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Clinical Supervision With A Gender-Responsive And Child-Friendly Perspective: A Reflective Strategy For Creating Safe, Inclusive, And Equitable Learning Environments

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Abstract

*This study examines the conceptual integration of gender-responsive and child-friendly perspectives into clinical supervision as a reflective approach to supporting safe, inclusive, and equitable learning environments. The study aims to explore how clinical supervision can provide a structured space for teachers and supervisors to reflect on gender equality, children's rights, participation, safety, and inclusive classroom practices. This study employed a **qualitative descriptive approach** based on an analytical review of relevant scholarly literature, educational policy documents, and established models of clinical supervision, gender-responsive pedagogy, and child-friendly education. The data were analyzed thematically to identify recurring concepts and relationships among the three perspectives and to examine their integration within the stages of clinical supervision. The findings identify four interconnected themes: clinical supervision as a reflective professional process; gender responsiveness through critical reflection on classroom interaction and participation; child-friendly practices through attention to safety, dignity, and participation; and the integration of these perspectives across pre-observation planning, classroom observation, and post-observation reflection. The analysis suggests that clinical supervision has conceptual potential to function beyond a technical and evaluative mechanism by providing a structured space for professional dialogue, critical reflection, and ethical consideration of teaching practices. The integration of gender-responsive and child-friendly principles may therefore strengthen teachers' attention to equity, inclusion, student participation, safety, and children's rights. The study contributes a conceptual framework that connects clinical supervision, gender-responsive pedagogy, and child-friendly education within the Indonesian educational context and provides a basis for further empirical investigation.*

Keywords: *Clinical supervision; Gender responsive pedagogy; Child friendly education; Reflective practice; Educational equity*

ملخص البحث

تهدف هذه الدراسة إلى بحث التكامل المفاهيمي بين الإشراف السريري والمنظور المراعي للنوع الاجتماعي والمنظور الصديق للطفل بوصفه مدخلًا تأمليًا لدعم بناء بيئات تعليمية آمنة وشاملة وعادلة. وتسعى الدراسة إلى استكشاف الكيفية التي يمكن من خلالها أن يوفر ،الإشراف السريري مساحة منظمة للمعلمين والمشرفين للتأمل في قضايا المساواة بين الجنسين، وحقوق الطفل، والمشاركة، والسلامة والممارسات الصفية الشاملة. اعتمدت الدراسة **المنهج الوصفي النوعي** من خلال التحليل المنهجي للأدبيات العلمية ذات الصلة، ووثائق السياسات التربوية، والنماذج المعتمدة للإشراف السريري، والتربية المراعية للنوع الاجتماعي، والتعليم الصديق للطفل. وتم تحليل البيانات باستخدام التحليل الموضوعي للكشف عن المفاهيم والعلاقات المتكررة بين هذه المجالات ودراسة كيفية دمجها في مراحل الإشراف السريري. كشفت النتائج عن أربعة موضوعات مترابطة، وهي: الإشراف السريري بوصفه عملية تأملية للتطوير المهني؛ والاستجابة للنوع الاجتماعي من خلال التأمل النقدي في التفاعل والمشاركة داخل الصف؛ والممارسات الصديقة للطفل من خلال الاهتمام بالسلامة والكرامة والمشاركة؛ ودمج هذه المنظورات في مراحل التخطيط السابق للملاحظة، والملاحظة الصفية، والتأمل اللاحق للملاحظة. وتشير نتائج التحليل إلى أن الإشراف السريري يمتلك إمكانات مفاهيمية تتجاوز الوظيفة التقنية والتقويمية من خلال توفير مساحة منظمة للحوار المهني والتأمل النقدي والمسؤولية الأخلاقية في الممارسة التعليمية. ومن ثم، فإن دمج مبادئ الاستجابة للنوع الاجتماعي والتعليم الصديق

للطفل يمكن أن يعزز الاهتمام بالعدالة والشمول ومشاركة الطلاب وسلامتهم وحقوقهم. وتقدم الدراسة إطارًا مفاهيميًا يربط بين الإشراف السريري والتربية المراعية للنوع الاجتماعي والتعليم الصديق للطفل في السياق التعليمي الإندونيسي، كما توفر أساسًا لإجراء دراسات ميدانية تجريبية مستقبلية.

الكلمات المفتاحية: الإشراف السريري؛ التربية المراعية للنوع الاجتماعي؛ التعليم الصديق للطفل؛ الممارسة التأملية؛ العدالة التعليمية

A. Introduction

Clinical supervision has increasingly been recognized as an important approach to strengthening teachers' professional development and instructional practice through systematic observation, reflective dialogue, feedback, and continuous improvement. Unlike administrative supervision, which often emphasizes compliance and performance evaluation, clinical supervision focuses on teachers' actual classroom practices and provides opportunities to identify instructional challenges and develop appropriate improvements. Teachers are positioned not merely as objects of evaluation but as active professionals who participate in examining and improving their own practice. Diana et al. (2026) emphasize the potential of clinical supervision to support teacher professional development through a systematic and reflective process. Sembiring and Mangando (2026) similarly highlight its contribution to improving instructional practice and teacher professionalism.

The relevance of clinical supervision has become stronger as educational quality is increasingly understood beyond academic achievement. Schools are expected to provide learning environments that are safe, inclusive, equitable, and respectful of students' rights. Teaching quality is therefore not determined solely by the effectiveness of instructional methods but also by how teachers interact with students, distribute learning opportunities, manage differences, and respond to students' needs. A technically effective lesson may still contain unequal participation, discriminatory treatment, or practices that undermine students' dignity. Consequently, professional supervision needs to consider both instructional effectiveness and the quality of students' learning experiences.

This concern is particularly relevant in Indonesia, where violence, bullying, discrimination, and unequal treatment remain important educational issues. UNICEF Indonesia emphasizes children's rights to protection, development, participation, and non-discrimination and stresses the need to protect children from violence and discrimination in educational environments. UNICEF Indonesia also reported that more than half of Indonesian children aged 13–17 had experienced at least one form of violence during their lifetime based on the 2024 National Survey on the Life Experiences of Children and Adolescents (SNPHAR). This situation demonstrates that efforts to improve education must include systematic attention to students' safety, dignity, participation, and well-being.

Teachers have a central role in translating these principles into classroom practice. Students experience school largely through their daily interactions with teachers and peers. Teacher language, expectations, instructional strategies, classroom management, feedback, and responses to student behavior can either strengthen or weaken students' sense of safety and inclusion. Institutional policies alone are therefore insufficient when they are not reflected in everyday classroom practices. Clinical supervision can help bridge this gap by making classroom practices the direct object of systematic observation and professional reflection.

One important dimension of this reflection is gender responsiveness. Gender-responsive pedagogy encourages teachers to recognize gender differences and inequalities and to ensure that teaching methods, learning materials, classroom management, and participation opportunities

provide equitable learning experiences. UNESCO-UNEVOC (2026) emphasizes the importance of adapting educational practices so that learners can participate and benefit equitably from education. Gender responsiveness therefore extends beyond treating boys and girls identically. It requires teachers to identify barriers and social expectations that may influence students' participation and opportunities.

Gender-related bias can emerge through routine classroom practices. It may appear in learning materials, teacher expectations, classroom responsibilities, patterns of questioning, distribution of attention, or assumptions concerning students' abilities and interests. Because such practices can become habitual, teachers may not always recognize their potential implications. Amin and Wachidah (2023) found that gender bias could still appear in learning materials and classroom practices. This finding indicates that instructional quality needs to be examined not only from the perspective of achieving learning objectives but also from the perspective of how classroom practices represent and treat different groups of students.

Sukamto et al. (2024) emphasize the importance of preparing teachers to implement gender-responsive strategies through instructional materials, classroom management, and teaching methods. This finding reinforces the need to incorporate gender responsiveness into continuous teacher professional development. Clinical supervision can provide an appropriate mechanism because teachers can examine specific classroom practices, receive evidence-based feedback, and formulate strategies for improvement. Gender responsiveness consequently becomes part of professional reflection rather than a separate educational concern.

A gender-responsive clinical supervision process can examine several aspects of classroom practice. Supervisors may observe who receives opportunities to answer questions, whose opinions receive attention, how classroom responsibilities are distributed, whether learning materials contain gender stereotypes, and whether teachers' expectations differ across students. Such observation should be evidence-based and developmental rather than accusatory. The purpose is to help teachers identify patterns that may otherwise remain unnoticed and consider alternative practices that promote greater equity.

Gender responsiveness is closely connected with child-friendly education. A child-friendly school is not limited to physical safety but also seeks to protect children's rights, dignity, participation, development, and freedom from discrimination. Erdianti and Al-Fatih (2020) explain that child-friendly schools can function as a form of legal protection by creating educational environments that are safe from violence while supporting children's rights and enjoyable learning.

Suharjuddin and Markum (2021) found that the implementation of child-friendly school policies in Bekasi involved child-friendly teaching and learning, school facilities, and participation from parents, communities, and other stakeholders. This finding shows that child-friendly education requires cooperation across different dimensions of school life. However, classroom practice remains crucial because institutional commitments must ultimately be reflected in teachers' daily interactions with students.

Hastira et al. (2025) further found that although child participation and inclusivity have become important elements of the Child-Friendly School program in Indonesia, differences remain between policy expectations and implementation practices. This implementation gap demonstrates the need for mechanisms that continuously support teachers in translating child-friendly principles into classroom practice. Clinical supervision can serve this function by bringing issues of safety, participation, dignity, and inclusion into the regular professional reflection process.

Student participation is particularly important within a child-friendly approach. Children are not merely recipients of educational services but rights-holders who should have opportunities to

express their views and participate in matters affecting them. UNICEF Indonesia emphasizes the importance of children's participation and their opportunity to express their views. Clinical supervision can therefore examine whether classroom practices provide meaningful opportunities for students to ask questions, express opinions, participate in discussions, and contribute to learning activities.

The intersection between gender responsiveness and child-friendly education becomes evident in patterns of student participation. Gender-related expectations may influence who speaks, who leads, who receives attention, and who remains silent. A classroom cannot be considered fully inclusive if participation opportunities are systematically unequal. Gender-responsive pedagogy provides the analytical perspective for identifying such patterns, while child-friendly education provides the normative basis for ensuring that all students are respected and given meaningful opportunities to participate.

These considerations reveal the potential of clinical supervision to function as a bridge between professional development, educational equity, and child protection. Clinical supervision provides the process of systematic observation and reflection. Gender-responsive pedagogy provides the analytical lens for examining gender equity and participation. Child-friendly education provides the rights-based foundation for addressing safety, dignity, protection, participation, and non-discrimination.

Previous research has established the importance of each domain. Clinical supervision studies have emphasized teacher professional development, instructional improvement, reflective practice, and collegial feedback (Diana et al., 2026). Alfiah et al. (2026) also discuss the contribution of clinical supervision to teacher professional development. Gender-responsive pedagogy research has examined gender bias and equitable participation (Amin & Wachidah, 2023). Sukamto et al. (2024) emphasize the preparation of teachers for gender-responsive teaching practices. Child-friendly education research has examined child protection and safe educational environments (Erdianti & Al-Fatih, 2020), policy implementation and stakeholder participation (Suharjuddin & Markum, 2021), and challenges related to participation and inclusivity (Hastira et al., 2025).

However, these studies have largely developed within separate fields of inquiry. Clinical supervision generally focuses on improving teacher performance and instructional practice. Gender-responsive pedagogy emphasizes equity, gender awareness, and participation. Child-friendly education focuses on protection, safety, participation, inclusion, and children's rights. The limited integration of these perspectives represents an important conceptual gap. Existing literature provides principles for each domain, but less attention has been given to how gender-responsive and child-friendly principles can be systematically incorporated into the clinical supervision cycle.

This gap is significant because professional training or school policies do not automatically produce changes in classroom practice. Teachers may understand the importance of gender equality and child protection but still require structured opportunities to examine whether these principles are reflected in their daily teaching. Conversely, clinical supervision may improve instructional techniques without addressing issues of gender bias, unequal participation, or students' rights. Integrating these perspectives can connect professional reflection with broader educational commitments to equity and protection.

The theoretical foundation of this study draws on reflective practice theory, social constructivist perspectives, gender-responsive pedagogy, and child rights frameworks. Reflective practice theory conceptualizes professional development as an ongoing process of examining experiences, assumptions, decisions, and actions to improve subsequent practice (Schön, 1983). Clinical supervision provides a structured context for this reflection because teachers can examine

classroom evidence, receive feedback, reconsider instructional decisions, and develop alternative strategies.

Social constructivist perspectives complement reflective practice by emphasizing dialogue and shared meaning-making. Within clinical supervision, supervisors and teachers collaboratively interpret classroom evidence rather than positioning the supervisor as the sole source of knowledge. This relationship is particularly important when discussing sensitive issues such as gender bias, unequal participation, classroom discipline, and child protection. A collaborative supervisory relationship can encourage teachers to engage in honest reflection without perceiving supervision solely as an evaluative process.

Gender-responsive pedagogy provides the analytical framework for examining whether instructional practices recognize gender differences, stereotypes, participation patterns, and unequal opportunities. UNESCO-UNEVOC (2026) emphasizes the importance of creating learning environments in which learners can participate and benefit equitably. UNICEF (2022) likewise highlights the importance of gender-responsive approaches in addressing barriers to equitable participation. Within clinical supervision, these principles can be translated into concrete observation indicators and reflective questions.

The child rights framework provides the ethical and normative foundation. Children are positioned as rights-holders whose protection, development, participation, and non-discrimination should be respected within educational processes. UNICEF Indonesia emphasizes the importance of children's opportunities to express their views and participate in matters affecting them. Consequently, teacher performance should be considered not only in terms of instructional effectiveness but also in relation to students' safety, dignity, participation, and well-being.

Based on these perspectives, this study conceptualizes clinical supervision as a reflective strategy that integrates gender-responsive and child-friendly principles into teachers' professional practice. The integration can be implemented through the major stages of the clinical supervision cycle: pre-observation planning, classroom observation, post-observation reflection, and follow-up**.**

In the pre-observation planning stage, supervisors and teachers collaboratively establish the focus of observation. In addition to instructional objectives and teaching methods, the supervisory focus can include student participation, teacher attention, classroom language, learning materials, classroom responsibilities, disciplinary practices, and opportunities for student voice. This stage ensures that gender equity and child-friendly principles are deliberately incorporated into supervision rather than treated as incidental concerns.

In the classroom observation stage, supervisors collect systematic evidence concerning actual instructional practices. Observation may examine participation patterns, teacher–student interactions, distribution of questions and feedback, representation in learning materials, classroom management, and students' opportunities to express their views. The purpose is not to judge teachers personally but to identify observable practices that can become the basis for professional reflection.

In the post-observation reflection stage, supervisors and teachers discuss the evidence through constructive and dialogical feedback. Teachers can be encouraged to consider questions such as: Which students participated most frequently? Were participation opportunities distributed equitably? Did learning materials contain gender stereotypes? How were students treated when they made mistakes? Did classroom management practices preserve students' dignity? Were students given meaningful opportunities to express their views? Such questions transform observation data into professional learning.

The follow-up stage ensures that reflection results in concrete improvement. Teachers can revise instructional materials, modify questioning strategies, restructure participation opportunities, develop more constructive approaches to classroom management, or strengthen mechanisms for student feedback. Subsequent reflection or observation can then be used to evaluate the changes. This cyclical process reinforces the developmental nature of clinical supervision and prevents supervision from ending at the stage of feedback.

Methodologically, this study employs a qualitative descriptive approach based on an analytical review of scholarly literature, relevant policy documents, and established models of clinical supervision. The analysis focuses on identifying conceptual relationships among clinical supervision, gender-responsive pedagogy, and child-friendly education and synthesizing these relationships into an integrated framework. The approach is intended to clarify how existing supervisory procedures can be expanded to address educational equity and children's rights without abandoning the reflective character of clinical supervision.

The contribution of this study lies in integrating three perspectives that have commonly been discussed separately: clinical supervision as a mechanism of professional reflection, gender-responsive pedagogy as an approach to educational equity, and child-friendly education as a framework for protecting and promoting children's rights. This integration provides a broader understanding of teaching quality in which instructional competence is considered alongside participation, inclusion, safety, dignity, gender equity, and child well-being.

The proposed framework also has implications for the role of supervisors. Supervisors need competencies that extend beyond observing instructional techniques. They need to facilitate reflective dialogue, identify patterns of unequal participation, recognize gender-related assumptions, understand child rights, and provide evidence-based feedback. Their role therefore becomes that of a professional facilitator who supports teachers in examining the relationship between instructional decisions and students' experiences.

For teachers, the framework positions professional development as an ongoing process of inquiry. Teachers are encouraged to examine their assumptions, interpret classroom evidence, identify potential barriers to participation, and develop contextually appropriate improvements. Gender responsiveness and child-friendly practice consequently become part of teachers' professional identity rather than merely additional compliance requirements.

At the school level, the framework can strengthen the connection between policy and classroom implementation. Policies concerning child-friendly education, gender equality, inclusion, and child protection become more meaningful when their principles are translated into observable teaching practices and incorporated into professional supervision. Clinical supervision can therefore serve as a mechanism for ensuring that institutional commitments are reflected in daily classroom interactions.

The implementation of this approach nevertheless requires a supportive supervisory culture. Gender and child protection issues can be sensitive and may involve deeply rooted assumptions and practices. Supervisors should therefore use evidence-based, respectful, and non-punitive dialogue. The purpose of supervision is not to label teachers as discriminatory or child-unfriendly but to help them recognize practices that may unintentionally create inequality or undermine students' well-being.

Sustainability is another important consideration. Integrating gender-responsive and child-friendly perspectives into a single supervisory session is unlikely to produce lasting changes. Professional transformation requires repeated cycles of observation, reflection, action, and evaluation. Clinical supervision should therefore be implemented as a continuous professional

process supported by school leadership, collaborative professional learning, and an institutional culture that values openness and improvement.

Ultimately, clinical supervision with a gender-responsive and child-friendly perspective offers a more comprehensive approach to professional development and educational improvement. Clinical supervision provides the mechanism of reflection; gender-responsive pedagogy provides the **lens of equity**; and child-friendly education provides the foundation of protection and rights. Their integration enables supervision to examine not only whether teachers teach effectively but also whether their practices provide equitable opportunities, protect students' dignity, encourage participation, and create safe and inclusive learning environments.

The central proposition of this study is therefore that clinical supervision can function as a reflective bridge between teacher professional development and the realization of equitable, inclusive, and child-sensitive education. Through systematic planning, observation, dialogue, feedback, and follow-up, teachers can be supported in identifying practices that may unintentionally reproduce inequality or exclusion and in developing more responsive alternatives.

In the Indonesian context, this approach is particularly relevant because the existence of child-friendly and inclusive education policies does not automatically guarantee consistent implementation in classroom practice. Clinical supervision can help address this implementation gap by connecting policy principles with teachers' daily professional decisions. In this way, supervision becomes not merely an instrument for monitoring teacher performance but a continuous professional strategy for translating educational values into classroom practice.

Therefore, clinical supervision with a gender-responsive and child-friendly perspective can be positioned as an approach that brings together professional development, educational equity, inclusion, and child protection. Its ultimate orientation is the development of teachers who are not only technically competent but also reflective, equitable, socially responsive, and attentive to students' rights and well-being. When implemented through continuous cycles of observation, reflection, action, and improvement, this approach has the potential to contribute to learning environments in which every student is respected, protected, heard, and provided with equitable opportunities to participate and develop.

B. Methods

Research Design

This study employed a qualitative descriptive research design to explore and conceptualize the integration of gender-responsive and child-friendly perspectives into clinical supervision. A qualitative approach was considered appropriate because the study sought to develop an in-depth understanding of how clinical supervision can function as a reflective process for identifying gender dynamics, promoting inclusive classroom practices, and supporting children's safety, dignity, participation, and well-being. Rather than measuring relationships among predetermined variables, this study focused on interpreting meanings, practices, principles, and conceptual relationships emerging from relevant literature, educational policies, and established models of clinical supervision.

Data Sources

The data consisted of secondary qualitative data obtained from three main sources: scholarly literature, educational policy documents, and established conceptual models related to clinical supervision, gender-responsive pedagogy, and child-friendly education. Scholarly literature included relevant national and international journal articles published primarily in recent years, complemented by foundational theoretical works where necessary. Policy documents included

relevant regulations, guidelines, and reports concerning gender equality, child protection, inclusive education, and child-friendly schools, particularly those relevant to the Indonesian educational context.The selection of sources was based on their relevance to the research focus, academic credibility, and contribution to understanding the relationship among clinical supervision, gender responsiveness, and child-friendly education. Sources that addressed these concepts directly or provided theoretical and empirical insights into their implementation in educational settings were prioritized.

Data Collection

Data were collected through document analysis and literature review. The researchers systematically identified, selected, read, and examined relevant scholarly publications, policy documents, and established models. The literature review focused on four main areas: (1) the principles and stages of clinical supervision; (2) reflective practice and professional learning; (3) gender-responsive pedagogy and educational equity; and (4) child-friendly education, child protection, participation, and well-being. The document analysis was conducted by examining the content of selected sources to identify statements, concepts, practices, and principles relevant to the research questions. Particular attention was given to how clinical supervision is conceptualized, how gender responsiveness is incorporated into teaching practices, and how child-friendly principles are implemented within educational environments. The identified information was then organized according to the stages of clinical supervision, namely pre-observation planning, classroom observation, and post-observation reflection.

Data Analysis

The collected data were analyzed using thematic analysis. The analysis involved several interconnected stages: familiarization with the data, identification of relevant information, initial coding, categorization of related concepts, development of themes, interpretation of relationships among themes, and synthesis of findings into an integrated conceptual framework. The analysis began by identifying recurring concepts associated with clinical supervision, gender responsiveness, and child-friendly education. These concepts were subsequently grouped into broader themes. For clinical supervision, the analysis focused on reflective planning, classroom observation, professional dialogue, feedback, and follow-up reflection. For gender responsiveness, the analysis examined gender awareness, equitable participation, avoidance of stereotypes, classroom interaction, and equal learning opportunities. For child-friendly education, the analysis focused on safety, protection, dignity, participation, inclusion, and respect for children's rights.

The themes were then compared and interpreted to identify points of convergence among the three perspectives. This process enabled the researchers to examine how gender-responsive and child-friendly principles could be embedded within each stage of clinical supervision. The final stage involved synthesizing the findings into a conceptual framework that positions clinical supervision as a reflective professional mechanism for strengthening gender-responsive, inclusive, safe, and child-friendly classroom practices.

Trustworthiness

To ensure the trustworthiness of the qualitative findings, the study applied source triangulation and theoretical triangulation. Source triangulation was conducted by comparing information obtained from different types of sources, including peer-reviewed scholarly literature, policy documents, institutional reports, and established theoretical works. Theoretical triangulation was applied by examining the phenomenon through complementary perspectives, particularly reflective practice, social constructivism, gender-responsive pedagogy, and child rights frameworks. The interpretation was also conducted through a process of comparison and cross-

checking among sources to reduce the possibility of relying on a single perspective. Claims concerning gender equality, child protection, and educational practices were therefore interpreted in relation to multiple sources rather than based on individual publications. This process strengthened the credibility and consistency of the conceptual synthesis.

Ethical Considerations

Although this study did not involve direct interaction with human participants, ethical considerations remained important in the collection, interpretation, and presentation of secondary data. The study maintained academic integrity by accurately representing the arguments and findings of the sources used, providing appropriate citations, and avoiding unsupported claims. Particular attention was given to the responsible interpretation of issues concerning gender, children's rights, safety, and educational inequality. Through this qualitative methodological approach, the study sought to produce a theoretically grounded and contextually relevant synthesis of clinical supervision, gender-responsive pedagogy, and child-friendly education. The resulting framework is intended to contribute to the development of reflective supervision practices that support teachers in creating learning environments that are safe, inclusive, equitable, and responsive to the rights and needs of all students.

C. Results and discussion

The qualitative analysis identified four interconnected themes concerning the integration of gender-responsive and child-friendly perspectives into clinical supervision: (1) clinical supervision as a reflective process for improving teaching practice; (2) gender responsiveness through critical reflection on classroom interaction and participation; (3) child-friendly practices through attention to safety, dignity, and participation; and (4) the integration of these perspectives within the clinical supervision cycle. The findings indicate that clinical supervision can be conceptualized not merely as a mechanism for evaluating teacher performance but as a reflective professional process that creates opportunities to examine the social, ethical, and inclusive dimensions of teaching practice.

1. Clinical Supervision as a Reflective Professional Process

The first theme concerns the role of clinical supervision in facilitating teachers' professional reflection. The literature indicates that clinical supervision generally consists of a structured cycle involving planning before observation, systematic classroom observation, and reflection or feedback following observation. This process allows teachers and supervisors to establish a shared understanding of instructional objectives, examine classroom practices, and discuss possible improvements through professional dialogue (Diana et al., 2026; Sembiring & Mangando, 2026). From the perspective of reflective practice, the importance of clinical supervision lies not simply in observing what teachers do but in creating opportunities to question why particular instructional decisions are made and how those decisions influence students' learning experiences. Schön (1983) explains that professional learning develops through reflection on action and reflection in action. Within this framework, clinical supervision provides a structured context in which teachers can reconsider their assumptions, interpret classroom experiences, and develop alternative responses to instructional challenges.

The findings therefore suggest that the effectiveness of clinical supervision is closely related to the quality of interaction between supervisors and teachers. A supervisory process dominated by evaluation and compliance may limit teachers' willingness to disclose difficulties or critically examine their own practices. Conversely, supervision based on trust, dialogue, and constructive feedback can create a professional space in which teachers are encouraged to reflect more openly. This interpretation is consistent with the developmental orientation of clinical supervision, in which the supervisor functions not only as an evaluator but also as a professional partner who supports teachers' continuous improvement.

2. Clinical Supervision and Gender-Responsive Pedagogy

The second theme concerns the potential of clinical supervision to strengthen teachers' awareness of gender dynamics in classroom practice. The literature on gender-responsive pedagogy demonstrates that gender inequality can be reproduced through seemingly routine aspects of teaching, including classroom interaction, distribution of participation, teacher expectations, learning materials, language, and assessment practices (Amin & Wachidah, 2023; Sukamto et al., 2024). Such practices may not always be intentional; therefore, teachers require opportunities to critically examine how their pedagogical decisions may affect students differently. The analysis indicates that the pre-observation stage of clinical supervision can be used to establish specific reflective questions concerning gender responsiveness. Supervisors and teachers may, for example, consider whether learning objectives and activities provide equitable opportunities for participation, whether classroom roles are distributed fairly, and whether instructional materials contain gender stereotypes. This makes the planning stage more than an administrative preparation; it becomes an initial process of developing teachers' awareness of potential gender-related issues.

The classroom observation stage can subsequently provide evidence for examining these issues in practice. Attention can be directed toward patterns of teacher–student interaction, who receives questions and feedback, how students are grouped, whether certain students dominate classroom discussions, and whether expectations differ according to gender. Such observation does not necessarily require a quantitative measurement of participation. Instead, the qualitative approach allows the supervisor and teacher to interpret classroom interactions and identify patterns that may otherwise remain unnoticed.

The post-observation stage is particularly important because it provides an opportunity for reflective dialogue. Rather than immediately judging a teacher's practice as correct or incorrect, the supervisor can invite the teacher to interpret the observed interaction and consider alternative strategies. In this way, clinical supervision can contribute to what may be described as critical pedagogical awareness, enabling teachers to recognize that classroom practices are not neutral but are influenced by social norms, expectations, and relationships of power.

This finding is consistent with gender-responsive pedagogy, which emphasizes the importance of identifying and challenging gender stereotypes and ensuring equitable opportunities

for learners (UNESCO-UNEVOC, 2026). Thus, the integration of gender responsiveness into clinical supervision extends the function of supervision from instructional improvement toward the promotion of educational equity.

3. Clinical Supervision and Child-Friendly Educational Practices

The third theme concerns the relationship between clinical supervision and child-friendly education. The analysis shows that the principles of child-friendly education can be translated into observable aspects of classroom practice, particularly safety, dignity, participation, respectful interaction, and attention to students' emotional and developmental needs. Child-friendly education is grounded in the recognition that children are rights-holders and that educational institutions have responsibilities to protect and promote those rights (UNICEF Indonesia, 2026).

Within the clinical supervision process, these principles can be incorporated into classroom observation and reflective discussion. Supervisors can examine whether teachers communicate with students respectfully, create emotionally safe learning environments, respond appropriately to students' needs, provide opportunities for students to express their views, and avoid practices that may humiliate, intimidate, or marginalize learners. The purpose of observation is therefore not simply to determine whether a lesson has achieved its instructional objectives but also to understand how students experience the learning environment. The analysis further indicates that child-friendly principles are closely related to the quality of teacher–student relationships. A safe learning environment requires more than physical protection; it also involves psychological safety and respect for students' dignity. Teachers' language, classroom management strategies, responses to mistakes, and willingness to listen to students can influence whether students perceive the classroom as a supportive environment.

This interpretation is consistent with the child rights perspective, which places protection, participation, dignity, and non-discrimination at the center of educational practice (UNICEF, 2022; UNICEF Indonesia, 2026). Research on Child-Friendly Schools in Indonesia similarly demonstrates that the implementation of child-friendly education involves not only school policies and facilities but also teaching and learning practices and the participation of children and other stakeholders (Suharjuddin & Markum, 2021; Hastira et al., 2025). Clinical supervision can therefore function as a mechanism for connecting these institutional commitments with teachers' everyday classroom practices.

4. Integrating Gender-Responsive and Child-Friendly Perspectives into the Clinical Supervision Cycle

The fourth theme represents the central finding of this study: gender-responsive and child-friendly perspectives can be integrated into the existing stages of clinical supervision rather than treated as separate additional programs. The integration can be conceptualized through three interconnected stages. First, pre-observation planning can incorporate questions related to gender equality, participation, inclusion, safety, and children's rights. At this stage, teachers and supervisors establish the focus of observation and identify particular aspects of classroom practice that require reflection.

Second, classroom observation can examine how these principles appear in actual instructional interactions. Observation may focus on teacher–student communication, participation patterns, classroom management, learning materials, grouping practices, responses to student differences, and opportunities for students to express their views. Third, post-observation reflection can become a structured dialogue through which teachers and supervisors interpret the observed practices, identify strengths and potential problems, and formulate improvements. The reflective discussion should be developmental rather than judgmental so that teachers can critically examine their practices without perceiving supervision merely as an evaluation of performance.

The integration of these three stages suggests that clinical supervision can function as a reflective bridge between educational policy and classroom practice. Gender equality and child-friendly education may be formally incorporated into school policies, but their practical realization depends substantially on teachers' everyday decisions and interactions with students. Clinical supervision provides a systematic mechanism for connecting these normative commitments with professional reflection and pedagogical action.

5. Theoretical Interpretation

The findings strengthen the relevance of reflective practice theory in understanding clinical supervision. Schön (1983) emphasizes that professional competence develops through continuous reflection on professional actions and experiences. In the context of this study, reflection is expanded beyond technical questions of instructional effectiveness to include ethical questions concerning equality, inclusion, safety, and children's rights. Teachers are therefore encouraged not only to ask "How effective was my teaching?" but also "Whose participation was facilitated or limited by my teaching?", "Was the learning environment safe and respectful for all students?", and "How did my instructional decisions affect students' dignity and opportunities to participate?"

The findings can also be interpreted through a social constructivist perspective. Learning and professional knowledge are developed through interaction, dialogue, and the negotiation of meaning. Clinical supervision provides such a dialogical space by bringing teachers and supervisors together to interpret classroom experiences and construct shared understandings of effective and equitable teaching. Consequently, supervision becomes a collaborative learning process rather than a one-directional evaluation. From a gender perspective, this process is important because classroom practices may reproduce social assumptions and stereotypes even when teachers do not consciously intend to discriminate. Critical reflection allows these assumptions to become visible and creates opportunities for teachers to develop more equitable practices. Meanwhile, the child rights perspective ensures that the discussion remains centered on students' dignity, safety, participation, protection, and well-being.

6. Implications for Educational Practice

The findings have several implications for educational leadership and teacher professional development. First, school leaders should position clinical supervision as a developmental and

reflective process, rather than primarily as an administrative evaluation. Second, supervisory instruments and observation guidelines can incorporate indicators related to gender responsiveness and child-friendly practices. Third, supervisors need to develop competencies in facilitating constructive dialogue concerning sensitive issues such as gender stereotypes, unequal participation, classroom safety, and student well-being.

The integration also suggests that gender-responsive and child-friendly education should not necessarily be implemented as additional programs that increase teachers' administrative workload. Instead, these principles can be embedded into existing professional supervision practices. Such integration can make educational equity and child protection part of teachers' routine professional reflection. Overall, the findings indicate that clinical supervision has conceptual potential as a mechanism for strengthening inclusive and equitable education when its process is grounded in reflection, dialogue, professional trust, and ethical responsibility. The central contribution of the study is therefore not the claim that clinical supervision automatically produces gender-responsive or child-friendly practices, but that its reflective structure provides a strategic space in which these principles can be examined, discussed, and translated into classroom practice. This distinction is important because the realization of gender equality and child-friendly education ultimately depends on the interaction between institutional commitment, supervisory processes, teacher awareness, and everyday pedagogical practice.

C. Conclusion

This study concludes that clinical supervision can be conceptually developed as a reflective professional strategy that integrates gender-responsive and child-friendly perspectives into everyday teaching practice. Based on the qualitative analysis of relevant scholarly literature, policy documents, and established models, the study indicates that the reflective structure of clinical supervision provides an appropriate space for teachers and supervisors to examine instructional practices not only from the perspective of teaching effectiveness but also from the perspectives of gender equality, inclusion, safety, participation, dignity, and children's rights. The integration of these perspectives can be implemented through the three major stages of clinical supervision. During pre-observation planning, teachers and supervisors can identify issues related to equitable participation, gender stereotypes, inclusion, and students' individual needs. During classroom observation, attention can be directed toward teacher–student interaction, participation patterns, classroom management, learning materials, communication, and the safety of the learning environment. During post-observation reflection, teachers and supervisors can engage in constructive dialogue to critically examine classroom practices and formulate improvements that are more equitable, inclusive, and responsive to children's rights.

The study further highlights that the role of the supervisor should extend beyond administrative evaluation toward facilitating professional reflection and dialogue. A supervisory relationship characterized by trust, collaboration, constructive feedback, and ethical awareness can provide teachers with opportunities to recognize implicit assumptions, reconsider pedagogical decisions, and develop more responsive classroom practices. In this sense, clinical supervision offers a potential mechanism for connecting institutional commitments to gender equality and child-friendly education with teachers' everyday

professional practices.

The main contribution of this study lies in the integration of clinical supervision, gender-responsive pedagogy, and child-friendly education within a single conceptual framework. These perspectives have commonly been discussed separately, whereas their integration within the clinical supervision process provides a broader understanding of how professional supervision can contribute to educational equity and child well-being. The proposed framework therefore moves clinical supervision beyond a predominantly technical or evaluative function toward a reflective and ethically informed process of professional learning. Nevertheless, the findings should be understood as a conceptual and qualitative synthesis rather than empirical evidence of causal effectiveness. The study does not claim that clinical supervision automatically produces gender-responsive or child-friendly practices. Rather, it demonstrates the conceptual potential of supervision as a structured space for reflection through which these principles can be discussed, critically examined, and translated into classroom practice. Future empirical research may therefore examine the proposed framework through qualitative field studies involving teachers, supervisors, school leaders, and students in diverse Indonesian educational contexts.

Ultimately, integrating gender responsiveness and child-friendly principles into clinical supervision can contribute to a broader understanding of educational quality one that places professional learning, gender equity, children's rights, safety, participation, and well-being alongside instructional improvement. Such an approach has the potential to support schools in moving from procedural supervision toward a more reflective, inclusive, and ethically responsible culture of teaching and professional development.

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