what policy-transfer scholarship has long shown: that educational models travel unevenly, are reinterpreted locally, and often carry assumptions that do not hold in the receiving context (Steiner-Khamsi, 2004). The question for Indonesia is therefore not which foreign model to import, but what the experience of other systems reveals about the conditions under which counselling mandates become counselling practice.

This scoping review responds to that question. It maps the empirical evidence on counselling needs among young Indonesian children, examines how those needs are shaped by family, school and policy conditions, and reads these findings against eight education systems with established early childhood mental health provision. Four research questions guided the review:

RQ1. What counselling needs do young children in Indonesia experience, and how have these needs been measured?

RQ2. Which family, school and policy conditions are associated with these needs?

RQ3. How does early childhood counselling provision in Indonesia compare with provision in Finland, Australia, Singapore, Canada, the United Kingdom, New Zealand, Japan and South Korea?

RQ4. What integrated framework, grounded in this evidence, could guide policy, practice and research on early childhood counselling in Indonesia?

The review contributes in three ways. It brings together evidence from educational psychology, counselling psychology, early childhood education and comparative policy that has so far been read in isolation. It reframes the Indonesian situation not as an absence of policy but as a gap between mandate and practice, and it identifies the conditions that close that gap elsewhere. Finally, it proposes the Integrated Early Childhood Counselling Framework (IECCF) as a scaffold for coordinated action and for empirical testing, one that is shaped by Indonesian realities rather than transplanted onto them.

2. Methods

2.1 Review design

We conducted a scoping review because the aim was to map a heterogeneous body of evidence, to identify patterns across disciplines and settings, and to build a conceptual synthesis, rather than to estimate a pooled effect. The review followed the methodological framework of Arksey and O'Malley (2005) and is reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR; Tricco et al., 2018). The completed PRISMA-ScR checklist is provided as supplementary material.

2.2 Information sources and search strategy

We searched eight databases: Scopus, Web of Science, ERIC, APA PsycINFO, PubMed, Dimensions, Crossref and Google Scholar. These sources were chosen to cover the disciplines that meet in this field. Scopus and Web of Science capture broad interdisciplinary output, ERIC indexes education research, PsycINFO and PubMed index psychological and biomedical literature, and Dimensions, Crossref and Google Scholar extend coverage to regional journals, including Indonesian journals that are poorly indexed elsewhere. The search covered January 2015 to February 2026.

Search strings were built from three blocks of terms: population (early childhood, preschool, kindergarten, young children), concept (counselling, mental health, behavioural problems, emotional development, school counselling, educational psychology) and context (Indonesia and the eight comparator countries). Terms were combined with Boolean operators within and between blocks and adapted to the syntax and subject headings of each database (Table 1). Records were exported to a reference manager for de-duplication. To reduce the risk of missing relevant work, the database search was supplemented by hand-searching reference lists and by forward citation tracking in Google Scholar.

Table 1
Search strategy and records retrieved by database.

Database	Search string (abridged)	Records retrieved	Sources included
Scopus	TITLE-ABS-KEY ("early childhood" OR "preschool" OR "kindergarten") AND ("counselling" OR "mental health") AND ("Indonesia" OR "Finland" OR "Australia" OR "Singapore" OR "Canada" OR "United Kingdom" OR "New Zealand" OR "Japan" OR "South Korea")	412	12
Web of Science	TS=((("early childhood" OR "preschool" OR "kindergarten") AND ("counselling" OR "mental health") AND ("Indonesia" OR comparator countries))	287	9
ERIC	("early childhood education" AND "school counselling" AND ("Indonesia" OR "comparative"))	214	4
APA PsycINFO	AB=(preschool OR kindergarten) AND (counselling OR "behavioural problems	189	5
PubMed	("child counselling"[Title/Abstract] OR "preschool mental health"[Title/Abstract]) AND ("Indonesia"[Affiliation] OR "comparative study"[Title/Abstract])	168	3
Dimensions	"early childhood" AND "counselling needs" AND "school services" AND country list	233	3
Crossref	As for Dimensions, with full-text refinement	154	1
Google Scholar	As for Dimensions; first 200 results screened	200	1
Total		1,857	38
Note. Records retrieved are before de-duplication. Sources included are attributed to the database in which each was first identified.			

2.3 Eligibility criteria

Sources were eligible if they (a) concerned children from birth to eight years of age, or the teachers, schools, services or policies that serve this age group; (b) addressed counselling, mental health, behavioural or emotional difficulties, or the provision of psychological support in education; and (c) were situated in Indonesia or in one of the eight comparator systems, or compared several such systems. Two kinds of evidence were admitted. The first comprised empirical studies of Indonesian children, families, teachers and schools. The second comprised empirical and policy-analytic sources describing how counselling and mental health support are organised in the comparator systems; because system architecture is rarely specific to one age band, sources in this stream were admitted when they described provision that also reaches the early years. Peer-reviewed articles in English or Indonesian were included. Conference proceedings, editorials, opinion pieces and book reviews were excluded. Sources identified through citation tracking were admitted regardless of publication date when they described system architecture that remains in force.

2.4 Study selection and data charting

Selection proceeded in two stages: screening of titles and abstracts, followed by full-text assessment. Both authors screened all records independently and resolved disagreements through discussion. Data were charted using a standardised form that recorded bibliographic details, country, participants, design, principal findings and implications for early childhood counselling. The form was piloted on a small set of sources and refined before full charting.

2.5 Critical appraisal

Formal appraisal is not required in scoping reviews, but we appraised the empirical sources with the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018) in order to weigh the confidence that the synthesis could place on each study. Appraisal results informed interpretation and were not used to exclude studies.

2.6 Synthesis

Synthesis combined a narrative summary of study characteristics with thematic synthesis (Thomas & Harden, 2008). Findings were first coded line by line and grouped into seven descriptive codes: counselling needs, psychological problems, family factors, school factors, teacher competence, international comparison and policy. In a second, interpretive step, we asked what these codes revealed when read together, and consolidated them into four analytical themes that move beyond the content of individual studies. The comparative analysis was organised around a common set of system features (policy anchor, counselling workforce, teacher preparation and family and community linkage) so that the comparator systems could be read against Indonesia on the same terms.

2.7 Reflexivity

Both authors work in teacher education in eastern Indonesia, where the gap between counselling mandates and classroom realities is part of daily professional experience. This position sharpened our attention to the work that teachers absorb when services are absent, and it may also have inclined us to read the evidence in terms of teacher capacity. We sought to balance this by giving equal analytic weight to family and policy conditions and by reading comparator systems for their constraints as well as their strengths.

3. Results

3.1 Selection of sources

The database searches returned 1,857 records. After removal of 1,214 duplicates, 643 records were screened by title and abstract, and 561 were excluded because they did not concern early childhood counselling or mental health, fell outside the review's geographic scope, or were not empirical. Of the 82

full texts assessed, 44 were excluded, mainly because they were conference proceedings (n = 43) or contained no empirical or policy data (n = 1). Thirty-eight sources were included in the synthesis (Fig. 1).

3.2 Characteristics of included sources

Table 2 summarises the included sources. Indonesian studies form the largest group and concentrate on two kinds of evidence: estimates of the prevalence of behavioural and emotional difficulties, and surveys of teachers' knowledge and readiness to provide counselling. Australian and Finnish sources form the next largest groups and focus on whole-school and multi-professional models. Evidence from Singapore, Japan, New Zealand and Canada is thinner, and evidence from South Korea and the United Kingdom is limited to a small number of comparative or policy sources. Cross-sectional surveys predominate, alongside quasi-experimental evaluations, qualitative studies and documentary or policy analyses. This distribution matters for interpretation. Indonesian research has documented needs and deficits more thoroughly than it has tested responses, whereas comparator research has documented systems more thoroughly than it has documented children's experiences within them

Table 2
Characteristics of included sources.

Source	Setting	Participants or materials	Design	Principal findings
Anggeriyane et al. (2024)	Indonesia (Banjarmasin)	Kindergarten children; parent-reported screening	Descriptive cross-sectional	Up to 60% with probable mental and emotional difficulties
Badruddin et al. (2025)	Indonesia	295 teachers; 2,950 students	Quasi-experimental	Train-the-trainer model increased teacher self-efficacy ($d = 2.41$)
Dewi (n.d.)†	Indonesia	Published literature	Documentary analysis	Counselling services in primary schools insufficient nationwide
Haar et al. (2023)	Indonesia, Bangladesh	Families in pilot sites	Pilot evaluation	Universal family skills programme feasible; positive early signals
Hadiarni et al. (2023)	Indonesia (West Sumatra)	129 primary school teachers	Quantitative descriptive	96.9% accepted counselling role; 61.2% insufficient knowledge; 64.3% needed skills training
Hanifah et al. (2023)⌘	Indonesia (Yogyakarta)	214 children aged 2–5 years	Cross-sectional	17.8% behavioural and emotional problems; parental depression aOR = 5.11
Kusumawardani et al. (2023)	Indonesia	School-based adolescent mental health programme	Mixed methods	Teacher training and clear guidelines required
Menanti et al. (n.d.)†	Indonesia	Pre-service teachers	Mixed methods	Professional guidance and counselling services needed in primary schools
Nafisah & Balamurugan (2025)	Indonesia (Surabaya)	167 secondary students	Cross-sectional (SDQ)	24.6% at substantial risk of mental health difficulties
Nurlaili et al. (2023)†	Indonesia	Primary school teachers	Descriptive	Permendikbud No. 111/2014 mandates early counselling;

Note. ⌘ Preprint not yet peer reviewed at the time of the search. † Full bibliographic details were not available in the source manuscript. ASCA = American School Counselor Association; SDQ = Strengths and Difficulties Questionnaire; SDQ-PR = SDQ Parent Report.

Source	Setting	Participants or materials	Design	Principal findings
				implementation limited
Sari et al. (2025)	Indonesia	33 junior and senior secondary teachers	Qualitative	Confident with observable behaviour; reliance on experience; need for training
Wimbarti et al. (2019)	Indonesia (Yogyakarta)	Children across age groups	Instrument validation	SDQ-PR adapted; 46.37% behavioural and emotional disorders in clinical cohort
Yadi et al. (2024)	Indonesia	Elementary schools	Qualitative review	Many schools lack counselling programmes; teachers unprepared
Zamzam et al. (2023) [†]	Indonesia	Preschool teachers	Quantitative survey	89.9% could define mental health; 93.2% familiar with types of childhood disorders
Baker et al. (2025)	Australia	Early education teachers	Directed qualitative content analysis	Wellbeing literacy reflects and supports wellbeing practices
Darling et al. (2021)	Australia (Victoria)	32 primary schools	Cluster quasi-experimental protocol	Mental health and wellbeing coordinator role to build school capacity
Giles-Kaye et al. (2022)	Australia	30 educators	Qualitative	Educators seek support and clarity in responding to children's mental health
Graetz et al. (2008)	Australia	101 primary schools	Population model trial	KidsMatter whole-school framework with family and staff components
Hoare et al. (2020)	Australia	National initiative	Programme analysis	Be You designed to reach all early learning services and schools
Note. [‡] Preprint not yet peer reviewed at the time of the search. [†] Full bibliographic details were not available in the source manuscript. ASCA = American School Counselor Association; SDQ = Strengths and Difficulties Questionnaire; SDQ-PR = SDQ Parent Report.				

Source	Setting	Participants or materials	Design	Principal findings
Laurens et al. (2021)	Australia (New South Wales)	School-based programmes	Policy mapping	Gap between programme selection and evidence
Adaskina (2022)†	Finland	School system	Documentary analysis	Multi-professional student welfare teams in schools
Salminen-Tuomaala et al. (n.d.)†	Finland	Secondary pupils	Review	National Mental Health Strategy 2020–2030; preventive orientation
Viklund et al. (2023)	Finland	Multi-professional practitioners	Qualitative interviews	Multi-sectoral collaboration supports family wellbeing
Chong et al. (2013)	Singapore	School psychology services	Policy analysis	Tiered prevention–intervention model; educational psychologists centralised
Low (2015)	Singapore	Teachers	Qualitative	Counselling perceived as supportive and complementary to teaching
Birni (2022)†	Japan, South Korea	Policy documents	Comparative documentary analysis	Japan: more than 30,000 school counsellors; Korea: graduate-level preparation required
Tajan et al. (n.d.)†	Japan	School counsellors	Qualitative	Part-time employment; persistent role ambiguity
Niizeki (n.d.)†	Japan, Canada	Policy documents	Comparative documentary analysis	Japanese system needs role clarity; Canadian programmes more clearly defined
Healey et al. (2022)	New Zealand	Early childhood settings (Te Whāriki)	Mixed methods	Engage programme adaptable within the early childhood curriculum
Note. ¶ Preprint not yet peer reviewed at the time of the search. † Full bibliographic details were not available in the source manuscript. ASCA = American School Counselor Association; SDQ = Strengths and Difficulties Questionnaire; SDQ-PR = SDQ Parent Report.				

Source	Setting	Participants or materials	Design	Principal findings
McCalman et al. (2017)	Australia, Canada, New Zealand, USA	Indigenous early childhood services	Scoping review	Family-centred care promising; limited trial evidence
McDaid et al. (2022)	Finland, Ireland, New Zealand, Scotland, Wales	National mental health plans	Scoping review	Population-wide promotion and prevention increasingly prominent
Nishio et al. (2020)	ASEAN member states	National school mental health systems	Comparative analysis	Singapore alone has systematic teacher training
Yuen (2008)	Hong Kong, United Kingdom, Australia and others	National counselling systems	International review	Convergence towards comprehensive developmental approaches
DeKruyf et al. (2013)	USA	School counsellors	Conceptual and documentary	ASCA recommends 1:250; national average exceeds 1:471
Leitão & Shumba (2024)	Ireland	213 parents	Mixed methods	Parenting support model implemented in early childhood services
Tolstoguzov (2015)	Several countries	Career guidance systems	Comparative analysis	Guidance begins earlier in high-income systems
Note. ☒ Preprint not yet peer reviewed at the time of the search. † Full bibliographic details were not available in the source manuscript. ASCA = American School Counselor Association; SDQ = Strengths and Difficulties Questionnaire; SDQ-PR = SDQ Parent Report.				

3.3 Theme 1: Needs that are visible but uncounted

Across the Indonesian studies, young children's difficulties are clearly visible to the adults around them, yet they are counted inconsistently and largely outside the education system. Prevalence estimates range from 17.8% of children aged two to five years in a community sample in Yogyakarta (Hanifah et al., 2023) to up to 60% of kindergarten children screened in Banjarmasin with the national mental and emotional problems questionnaire (Anggeriyane et al., 2024). In a clinical cohort assessed with an Indonesian adaptation of the Strengths and Difficulties Questionnaire (Parent Report), Wimbarti et al. (2019) found that 46.37% of children presented with behavioural and emotional disorders, 28.81% with developmental disorders and 16.50% with neurotic or stress-related conditions. Among secondary school students in Surabaya, 24.6% were at substantial risk of mental health difficulties (Nafisah &

Balamurugan, 2025), a figure that suggests early difficulties may persist into adolescence when they are left unaddressed.

The spread between these figures is itself a finding. It reflects differences in instruments, thresholds, sampling frames and settings rather than a single underlying rate, and no nationally representative estimate exists for children under eight. Most of the screening tools come from health services rather than from schools or PAUD settings. Children's needs are therefore recorded, when they are recorded at all, in systems that are not designed to follow children into the classroom. The difficulty is visible, but it is not yet counted in a form that education systems can plan around.

3.4 Theme 2: Needs produced in relationships

The second theme concerns the conditions under which these needs arise. Rather than locating difficulties within individual children, the evidence points consistently to the relationships that surround them. At home, parental depression was the strongest determinant of preschool behavioural and emotional problems in the Yogyakarta sample (adjusted odds ratio 5.11, 95% CI 2.21–11.81; Hanifah et al., 2023). The pilot of the UNODC Family UNited programme in Indonesia showed that universal family skills programming is feasible and acceptable, with promising early signals for child mental health, resilience and parenting skills (Haar et al., 2023). Finnish evidence on multi-professional support for families with young children (Viklund et al., 2023) and New Zealand's integration of wellbeing into the early childhood curriculum (Healey et al., 2022) reinforce the same point from different directions: children's wellbeing and family wellbeing are difficult to support separately.

At school, Indonesian studies describe a disconnect between national regulation and school-level provision. Guidance and counselling programmes in elementary schools are often absent or underdeveloped, and class teachers carry responsibilities for which they have not been prepared (Nurlaili et al., 2023; Yadi et al., 2024). Australian evidence shows that schools can become effective sites of mental health promotion, but only when capacity is built deliberately and coordinated by designated staff (Darling et al., 2021; Laurens et al., 2021). In both settings, home and school, the needs of young children appear less as individual problems than as signals of strain in the relationships on which they depend.

3.5 Theme 3: Delegated care

The third theme is the most consistent across the Indonesian evidence and also the most actionable. In the absence of counsellors, care is delegated to classroom teachers, who accept the responsibility but lack the means to carry it. In a survey of 129 primary school teachers in West Sumatra, 96.9% understood that providing counselling services was part of their role and 86.8% reported implementing such services. Yet 61.2% reported insufficient knowledge, 47.3% lacked skills in developing assessment instruments, 46.5% lacked skills in processing their results, 48.1% lacked skills in delivering counselling services and 66.7% reported inadequate supporting infrastructure (Hadiarni et al., 2023). Knowledge of basic concepts does not close this gap. Zamzam et al. (2023) reported that most preschool teachers could define mental health and recognise common types of childhood disorders, but such familiarity did not translate into confident identification or response. Interviews with Indonesian teachers describe the

same pattern from the inside: teachers felt confident in noticing observable behaviour but relied on personal experience rather than structured protocols, and they asked for training that rarely came (Sari et al., 2025). Early childhood teachers' readiness to provide even basic guidance, such as early career guidance, was similarly limited (Anesty et al., 2022).

The evidence also shows that this gap can be narrowed. A quasi-experimental evaluation of a train-the-trainer model for school mental health in Indonesia reported a large increase in teacher self-efficacy in intervention schools compared with control schools (Badrudin et al., 2025). The reported effect size ($d = 2.41$) is unusually large and warrants replication, but the direction of the finding is consistent with international evidence that structured, sustained professional learning changes teachers' capacity to support children (Hoare et al., 2020; Kusumawardani et al., 2023). Delegated care is therefore not an inevitable condition but the result of a preparation system that has not yet been redesigned for the work teachers are already doing.

3.6 Theme 4: Mandates without machinery

The fourth theme draws the other three together at the level of policy. Indonesia's regulatory framework is ambitious. Permendikbud No. 111/2014 mandates guidance and counselling services, and workload regulation specifies a counsellor-to-student ratio that compares favourably with international recommendations (Nurlaili et al., 2023; Yadi et al., 2024). The American School Counselor Association, for example, recommends a ratio of 1:250, while the average ratio in the United States has exceeded 1:471 (DeKruyf et al., 2013). The difficulty lies not in the mandate but in the machinery that would make it real: funded posts, recurrent budgets, preparation pipelines, supervision and coordination across ministries. Hadiarni et al.'s (2023) finding that two-thirds of teachers lacked supporting infrastructure, despite accepting their counselling role, illustrates how a sound mandate can coexist with an empty implementation space.

The comparison with the eight comparator systems clarifies what this machinery consists of (Table 3). Finland embeds counselling within multi-professional student welfare teams and links schools with health and family services through a national mental health strategy (Adaskina, 2022; McDaid et al., 2022; Viklund et al., 2023). Australia combines whole-school frameworks with a national professional learning platform designed to reach all of its early learning services and schools (Graetz et al., 2008; Hoare et al., 2020). Singapore organises support in tiers, with educational psychologists working from the ministry and teachers trained systematically to recognise and refer (Chong et al., 2013; Low, 2015; Nishio et al., 2020). Japan has placed school counsellors across its schools for decades but continues to struggle with part-time employment and role ambiguity, while South Korea requires graduate-level preparation before counsellors practise (Birni, 2022; Tajan et al., n.d.). These systems differ from Indonesia less in what their policies say than in how they finance, staff and coordinate them.

Table 3
Early childhood counselling provision in Indonesia and the comparator systems.

System	Policy anchor	Counselling workforce reaching the early years	Teacher preparation	Family and community linkage
Indonesia	Permendikbud No. 111/2014 mandates guidance and counselling; ratio specified (Nurlaili et al., 2023)	Few dedicated counsellors in primary and early years settings; class teachers deliver (Yadi et al., 2024)	Limited pre-service preparation; ad hoc training (Hadiarni et al., 2023)	Family skills programmes at pilot stage (Haar et al., 2023)
Finland	National Mental Health Strategy 2020–2030 (Salminen-Tuomaala et al., n.d.)	Multi-professional student welfare teams (Adaskina, 2022)	Not documented in included sources	Multi-sectoral support for families (Viklund et al., 2023)
Australia	Be You national initiative (Hoare et al., 2020)	Wellbeing coordinators in selected schools (Darling et al., 2021)	National online professional learning (Hoare et al., 2020)	Family–school partnership within whole-school frameworks (Graetz et al., 2008)
Singapore	Whole-school pupil support framework (Chong et al., 2013)	School counsellors; ministry-based educational psychologists (Chong et al., 2013)	Systematic teacher training (Nishio et al., 2020)	Family interventions largely outside school (Chong et al., 2013)
Japan	National placement of school counsellors (Birni, 2022)	More than 30,000 counsellors, many part-time; role ambiguity (Birni, 2022; Tajan et al., n.d.)	Not documented in included sources	Not documented in included sources
South Korea	Not documented in included sources	Graduate-level qualification required (Birni, 2022)	Not documented in included sources	Not documented in included sources
Canada	Provincial variation (Niizeki, n.d.)	Defined school counselling programmes (Niizeki, n.d.)	Not documented in included sources	Family-centred services for Indigenous children (McCalman et al., 2017)
United Kingdom	National promotion and prevention plans in Scotland and	Not documented in included sources	Not documented in included sources	Not documented in included sources

Note. “Not documented in included sources” indicates a gap in the reviewed evidence, not an absence of provision in that system.

System	Policy anchor	Counselling workforce reaching the early years	Teacher preparation	Family and community linkage
	Wales (McDaid et al., 2022)			
New Zealand	National plan with prevention focus (McDaid et al., 2022)	Not documented in included sources	Wellbeing embedded in the Te Whāriki curriculum (Healey et al., 2022)	Partnership with families as a curricular principle (Healey et al., 2022)
Note. “Not documented in included sources” indicates a gap in the reviewed evidence, not an absence of provision in that system.				

The comparison also exposes an asymmetry in the evidence itself. Anglophone and Nordic systems are documented through programme evaluations, policy maps and practitioner studies, whereas the Asian comparator systems and Canada appear mainly through a small number of comparative or descriptive sources. Comparative conclusions are therefore stronger for some systems than for others, and any lesson drawn for Indonesia should be read with this imbalance in mind.

4. Discussion

This review set out to understand the counselling needs of young children in Indonesia, the conditions that produce them and what other systems can teach. Read together, the four themes describe a single pattern. Needs are visible but inconsistently counted; they arise within relationships rather than within children alone; the work of responding to them has been delegated to teachers who were not prepared for it; and a sound regulatory mandate lacks the machinery to become practice. The discussion below interprets this pattern from three disciplinary angles and then proposes a framework that connects them.

4.1 From prevalence to provision: an educational psychology reading

The prevalence estimates reviewed here fall within the range reported internationally and suggest that early childhood counselling belongs to the core concerns of educational psychology rather than to the periphery of health services (Darling et al., 2021; Hanifah et al., 2023). Educational psychology offers three resources that the Indonesian situation requires. First, a preventive orientation: support that begins before symptoms are established is more effective and less costly than later intervention (Giles-Kaye et al., 2022). Second, a recognition that schools and PAUD settings are universal platforms with unusual reach and relational density, because teachers see children daily and over long periods (Hoare et al., 2020). Third, evidence that social and emotional learning embedded in ordinary curricula can strengthen children's emotional and interpersonal capacities (Blewitt et al., 2018; Harte & Barry, 2024). The

Indonesian evidence shows that the principles are present in policy but not yet in practice. This is a translation gap, and translation, rather than further diagnosis, is where educational psychology can now contribute most.

4.2 Beyond the individual child: implications for counselling psychology

From a counselling psychology perspective, the evidence argues against deficit-driven and individual models of support. When parental depression multiplies the odds of a child's behavioural and emotional difficulties fivefold (Hanifah et al., 2023), interventions directed only at the child will underserve families whose needs are relational or intergenerational. Multi-tiered models that deliver universal, selective and indicated support through coordinated structures, such as KidsMatter and Be You, show what an ecosystemic alternative looks like in practice (Graetz et al., 2008; Hoare et al., 2020). Evidence from other low- and middle-income settings, where teachers have been trained as lay counsellors, suggests that such models can be adapted to contexts with few specialists, provided that training is accompanied by supervision (Cruz et al., 2021). For Indonesian counsellor and teacher education, this implies that systems thinking, family engagement and tiered intervention design should be core competencies rather than elective specialisations.

4.3 Learning rather than borrowing: comparative lessons

The cross-national comparison places Indonesia in a position of transition. Its regulatory architecture resembles that of high-income systems, but implementation capacity, workforce density and professional learning infrastructure lag well behind. It would be tempting to read Finland's multi-professional welfare teams, Singapore's teacher training pipeline or Australia's national learning platform as models for adoption. The experience of the comparator systems themselves cautions against this. Japan's long investment in school counsellors has not resolved questions of role clarity, which shows that numbers alone do not create a profession (Tajan et al., n.d.). Australia's own policy mapping reveals a persistent gap between the programmes that schools choose and the evidence that supports them (Laurens et al., 2021). Successful systems, in other words, also struggle with the translation of mandate into practice.

What travels, then, is not a model but a set of conditions: posts that are funded rather than merely specified, preparation that is built into initial teacher education rather than added afterwards, and family support that is organised across sectors rather than left to schools. Indonesia already possesses institutions through which such conditions could be built, most notably the *Posyandu* (integrated community health posts), PAUD networks and faith-based community structures that reach families long before formal schooling. Reading comparator systems in this way treats Indonesian institutions as resources to be strengthened rather than gaps to be filled with imported designs (Steiner-Khamsi, 2004).

4.4 The Integrated Early Childhood Counselling Framework

Existing models tend to address one domain at a time: the child, the family, the teacher, the school or the policy environment. The evidence reviewed here indicates that counselling needs arise from the interplay of these domains and that effective responses must be coordinated across them. Drawing on the four analytical themes and on ecological systems theory (Bronfenbrenner & Morris, 2006), we propose the Integrated Early Childhood Counselling Framework (IECCF; Fig. 2).

The framework arranges six interdependent layers from the most proximal to the most distal. *Child factors* include temperament, emotional self-regulation and experiences of early adversity. *Family* encompasses parental mental health, parenting practices and the home learning environment, the domain in which the synthesis found the strongest single risk factor. *Teacher capacity* refers to pre-service preparation, in-service professional learning and ongoing supervision. *School psychological services* include dedicated counsellor posts, screening, referral pathways and tiered support. *Community support* covers *Posyandu*, faith-based and civil-society networks and cross-sector referral. *National education policy* comprises regulatory mandates, financing and inter-ministerial coordination, the macro-structural conditions that enable or constrain every inner layer. Table 4 links each layer to the evidence from which it was derived and to its practical implications.

Table 4

Layers of the Integrated Early Childhood Counselling Framework (IECCF), with supporting evidence and implications.

Layer	Synthesised evidence	Practical implications
Child	17.8% behavioural and emotional problems among children aged 2–5 (Hanifah et al., 2023); up to 60% probable difficulties in kindergarten screening (Anggeriyane et al., 2024)	Routine developmental and emotional screening at entry to PAUD, using common instruments and thresholds
Family	Parental depression aOR = 5.11 (Hanifah et al., 2023); feasibility of universal family skills programming (Haar et al., 2023)	Universal family skills programmes delivered through Posyandu and PAUD services
Teacher capacity	61.2% insufficient knowledge and 64.3% need for skills training (Hadiarni et al., 2023); gains from a train-the-trainer model (Badruddin et al., 2025)	Child mental health as core pre-service content; cascade in-service learning followed by mentoring and supervision
School psychological services	Ratio specified in regulation but few posts in primary and early years settings (Farozi, 2019; Yadi et al., 2024)	Funded counsellor posts and universal, selective and indicated tiers of support
Community support	Multi-sectoral family support in Finland (Viklund et al., 2023); partnership principle in New Zealand (Healey et al., 2022)	Formal referral protocols linking Posyandu, primary health centres, faith-based networks and schools
National education policy	Mandate without implementation machinery (Hadiarni et al., 2023; Yadi et al., 2024)	Recurrent budget lines, accountability indicators, a national digital resource platform and inter-ministerial coordination

The IECCF is offered as a heuristic and a policy scaffold rather than as a prescription. It can guide coordination between the ministries responsible for education, health, and women's empowerment and child protection; it can structure school counselling services around universal, selective and indicated tiers; it can clarify the competencies that teachers require at each layer; and it can identify the mechanisms and outcomes that future research should test. Its value will depend on whether it is adapted to local cultural, economic and institutional conditions and whether its proposed relations between layers hold up under empirical scrutiny.

4.5 Implications for policy, teacher education and families

For policy, the findings point to three linked reforms. The regulatory mandate needs to be matched by recurrent financing that creates counsellor posts in primary and early years settings, together with accountability indicators that track provision rather than regulation alone. Workforce policy should build mental health literacy into initial teacher education, including the national pre-service professional teacher programme (Putra et al., 2026), and into compulsory in-service learning. A national digital resource platform, comparable in function to Australia's Be You (Hoare et al., 2020), would give teachers across the archipelago access to current, evidence-informed material.

For teacher education, child mental health, developmental psychology, basic counselling skills, family engagement and tiered intervention design should form part of the core curriculum. In-service learning can use cascade models such as the train-the-trainer approach already piloted in Indonesia (Badrudin et al., 2025), but single training events need to be followed by mentoring, supervision and professional communities of practice if changes in practice are to last.

For families, the evidence suggests that engagement is both a predictor of need and a lever for change. Indonesia could scale up the Family UNited pilot (Haar et al., 2023) through existing *Posyandu* and PAUD services, and could draw on partnership principles such as those embedded in New Zealand's early childhood curriculum and in parent–practitioner partnership models in the early years (Healey et al., 2022; Kambouri et al., 2021; Leitão & Shumba, 2024). In each case, the aim would be to make family support a structural feature of early childhood provision rather than an optional addition.

4.6 Limitations

Several limitations qualify these conclusions. The included sources are heterogeneous in design, instruments and populations, which prevented quantitative pooling and limits the comparability of prevalence estimates. Some Indonesian evidence comes from preprints or from journals with limited indexing, and one key prevalence study had not completed peer review at the time of the search (Hanifah et al., 2023). The eligibility criteria admitted a small number of studies of older students and system-level sources from outside the eight comparator countries where these illuminated provision in the early years; this widened the evidence base but also reduced its precision. Evidence for several comparator systems, particularly South Korea, Canada and the United Kingdom, rests on few sources. Restricting the review to English and Indonesian may have excluded relevant work published in Finnish, Japanese or

Korean. Finally, as a scoping review, the study maps and interprets evidence but does not estimate effects, and the IECCF remains a conceptual proposal that requires empirical testing.

4.7 Directions for future research

Four priorities follow. First, nationally representative studies of counselling needs among children under eight are needed, using common instruments and thresholds, so that estimates from individual cities can be placed in a national picture. Second, culturally adapted, multi-tiered counselling models should be tested through rigorous intervention research in Indonesian PAUD and primary school settings. Third, longitudinal studies should follow children from the early years into later schooling to identify which developmental pathways respond best to early support. Fourth, comparative studies using shared measurement frameworks would allow the field to build knowledge cumulatively across systems, including from Asian systems that are currently under-represented in the literature.

5. Conclusion

This scoping review brought together 38 sources on early childhood counselling in Indonesia and in eight comparator systems. Its central finding is that Indonesia's challenge is not an absence of policy but a gap between mandate and practice. Young children's difficulties are visible to the adults around them, they emerge within strained relationships at home and at school, and the work of responding to them has been delegated to teachers who accept the responsibility without having been prepared for it. The comparator systems show that this gap can be narrowed, not by adopting a single foreign model but by funding posts, preparing teachers from the start of their careers and organising family support across sectors. The Integrated Early Childhood Counselling Framework connects these conditions across child, family, teacher, school, community and policy layers and offers a basis for coordinated reform and for empirical testing. Its worth will be judged not by its theoretical coherence but by whether it helps those who work with young children in Indonesia, teachers, parents and communities, to support children's social and emotional wellbeing before their difficulties become lasting ones.

Declarations

Author contributions (CRediT)

M. A. Muazar Habibi: conceptualisation, methodology, formal analysis, writing – original draft, writing – review and editing, supervision. Jundu Muhammad Mufakkirul Islami: data curation, investigation, formal analysis, writing – review and editing.

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Ethics statement

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Data availability statement

This review analysed previously published sources, all of which are cited in the reference list. No new data were generated. The search strategy, screening records and data-charting form are available from the corresponding author on reasonable request.

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Figures

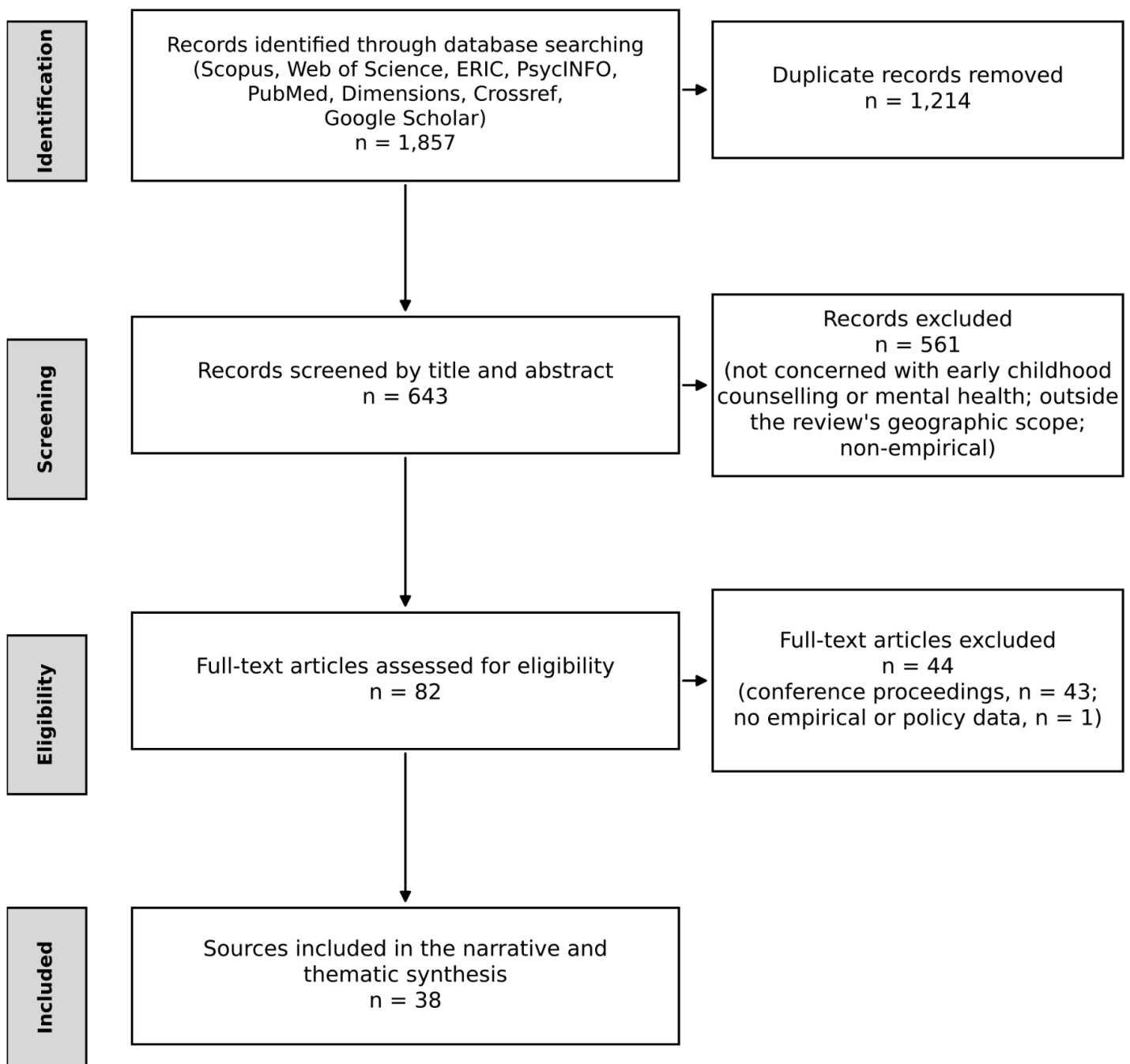
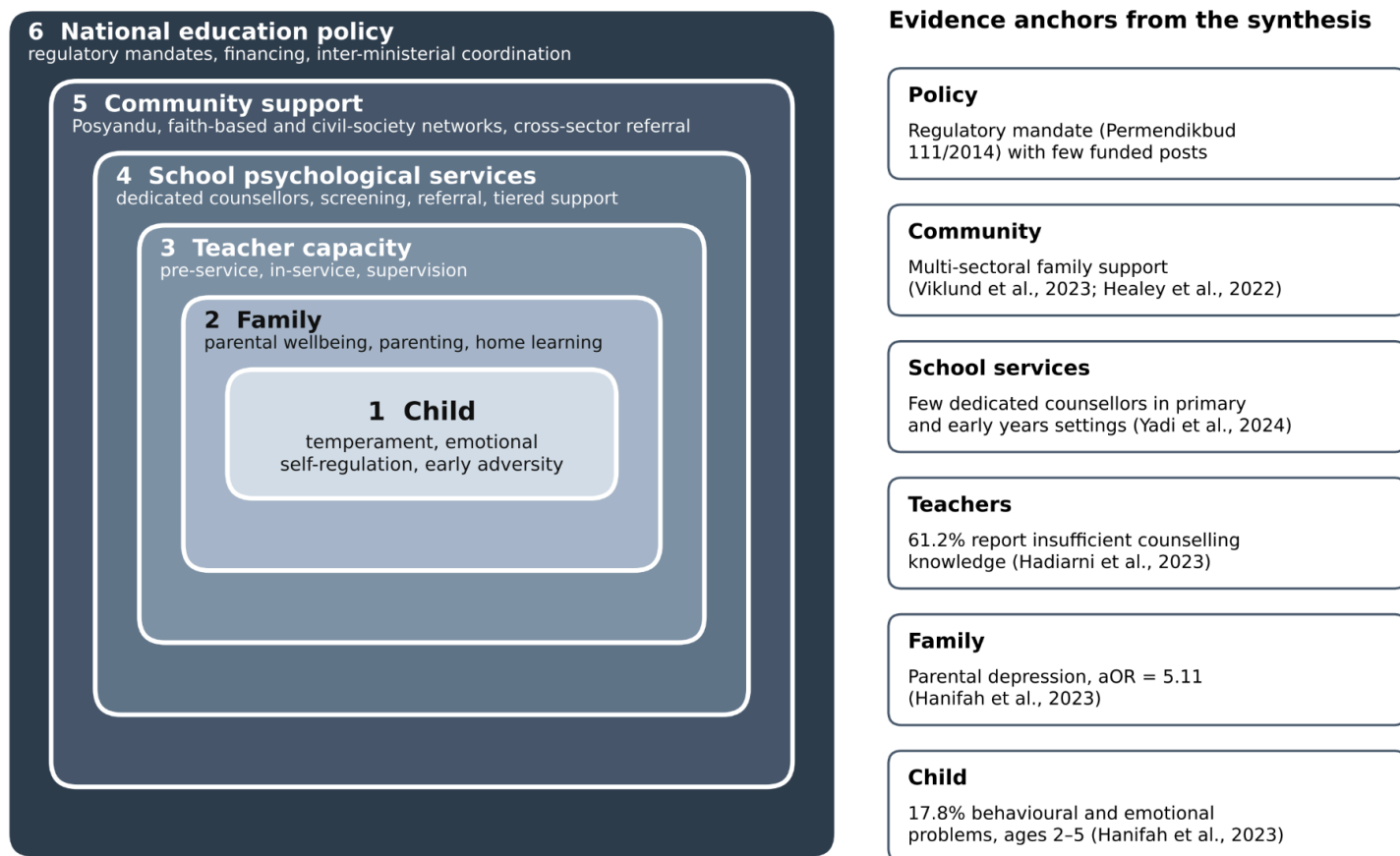


Figure 1

PRISMA-ScR flow diagram of source identification, screening and inclusion.



Layers are nested and mutually influencing; each outer layer conditions what inner layers can do.

Figure 2

The Integrated Early Childhood Counselling Framework (IECCF). Six nested layers, from the child to national education policy, with the evidence from the synthesis that anchors each layer.