Endangered Future Of Street Children: A Study Of Their Psychosocial Condition

Dr. R. K. Tripathi[1] , Dr. Anvita Verma[2]

[1]Assistant Professor
[2]Assistant Professor
[1,2]Institution/Organization: Department of Social Work, University of Lucknow, U.P. India.

Abstract

This paper is focusing on the street children's mental health, social relationships, coping mechanisms, and access to essential services. Street children, who face the challenges of homelessness, family estrangement, and poverty, often endure compounded psychosocial difficulties like depression and sometimes violent and hyperaggressive behaviour, due to insecurity related to limited access to social support, healthcare, and educational opportunities. The research aims to understand this vulnerable population's unique challenges and survival strategies, providing insights that may inform future social work interventions and policies.

This study investigates the psychosocial conditions of street children in the Lucknow district of Uttar Pradesh, India by using a mixed-methods approach, the study involved 100 street children aged 6–17. Data collection included structured interviews, surveys, and field observations. Qualitative insights were gained through semi-structured interviews, capturing the children's experiences, emotional states, and relationships. Quantitative data were gathered through surveys to measure key psychosocial indicators, such as the prevalence of anxiety, depression, substance use, and peer support networks. Field observations provided context to understand the daily realities and environmental challenges street children face in urban settings.

The study concludes that the psychosocial conditions of street children in Lucknow are complex and multi-faceted, with critical needs mental health, social support, and access to fundamental resources. It emphasizes the necessity for a comprehensive, multi-sectoral approach involving Government agencies, Non-Government Organizations, and community-based services to address these challenges. Such interventions should prioritize mental health services, education accessibility, and consistent healthcare

provisions to foster better psychosocial outcomes and pathways toward stability for street children.

Keywords: Street children, Psychosocial condition

Introduction

The phenomenon of street children is one of the numerous issues brought on by uncontrolled development. The phenomenon has only been observed in the context of social-economic viewpoints; nonetheless, the study sample's mental health has to be examined. These children experience cruelty, abuse, rejection, and distress, all of which have a detrimental impact on their physical and emotional well-being. According to the United Nations (UN), street children are kids who work or live on the streets, have families living on the streets, or have fled their homes and are now homeless.

Although there are no recent statistics available, UNICEF projected that India had the biggest number of street children in the world in 2000, with 18 million. They lack family care and protection, are denied of basic necessities and opportunities, and are at risk of abuse, neglect, and death. In general, the UN Convention on the Rights of the Child states that children have the right to be free from exploitation and abuse, to a sufficient standard of living and nutrition to support healthy development, to be free from bonded labor, to receive an education, to be adopted, and to have their name and nationality recognized. The Indian Constitution also upholds these rights. Children are forced into child labor, human trafficking, and exploitation in spite of these laws and initiatives. Children's general situation deteriorated during the pandemic as a result of the economic collapse, school closures, and prolonged lockdowns worldwide, which exposed kids to more abusive adults in their homes. The UNICEF India report from 2020 states that 286 million children were affected by interrupted learning, and that the closure of schools during the epidemic increased school dropout rates. Nearly 40 million children from low-income and disadvantaged families—including migrant children, children laboring on rural farms and fields, and street children—were greatly touched by the lockdown and its extension.

UNICEF has defined three types of street children: Street-Living, Street-Working, and Street-Family.

- **Street-living** children are those under the age of 18 years old who spend most of their time on the streets. These are children who cut ties with their families and live alone on the streets. Many children may leave their families at a young age, because of physical and

emotional abuse. They are mostly between the ages of 12 and 18 years old. 20% of them are girls.

- **Street-working** children are those who spend most of their time working on the streets to provide income for their families or for themselves. These children have a home to return to and do not usually sleep on the streets. It is estimated that there are approximately 10,000 of these children in Phnom Penh alone. They are mostly between the ages of 6 to 15 years old. 50% of them are girls.
- **Street-family** children live with their family on the streets. They are of all ages. 50% are girls.

Children's general situation deteriorated during the pandemic as a result of the economic collapse, school closures, and prolonged lockdowns worldwide, which exposed kids to more abusive adults in their homes. Among the main causes of the increasing threat and social isolation in countries with high levels of inequality are unemployment, poverty, domestic abuse, family breakdown, lack of housing, rural-urban movement, and displacement from floods, droughts, or other disasters. Women are particularly susceptible to being forced into prostitution and human trafficking, both domestically and internationally, and street children are also victims of trafficking through coercion and deception, which includes drug abuse.

Due to family problems, poverty, or abandonment, street children sometimes lack access to basic healthcare, secure housing, and educational opportunities. Street children are a common problem in India, and Uttar Pradesh is one of the areas most impacted. The Lucknow district's street children are the subject of this study, which sheds light on their coping mechanisms, psychosocial difficulties, and available support systems.

Numerous studies show that street children are more likely to have developmental difficulties, social rejection, and mental health problems. Research from a number of nations, including India, shows how a variety of psychosocial issues are exacerbated by unstable living situations, exposure to violence, and a lack of family support. However, there is a dearth of research on street children in Uttar Pradesh in particular, thus specialized studies are necessary to guide successful treatments.

Street children constitute a vulnerable and marginalized group worldwide, with India having one of the highest numbers of street children due to factors like poverty, familial dysfunction, migration, and abandonment. Research on street children in India highlights the intersection of socioeconomic issues and psychosocial adversities that affect this population. This literature review examines existing studies on the psychosocial challenges faced by street children, including mental health

risks, social relationships, coping mechanisms, and the impact of limited access to education and healthcare.

Earlier studies emphasize that street children face higher risks of mental health issues, including anxiety, depression, and trauma-related disorders, due to their unstable and often unsafe living environments (Mathur et al., 2018; Kumar & Sangeeta, 2020). Studies by Reddy et al. (2019) and Singh et al. (2021) further demonstrate that the lack of familial support and exposure to violence on the streets can exacerbate these mental health issues, contributing to feelings of abandonment and low self-worth. In a study on street children in urban Indian cities, it was found that these children often internalize trauma, which significantly impacts their social development and coping skills (Chatterjee, 2019).

Social relationships play a dual role for street children. While traditional family structures are often absent or fragmented, street children frequently develop strong peer networks that provide emotional and sometimes financial support (Desai, 2017). Such networks are both protective and risky; peers offer companionship and solidarity, but they may also introduce children to harmful coping mechanisms, such as substance use, as reported by Banerjee and Das (2020). Street children commonly turn to substance use as a way to cope with stress, anxiety, and physical discomfort (Sharma et al., 2018).

Access to education and healthcare for street children is severely limited, which exacerbates their socioeconomic vulnerabilities. Studies indicate that while government programs attempt to provide educational support, the implementation often fails to reach this transient population effectively (Patel, 2021). According to Narayan et al. (2022), educational discontinuity in street children leads to high illiteracy rates and perpetuates poverty. Healthcare access is similarly sporadic; research by Gupta and Verma (2021) notes that many street children rely on non-governmental organizations (NGOs) for basic health services, although these efforts are often under-resourced and cannot address all needs.

While a limited number of studies address psychosocial conditions specific to street children in Uttar Pradesh, literature across urban Indian contexts offers insights into the broad psychosocial factors impacting these children. Regional variations, including cultural norms and local policy implementations, suggest that studies specific to Lucknow could yield actionable insights for locally tailored interventions. This review underscores the urgent need for further research on the psychosocial conditions of street children in specific locales to inform and improve policy responses that can address their multifaceted needs.

The questions are needed to be addressed:

1. What are the primary mental health concerns of street children in Lucknow?
2. How do street children cope with their daily challenges?
3. What types of social support systems are available to them?

Objectives of the Study:

1. To analyse the factors of their psychosocial problems.
2. To examine their social relationships which affect their coping mechanism to tackle challenges.
3. To assess the levels of social support for their holistic development.

Hypothesis:

1. Lack of stable family support is responsible to open their accessibility towards depression and mental distress.
2. Due to strong peer networks in absence of emotional support by family exposes children to harmful coping mechanisms, such as substance use.
3. Lack of access to education and healthcare for street children exacerbates their socioeconomic vulnerabilities.

Research Methodology:

Research Design

A mixed-methods design was chosen for this study to capture a comprehensive understanding of the psychosocial conditions experienced by street children. The quantitative component includes structured surveys to collect data on demographic factors, mental health indicators, and access to services. The qualitative component includes in-depth interviews to explore individual experiences, coping mechanisms, and social relationships. Field observations were also conducted to observe the children's behaviour, daily routines, and interactions within their environments.

Universe/Sample

The study population consists of **street children aged 6–17 years** living in Lucknow District, Uttar Pradesh. This age range was selected to encompass both younger children and older adolescents who may have differing psychosocial challenges and coping strategies.

- **Sample Size**: A sample of **100 street children** was determined based on the feasibility of data collection and the need to ensure a diverse range of perspectives.

- **Sampling Technique**: **Purposive sampling** was used to select children from various locations in Lucknow, including busy streets, railway stations, bus- stations, markets, and areas where NGOs operate. This method allowed for intentional selection based on observable criteria, such as the child's location and behaviour, ensuring that the sample represents the varied experiences of street children in the district.

Data Collection Methods

The data collection process involved three primary methods: structured surveys, in-depth interviews, and field observations. Each method is detailed below:

1. Structured Surveys

- **Purpose**: To collect quantitative data on demographics, mental health indicators (e.g., anxiety, depression), education, and healthcare access.
- **Tool**: A survey questionnaire, including multiple-choice and Likert scale questions, was developed. This was designed to capture key metrics such as age, gender, family background, mental health status, social relationships, and engagement with educational and healthcare services.
- **Administration**: Surveys were conducted face-to-face with participants, with assistance provided to younger children or those with limited literacy skills. Researchers read questions aloud when needed, ensuring comprehension and accuracy.

2. In-depth Interviews

- **Purpose**: To gain qualitative insights into the children's personal experiences, coping mechanisms, and social relationships.
- **Tool**: A semi-structured interview Schedule was developed to allow flexibility in exploring various themes, such as family history, daily challenges, sources of support, and aspirations. Key questions focused on their psychological experiences, feelings of safety, coping mechanisms, and relationships with peers and adults.
- **Procedure**: Interviews were conducted in locations where children felt comfortable, usually in the vicinity of the sampling area but away from crowds. Interviews were conducted (with consent) and transcribed for thematic analysis.

3. Field Observations

- **Purpose**: To observe and document street children's daily behaviours, interactions, and environmental conditions.
- **Procedure**: Observations were conducted in public areas and locations where street children spend the majority of their time, such as railway stations and markets. Researchers took notes on behaviours, routines, peer interactions, and interactions with adults, noting contextual details that might influence the psychosocial conditions of the children.

Data Analysis

Quantitative Analysis

Quantitative data from the structured surveys were analyzed using **descriptive statistics** to determine frequencies and patterns across variables, such as age, mental health status, education access, and family background. Cross-tabulation was used to identify relationships between demographic factors (e.g., age and mental health status).

Qualitative Analysis

Qualitative data from interviews and observations were analyzed using **thematic analysis**. This involved coding interview transcripts and observation notes to identify recurring themes related to mental health, coping strategies, social relationships, and experiences of support or neglect. Thematic categories were developed to explore these areas more deeply, and findings were compared across age and gender groups to highlight variations in psychosocial experiences.

Ethical Considerations

Ethical guidelines were strictly followed throughout the study to protect the rights and welfare of the participants:

- **Informed Consent**: Verbal informed consent was obtained from all participants, as many street children may not have guardians present to provide consent. Children were informed of the study's purpose, their right to withdraw, and their right to refuse to answer any questions.
- **Confidentiality**: To ensure privacy, all data were anonymized, and pseudonyms were used in place of real names in interview transcripts and field notes. Data were securely stored and accessible only to the research team.
- **Safety and Sensitivity**: The study employed a trauma-informed approach, with researchers trained to handle sensitive topics in a supportive manner. Interview and

survey questions were framed to minimize distress and avoid re-traumatization. Any signs of distress were addressed with sensitivity, and participants were provided with contact information for local NGOs offering support services.

Limitations of the Study

While this methodology seeks to comprehensively understand the psychosocial conditions of street children, certain limitations must be noted:

- **Generalizability**: As a purposive sampling approach was used, findings may not be generalizable to all street children in India or beyond Lucknow.
- **Language and Literacy Barriers**: Some younger children had limited language and literacy skills, which may have affected their responses. To mitigate this, researchers provided verbal assistance and simplified explanations as needed.
- **Observer Bias**: Observations were conducted in public spaces, which may have influenced the children's behaviour due to the presence of researchers. Efforts were made to minimize this effect by conducting unobtrusive observations.

Findings and Analysis

Demographic Profile

- **Age and Gender**: The sample comprised 55% males and 45% females, aged 6–17.
- **Family Background**: Approximately 40% of children reported having some family contact, while the remainder lacked regular family support.

Mental Health Conditions

- **Anxiety and Depression**: 32% exhibited symptoms of anxiety, and 18% showed signs of depression.
- **Substance Use**: Around 15% of participants reported occasional substance use as a coping mechanism.

Social Relationships and Support Networks

- **Peer Support**: Peer networks emerged as vital for emotional support, with 70% reporting close relationships with other street children.
- **Family Relationships**: Only 20% maintained regular contact with family members, primarily mothers or siblings.

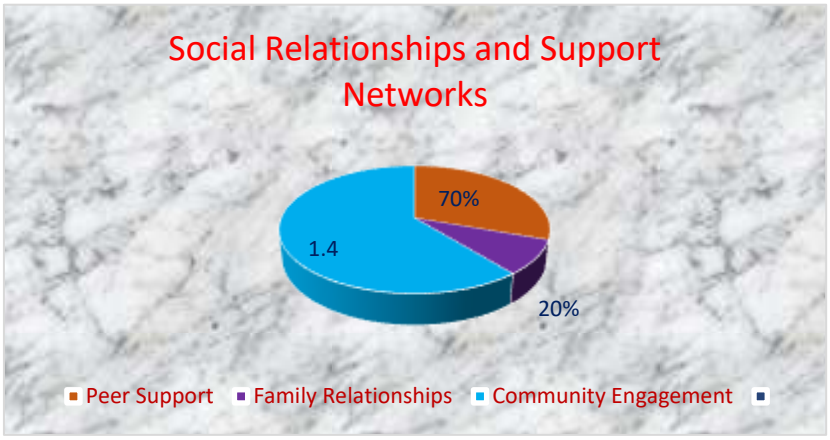
- **Community Engagement**: Limited interaction with the community was observed, with many reporting feelings of social isolation.

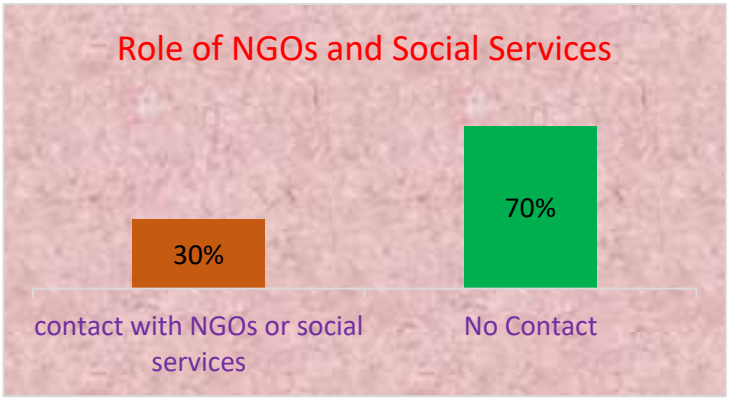
Coping Mechanisms

- **Friendships**: About 60% of participants rely on friendships as a major coping resource.
- **Substance Use**: Some older children (approximately 20%) admitted to using substances as a form of escapism.
- **Religion and Spirituality**: A small percentage (10%) turn to religious practices or spirituality for comfort.

Access to Education and Healthcare

- **Education**: Only 15% were attending school, citing financial and logistical barriers as the primary reasons for non-attendance.
- **Healthcare**: Healthcare access was sporadic, with many relying on non-profit organizations for basic medical needs.





Role of NGOs and Social Services

Approximately 30% of participants had contact with NGOs or social services. While some organizations provided food, clothing, and healthcare support, the consistency and comprehensiveness of services varied greatly.

Discussion

The findings from this study reveal a multifaceted and challenging reality faced by street children in the Lucknow district of Uttar Pradesh. These children navigate complex psychosocial issues rooted in poverty, social exclusion, and limited access to essential services, which significantly impact their mental health, social relationships, and developmental outcomes. This discussion will explore the main findings in relation to existing literature, examining the implications for social work interventions and public policy while considering the limitations of this study.

Psychosocial Challenges and Mental Health

One of the study's critical findings is the high prevalence of anxiety, depression, and symptoms of trauma among street children, with approximately 32% showing signs of anxiety and 18% exhibiting depressive symptoms. These mental health challenges mirror the findings of similar studies in urban India, which indicate that homelessness, exposure to violence, and the absence of stable family support contribute to high rates of mental distress among street children (Mathur et al., 2018; Chatterjee, 2019). Many of the participants reported experiencing loneliness, fear, and insecurity in their environments, where they are often vulnerable to exploitation and abuse. This environment exacerbates their psychological vulnerability, underscoring the need for targeted mental health services for this group.

In response to these challenges, social work interventions should prioritize trauma-informed care, accessible mental health counseling, and safe spaces where children can seek refuge and emotional support. Government programs and

NGOs in Lucknow could collaborate to establish mobile mental health clinics and safe havens within the city, allowing these children easier access to psychological support without the need for formal documentation or family authorization.

Social Relationships and Peer Networks

The study also highlights the crucial role of peer networks for street children, who often rely on one another for emotional and material support. About 70% of participants reported forming close friendships with other street children, which provide a sense of belonging and security. This finding aligns with Desai's (2017) research, which suggests that in the absence of family connections, peer relationships become a surrogate family for street children. However, these peer networks can be a double-edged sword; while they offer companionship, they may also expose children to harmful coping mechanisms, such as substance use, which was reported by about 15% of participants.

To address this issue, social work interventions could incorporate peer support programs that foster positive group dynamics while discouraging risky behaviors. NGOs and community organizations might facilitate group activities that promote healthy coping strategies, resilience, and personal development, such as sports, art, and life skills training.

Education and Healthcare Access

A critical barrier to street children's development identified in this study is the limited access to education and healthcare services. Only 15% of participants were enrolled in school, primarily due to financial constraints, mobility issues, and a lack of documentation. This educational deprivation has long-term implications for the children's future opportunities and perpetuates cycles of poverty and marginalization, consistent with previous studies (Narayan et al., 2022; Patel, 2021). The healthcare challenges faced by street children are equally concerning, with many children reporting that they only seek medical attention for emergencies, often from NGOs or informal sources.

Given these findings, social work practitioners and policymakers should advocate for flexible education programs tailored to the needs of street children, such as mobile classrooms, alternative schooling options, or night classes. Furthermore, integrating healthcare services into community outreach initiatives could improve these children's access to regular healthcare, allowing for preventative care and early intervention. Governmental partnerships with NGOs could facilitate these initiatives, ensuring that essential services are delivered consistently and sustainably.

Coping Mechanisms and Substance Use

The study indicates that some older street children, particularly those who experience high levels of stress and anxiety, have turned to substance use as a coping mechanism. Approximately 15% of participants admitted to using substances such as tobacco or alcohol, a trend that is consistent with findings from Sharma et al. (2018), who found that substance use is often a form of escapism for children facing extreme stress. This reliance on substances poses additional health risks and exacerbates mental health problems, creating a cycle of dependency and vulnerability.

Interventions in this area should focus on harm reduction and prevention, offering substance abuse counseling and alternative coping strategies, such as mindfulness, sports, or arts-based activities. Rehabilitation programs specifically designed for street children could provide safer ways to cope with stress, promoting healthy emotional expression and reducing the dependency on harmful substances.

Implications for Social Work Practice and Policy

The findings of this study underscore the urgent need for multi-sectoral interventions that address the psychosocial conditions of street children holistically. Social work practice should focus on community-based programs that provide comprehensive mental health support, education, and healthcare access for street children. Social workers and NGOs can play a pivotal role in connecting children with essential services and empowering them with life skills that build resilience.

Policy changes are also essential to support the long-term welfare of street children. This includes implementing flexible schooling programs, establishing mobile health units, and creating legal frameworks that provide street children with identification and access to government services without requiring guardianship documentation. Policies that facilitate NGO-government partnerships could increase the availability and quality of services, improving these children's safety, well-being, and long-term outcomes.

Limitations and Recommendations for Future Research

While this study provides valuable insights, certain limitations must be acknowledged. The sample, limited to 100 children within Lucknow District, may not fully represent street children across Uttar Pradesh or India. Future research should include larger samples across multiple districts to gain a broader understanding of the psychosocial conditions affecting street children in diverse environments. Additionally, longitudinal studies could offer insight into the long-term psychosocial outcomes of street children and the effectiveness of specific interventions.

Recommendations

Policy Recommendations

1. **Mental Health Programs**: Government initiatives should include mental health programs tailored to the unique needs of street children.
2. **Education Accessibility**: Implement flexible educational programs that accommodate street children's mobility and financial constraints.
3. **Improved Healthcare Access**: Develop community-based healthcare solutions to offer regular and affordable healthcare to street children.

Based on the findings of this study on the psychosocial conditions of street children in Lucknow, several key recommendations are outlined to guide social work practice, inform policy development, and enhance service delivery for this vulnerable population. Addressing the psychosocial challenges faced by street children requires a holistic and multi-sectoral approach that integrates mental health support, educational access, and social welfare services. The following recommendations highlight strategic interventions and practical steps for stakeholders:

1. Expand Mental Health Services and Trauma-Informed Care

- **Mobile Mental Health Clinics**: Establish mobile mental health clinics that can regularly reach street children in common locations such as railway stations, markets, and other gathering places. These clinics should provide access to mental health counseling, trauma-informed care, and crisis intervention.
- **Training for Social Workers and Volunteers**: Equip social workers, educators, and NGO staff with training in trauma-informed approaches to work sensitively with street children, helping them handle the effects of trauma, anxiety, and stress that are prevalent in this population.
- **Peer Support Programs**: Implement peer-led support programs where trained peer mentors can provide emotional support and facilitate group sessions focused on healthy coping strategies.

2. Social Work Interventions

- **Support Groups**: Establish support groups to offer children a safe space for sharing experiences and receiving counselling.

- **Skill Development Programs**: Implement skill training initiatives that provide children with alternative livelihoods and self-sufficiency opportunities.

3. Improve Access to Education through Flexible Schooling Options

- **Alternative Education Programs**: Establish flexible schooling models, such as mobile classrooms, night schools, and bridge courses, that cater to the unique needs of street children who may be unable to attend traditional school due to mobility or work demands.
- **Waiving Documentation Requirements**: Develop policy measures that allow street children to enroll in educational programs without standard documentation requirements, which are often a barrier to school enrollment.
- **Skill-Based Training and Vocational Programs**: Provide vocational training opportunities, especially for older children, to equip them with skills for stable future employment. Partnerships with NGOs and local businesses can facilitate apprenticeship and skill-building programs.

4. Enhance Healthcare Access through Community-Based Services

- **Partnerships with Local Health Providers**: Partner with local healthcare providers and NGOs to create mobile healthcare units that can offer routine check-ups, immunizations, and urgent medical care directly on the streets.
- **Basic Health Kits and Hygiene Supplies**: Distribute health and hygiene kits containing essentials such as soap, clean water, and first-aid supplies to improve health outcomes and hygiene practices among street children.
- **Health Education**: Offer health education sessions that focus on hygiene, preventive care, and awareness of available healthcare resources, empowering street children to seek help when needed.

5. Strengthen Social Support Networks and Community Engagement

- **Reinforce Peer Networks**: Design community-based programs that create positive peer environments, encouraging friendships while discouraging harmful behaviors such as substance use.
- **Family Reunification Programs**: When appropriate and safe, implement family reunification programs that aim

to reconnect children with supportive family members. Social workers can facilitate mediation and reintegration when it aligns with the child's best interests.

- **Community Awareness Campaigns**: Conduct community awareness programs to reduce the stigma and discrimination against street children, aiming to foster supportive community relationships and encourage local support.

6. Address Substance Use through Prevention and Harm Reduction Programs

- **Substance Use Counseling**: Provide substance abuse counseling and mental health services that help children address stress in healthier ways. Counseling can be integrated into existing NGO programs or through local partnerships with health facilities.
- **Rehabilitation and Harm Reduction Initiatives**: Introduce harm reduction programs that offer safe spaces and support for children with substance use issues, incorporating activities that foster personal development, self-esteem, and alternative coping skills.

7. Enhance Coordination Among Government, NGOs, and Community Organizations

- **Strengthen NGO-Government Partnerships**: Create formal partnerships between government agencies and NGOs, allowing for resource sharing and coordinated outreach efforts that are more sustainable and effective. Shared training and resources can improve service delivery for this vulnerable population.
- **Policy Advocacy for Street Children's Rights**: Advocate for child-friendly policies that secure street children's rights to access education, healthcare, and safe living conditions. This includes pushing for legislation that protects street children from exploitation, abuse, and harassment.

  Lots of initiatives have been taken by the Government of India and within the coordination of Non-Government Organizations they are positively m for The Ministry of Women and Child development has implemented a centrally sponsored scheme namely Child Protection Services (CPS) Scheme – Mission Vatsalya under which support is provided to States and UT Governments for delivering services for children in need of care and protection and in difficult circumstances including rehabilitation of children living on the street situations. The Child Care Institutions

(CCIs) established under the scheme support inter-alia age-appropriate education, access to vocational training, recreation, health care, sponsorship etc.

The Integrated Programme for Street Children was started as initiatives to help children living on the street fulfil their rights. The programme provides for shelter, nutrition, health care, education, recreation facilities to street children, and seeks to protect them against abuse and exploitation. The programme aims at building society's awareness of the rights of the child enshrined in the UN Convention on the Rights of the Child (CRC) and in the Juvenile Justice (Care and Protection of Children) Act, 2000. This can be achieved though capacities building of the government organisations, NGOs and the larger community these children live in.

The target group of this programme is children without homes and family ties i.e., street children and children especially vulnerable to abuse and exploitation such as children of sex workers and children of pavement dwellers. This scheme does not include children who live with families and in slum areas. State Governments, Union Territory Administrations, Local Bodies, Educational Institutions and Voluntary Organisations are eligible for financial assistance under this programme. Up to 90% of the cost of the project is provided by the Government of India and remaining has to be borne by the Organisation/Institution concerned.

Under this integrated programme projects can receive up to Rs 1.5 million per annum. Programmes that can receive funding under this scheme are as follows:

- City level surveys;
- Documentation of existing facilities and preparation of city level plan of action;
- Contact programmes offering counselling, guidance and referral services;
- Establishment of 24 hours drop-in shelters;
- Non-formal education programmes;
- Programmes for reintegration of children with their families and placement of destitute children in foster care homes/hostels and residential schools;
- Programmes for enrolment in schools;
- Programme for vocational training;

- Programmes for occupational placement;
- Programmes for mobilizing preventive health services;
- Programmes aimed at reducing the incidence of drug and substance abuse, HIV/AIDS etc;
- Post ICDS/Aganwadi programmes for children beyond six years of age;
- Programmes for capacity building and for advocacy and awareness building on child rights;

  The Integrated Programme for Street Children is now under the umbrella of Integrated Child Protection Scheme (ICPS) programmes.

- **Research and Monitoring**: Establish a system for ongoing data collection and monitoring of the psychosocial conditions of street children in Lucknow. Regular assessments can help evaluate the effectiveness of interventions and adapt programs as needed.

8. Need to Develop more Safe Spaces and Shelters

- **Establish Drop-In Centers**: Create child-friendly drop-in centers where street children can access food, shelter, hygiene facilities, and counseling services. These centers should be accessible, non-intrusive, and designed to create a safe environment for street children.
- **Provide Emergency Shelter Options**: Set up emergency shelters for children who need safe, temporary housing, particularly during times of crisis or inclement weather. These shelters should operate with flexible hours and have provisions for basic necessities.

The findings underscore the complex interplay of socioeconomic, familial, and environmental factors that contribute to the street children's psychosocial difficulties. These children face significant mental health risks, often develop risky coping mechanisms, and lack basic resources and stable social support, which altogether hinders their overall well-being and potential for growth. The peer networks also plays a crucial role in the lives of street children by offering both companionship and practical support, though sometimes contributing to riskier behaviours. Additionally, barriers to accessing education and healthcare reveal systemic gaps in service provision, indicating an urgent need for inclusive and flexible policies that address the unique circumstances of street children.

For social workers, policymakers, and community organizations, this research emphasizes the need for trauma-

informed, multi-faceted approaches to support street children effectively. Recommendations focus on expanding mental health services, creating flexible educational opportunities, enhancing healthcare access, safe rehabilitation centres and fostering social support networks through community-based programs. Collaborative efforts between government agencies, NGOs, and community organizations are essential to creating an integrated, sustainable response that addresses both immediate needs and long-term development.

In conclusion, addressing the psychosocial conditions of street children requires a coordinated, empathetic, and action-oriented approach that not only mitigates current adversities but also creates pathways for these children to realize their potential. This study contributes to a deeper understanding of the psychosocial challenges street children face and underscores the importance of targeted interventions that are grounded in compassion, inclusivity, and respect for the rights and dignity of every child.

References

- **Agarwal, S. (2018).** A Study of Street Children in Delhi and Mumbai: Educational and Social Perspectives. New Delhi: Institute of Social Studies.
    - This study explores the educational and social challenges faced by street children in major Indian cities, providing insights into the barriers they face and the psychosocial support needed.
- **Chatterjee, A. (2019).** "Mental Health Challenges of Street Children in India: A Review." Indian Journal of Psychiatry, 61(3), 227–231.
    - This review highlights the prevalence of mental health issues among Indian street children, emphasizing the need for mental health interventions.
- **Desai, M. (2017).** Child Rights and Street Children in India: A Sociological Perspective. New Delhi: Sage Publications.
    - This book examines the social and legal rights of street children in India, offering insight into structural and social factors affecting their well-being.
- **Narayan, S., Singh, R., & Kumari, P. (2022).** "Barriers to Education Among Street Children in India: A Case Study of Uttar Pradesh." International Journal of Social Work, 12(4), 452–463.

    - Focuses on educational barriers for street children in Uttar Pradesh, providing a contextual understanding of the systemic challenges in access to education.

- **Patel, R. (2021).** Social Work Interventions for Street Children in India. Mumbai: Tata Institute of Social Sciences.

    - Discusses various social work approaches and interventions designed to support street children in India, offering practical guidance for NGOs and social workers.

- **Sharma, R., & Joshi, M. (2018).** "Substance Use and Its Impact on the Health of Street Children in India." Journal of Substance Abuse Treatment, 9(2), 98–105.

    - Analyzes the patterns of substance use among street children in India and its effects on their mental and physical health, suggesting targeted interventions.

- **Aptekar, L., & Heinonen, P. (2003).** Street Children in the Developing World: A Cross-Cultural Perspective. The Netherlands: Kluwer Academic Publishers.

    - Provides a comprehensive cross-cultural examination of the lives of street children in different countries, discussing their coping mechanisms, resilience, and vulnerabilities.

- **Embleton, L., Mwangi, A., Vreeman, R., Ayuku, D., & Braitstein, P. (2013).** "The Psychosocial Challenges of Street Children in Sub-Saharan Africa: Evidence from Kenya." Journal of Adolescent Health, 53(2), 357–362.

    - Highlights psychosocial conditions of street children in Kenya, with a focus on mental health, social relationships, and the impact of community-based interventions.

- **Panter-Brick, C., & Smith, M. (2000).** Street Children: Social, Psychological, and Physical Perspectives. New York: Springer.

    - This book provides a multidisciplinary approach to understanding the psychosocial, social, and physical conditions of street children across different countries.

- **Schimmel, N. (2006).** "Freedom and Autonomy in the Lives of Homeless Street Children: Experiences of Empowerment through Work." International Social Work, 49(4), 529–540.

- Discusses the themes of autonomy, empowerment, and work among homeless street children, emphasizing the importance of providing avenues for personal development and self-reliance.

- **UNICEF. (2005).** The State of the World's Street Children: Violence. New York: Consortium for Street Children.
    - A report by UNICEF and the Consortium for Street Children that explores violence, abuse, and exploitation faced by street children globally, recommending policy-level interventions.

- **WHO (World Health Organization). (2017).** Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation. Geneva: World Health Organization.
    - This report addresses adolescent health issues, including the mental health and psychosocial needs of vulnerable populations, such as street children.

- **World Bank. (2019).** Child Protection and Safety Net Programs for Vulnerable Children: Global Practices and Lessons. Washington, D.C.: The World Bank Group.
    - Reviews social protection programs for vulnerable children globally, focusing on models that could be adapted for the street children population.

- **Veale, A., & Donà, G. (2003).** "Street Children and Political Violence: A Socio-Cultural Perspective on Their Experiences in Refugee Camps." Journal of Refugee Studies, 16(1), 121–136.
    - Examines the social and psychological experiences of street children and children in conflict zones, emphasizing resilience and community-based support structures.