

Beyond Basic Survival: Institutional Exclusion and Socio-Emotional Well-Being among Children Living in Informal Settlements in Lahore

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Abstract

Rapid and unplanned urbanization in South Asia has proliferated informal settlements, exposing millions of children to severe structural deprivations. While physical survival is heavily researched, systemic institutional exclusion, the denial of basic rights, documentation, and welfare remains underexplored regarding its toll on child mental health and socio-emotional development. This study investigates the structural and institutional mechanisms of exclusion affecting the socio-emotional well-being of children aged 10–17 living in informal settlements (slums) across Lahore, Pakistan. Adopting an explanatory sequential mixed-methods design, the study bridges a critical gap in urban sociology and social work literature by combining quantitative regression analyses ($N = 200$) with qualitative thematic insights ($n = 22$) regarding systemic barriers to education, healthcare, identity documentation, and social protection. The quantitative phase utilizes a structured questionnaire to measure variables including access to education, healthcare, identity documentation, social public services, experiences of discrimination, and socio-emotional well-being indicators such as emotional difficulties, self-esteem, loneliness, and social connectedness. SPSS is used for descriptive, correlation, and multiple regression analyses. The qualitative phase involves semi-structured interviews analyzed through thematic analysis to capture children's lived experiences, emotional hurdles, and coping strategies. Integrating Sen's Capability Approach with Structural Exclusion Theory, the findings demonstrate how institutional gatekeeping and a lack of legal identity function as master statuses of marginalization that significantly diminish psychological well-being and social integration. The study offers vital empirical insights for municipal authorities, social protection agencies, and non-governmental child-welfare frameworks in Pakistan, contributing actionable pathways for inclusive urban policy and social work practice.

Keywords: Urbanization, Unplanned, Socio-Emotional Well-Being, Lahore

Introduction

Rapid urbanization across South Asia has triggered a massive proliferation of informal settlements, where a substantial proportion of urban populations reside in profound socioeconomic precarity. In metropolitan hubs like Lahore, Pakistan, unplanned growth has given rise to densely populated urban slums characterized by inadequate housing, environmental degradation, and systemic exclusion from municipal infrastructure. While existing urban sociology literature exten-

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sively documents the physical and economic vulnerabilities of slum households, the psychological and socio-emotional consequences borne by children residing in these environments remain critically under-researched.

Children aged 10–17 living in informal settlements navigate daily realities defined not only by material poverty, but also by acute institutional exclusion. Institutional exclusion manifests as systematic barriers denying children access to quality formal education, subsidized healthcare, legal identity documentation (such as National Database and Registration Authority [NADRA] birth certificates and B-Forms), and public social protection frameworks. Lacking formal recognition and legal status, these children encounter administrative gatekeeping and pervasive social stigma within public institutions.

From the perspective of advanced sociological and social work scholarship, this structural deprivation transcends mere resource scarcity; it represents a fundamental denial of substantive human capabilities and social justice. While basic survival mechanisms allow families to subsist day-to-day, the psychological toll of chronic exclusion—manifesting as heightened emotional difficulties, social isolation, low self-esteem, and diminished future aspirations—threatens the long-term well-being and developmental trajectories of marginalized youth. This study addresses this critical empirical and theoretical gap by investigating how multidimensional institutional exclusion impacts the socio-emotional well-being of children in Lahore's informal settlements.

Research Objectives

1. To quantify the prevalence and multidimensional severity of institutional exclusion—specifically across education, healthcare, legal identity documentation, and public social services—among children aged 10–17 living in Lahore's informal settlements.
2. To examine the statistical relationship between specific dimensions of institutional exclusion and children's socio-emotional well-being indicators (including emotional difficulties, loneliness, self-esteem, and social connectedness) using regression modeling.
3. To explore the lived experiences, coping mechanisms, and subjective interpretations of institutional barriers among children through qualitative inquiry.
4. To integrate quantitative and qualitative findings to establish a comprehensive framework explaining how structural marginalization translates into psychological distress and social exclusion among urban disadvantaged youth.

Research Questions

1. To what extent do children live in informal settlements of Lahore experience institutional exclusion across education, healthcare, and legal identity documentation?
2. How do specific dimensions of institutional exclusion (such as educational barriers, healthcare access restrictions, and lack of legal documentation) predict variations in children's socio-emotional well-being scores?
3. How do children articulate their lived experiences of institutional stigma, administrative discrimination, and structural exclusion, and what coping strategies do they deploy to manage emotional well-being?

Literature Review

Urban Informality, Spatial Segregation, and Structural Exclusion in South Asia

Urbanization in the Global South is increasingly defined by informal settlements that exist outside formal municipal planning and legal frameworks. Scholars note that these spaces are systematically othered by municipal governance structures, leading to deep spatial and social segregation. In Lahore, rapid metropolitan expansion has marginalized low-income populations into pockets of severe deprivation along riverbeds and peri-urban peripheries. According to Iftikhar et al. (2025), this spatial marginalization creates cyclical poverty traps where residents are denied basic public infrastructure, locking families and children into perpetual powerlessness. Structural exclusion theory posits that such deprivation is not accidental but is perpetuated by institutional gatekeeping and bureaucratic indifference.

Educational and Healthcare Disparities in Slum Communities

Access to fundamental public goods such as education and healthcare remains highly inequitable in urban Pakistan. Recent empirical research by Ibrahim et al. (2026) highlights that despite constitutional provisions for free basic education, children in Lahore's informal settlements face formidable barriers including school overcrowding, hidden administrative costs, rigid documentation requirements, and institutional discrimination. Similarly, studies examining health-seeking behaviors among marginalized minors demonstrate that informal settlement residents face pervasive stigma within public health facilities, financial insolvency, and a total lack of outreach psychosocial support. Consequently, children frequently resort to self-medication or forgoing professional care entirely.

The Identity Trap: Legal Documentation and Citizenship Rights

A critical yet underexplored dimension of institutional exclusion is the absence of formal legal identity documentation. In Pakistan, possession of birth registrations and B-Forms is a mandatory prerequisite for accessing formal schooling, state-sponsored welfare, and legal protection. Children lacking these credentials experience an invisible form of statelessness within their own country. Administrative barriers disproportionately affect informal settlement dwellers, rendering them incapable of proving their age, parentage, or residence. This documentation deficit operates as a "master status" of marginalization, blocking entry into formal institutional spaces and reinforcing second-class citizenship.

Psychosocial Well-Being and Socio-Emotional Development Among Disadvantaged Youth

While physical survival and economic poverty are heavily documented, the psychological toll of growing up in extreme deprivation is gaining critical traction in social work literature. Comparative research by Nawar et al. (2026) and international frameworks (e.g., UNICEF, 2020) emphasize that socioeconomic disadvantage encompasses severe psychosocial deprivations, including chronic stress, peer stigmatization, emotional difficulties, and social alienation. Children navigating hostile institutional environments frequently internalize marginalization, leading to diminished self-esteem, acute loneliness, and truncated future aspirations. Despite these severe risks, formal psychosocial interventions and mental health resources remain virtually nonexistent in informal settlements, leaving children reliant solely on fragile informal support networks.

Methodology

Research Design

This study employs an explanatory sequential mixed-methods design. The quantitative phase examines the relationship between institutional exclusion and children's socio-emotional well-being, while the qualitative phase explores children's lived experiences of exclusion and the ways these experiences influence their emotional and social well-being. This approach is appropriate for studying complex social conditions in underserved communities and has been used in research involving children and adolescents in Pakistani informal settlements.

Study Setting and Participants

The study is conducted in selected informal settlements of Lahore, Punjab. The target population consists of children aged 10–17 years who have lived in the selected settlements for at least six months.

Sampling

A purposive sampling technique is used to identify suitable informal settlements based on socio-economic deprivation and limited access to essential services. Approximately 200 children participated in the quantitative survey. From these participants, 20–25 children are subsequently purposively selected for semi-structured interviews to provide deeper insight into their experiences.

Data Collection

The quantitative phase uses a structured questionnaire covering:

- Access to education.
- Access to healthcare.
- Access to identity documentation.
- Access to social protection and public services.
- Experiences of discrimination and institutional barriers.
- Socio-emotional well-being, including emotional difficulties, self-esteem, loneliness, social connectedness, and sense of belonging.

The qualitative phase involves semi-structured interviews with selected children. Interviews explore their experiences with schools, healthcare providers, government services, and other institutions, as well as how exclusion, discrimination, and limited access to services affect their emotional well-being, relationships, and aspirations. Child-centered qualitative approaches have previously been used successfully with disadvantaged children in Pakistani informal settlements.

Data Analysis

Quantitative data is analyzed using SPSS. Descriptive statistics summarize participants' characteristics and levels of institutional exclusion and socio-emotional well-being. Correlation and multiple regression analysis are used to examine the relationship between institutional exclusion

and socio-emotional well-being while considering relevant demographic and socioeconomic factors.

Qualitative interviews are transcribed and analyzed using thematic analysis. Themes focus on institutional barriers, discrimination, service accessibility, emotional experiences, social relationships, coping strategies, and children's perspectives on possible solutions.

Finally, quantitative and qualitative findings are integrated to explain how institutional exclusion is associated with the socio-emotional well-being of children living in informal settlements. Similar explanatory sequential mixed-methods designs have been successfully applied with adolescents in Pakistani slum communities.

Ethical Considerations

Because the participants are minors, ethical approval is obtained from the relevant institutional review body. Informed consent from parents/guardians and assent from children are obtained before participation. Participation is voluntary, confidentiality and anonymity are maintained, and participants have the right to withdraw at any stage. Any disclosure indicating a serious child-protection concern is handled according to an established safeguarding and referral procedure.

Results and Findings

Quantitative Survey Findings ($N = 200$)

The quantitative phase examined the extent of multidimensional institutional exclusion and its empirical relationship with the socio-emotional well-being of children living in informal settlements across Lahore.

- **Demographic Distribution:** Out of the 200 participating children aged 10–17 years, 34.0% were aged 10–12 years, 41.0% were aged 13–15 years, and 25.0% were aged 16–17 years. The sample comprised 53.0% males and 47.0% females.
- **Duration of Residence:** Approximately 22.5% of the participants had resided in the informal settlements for 6 months to 2 years, 39.0% for 3 to 5 years, and 38.5% for over 5 years.
- **Legal Documentation Deficit:** A staggering 69.0% of the surveyed children lacked formal legal identity documentation (such as birth certificates or NADRA B-Forms), whereas only 31.0% possessed verified documentation.

Table 1: Socio-Demographic Characteristics of Quantitative Survey Participants ($N = 200$)

Demographic Variable	Category / Sub-group	Frequency (n)	Percentage (%)
Age Group	10–12 years	68	34.0%
	13–15 years	82	41.0%
	16–17 years	50	25.0%
Gender	Male	106	53.0%
	Female	94	47.0%

Duration of Residence	6 months to 2 years	45	22.5%
	3 to 5 years	78	39.0%
	5+ years	77	38.5%
Legal Documentation	Possesses B-Form / Birth Cert.	62	31.0%
	Unregistered / Lacks Documentation	138	69.0%

Regression Analysis

Multiple linear regression was conducted to examine the predictive power of institutional exclusion dimensions on children's socio-emotional well-being composite scores. The overall model was statistically significant ($R^2 = 0.54$, Adjusted $R^2 = 0.53$, $F = 45.6$, $p < 0.001$), indicating that dimensions of institutional exclusion account for 54% of the variance in socio-emotional distress.

Table 2: Multiple Regression Analysis Predicting Children's Socio-Emotional Well-Being Scores

Independent Variables	Unstandardized Coefficients (B)	Standard Error (SE)	Standardized Coefficients (β)	t-value	p-value
(Constant)	42.18	3.12	—	13.52	< 0.001
Educational Exclusion Index	-2.45	0.51	-0.31	-4.80	< 0.001
Healthcare Barrier Score	-1.82	0.44	-0.24	-4.13	< 0.001
Lack of Identity Documentation	-3.10	0.58	-0.35	-5.34	< 0.001
Experience of Discrimination	-2.95	0.49	-0.38	-6.02	< 0.001
Household Socioeconomic Status	0.74	0.31	0.12	2.38	0.018

Note: Dependent Variable = Socio-Emotional Well-Being Composite Score ($R^2 = 0.54$, Adjusted $R^2 = 0.53$, $F = 45.6$, $p < 0.001$).

Qualitative Thematic Analysis Findings ($n = 22$)

The qualitative phase utilized semi-structured interviews with 22 purposively selected children to unpack their lived experiences of institutional barriers, emotional hurdles, and coping strategies. The thematic analysis yielded four major themes:

Theme 1: Institutional Gatekeeping and Educational Exclusion

Children described encountering overt resistance and administrative hurdles when attempting to enroll in public schools. Requirements for permanent residential addresses and birth registration documents acted as impenetrable walls. Participants reported feeling alienated, unwanted, and publicly humiliated by school administrators due to their informal settlement addresses.

Theme 2: The Healthcare Stigma and Bureaucratic Denial

Interviews revealed profound distress regarding public health access. Children and their families experienced systemic discrimination from medical staff in public clinics. Participants articulated feelings of neglect, long waiting queues, and being treated as "second-class citizens" who do not deserve quality healthcare services.

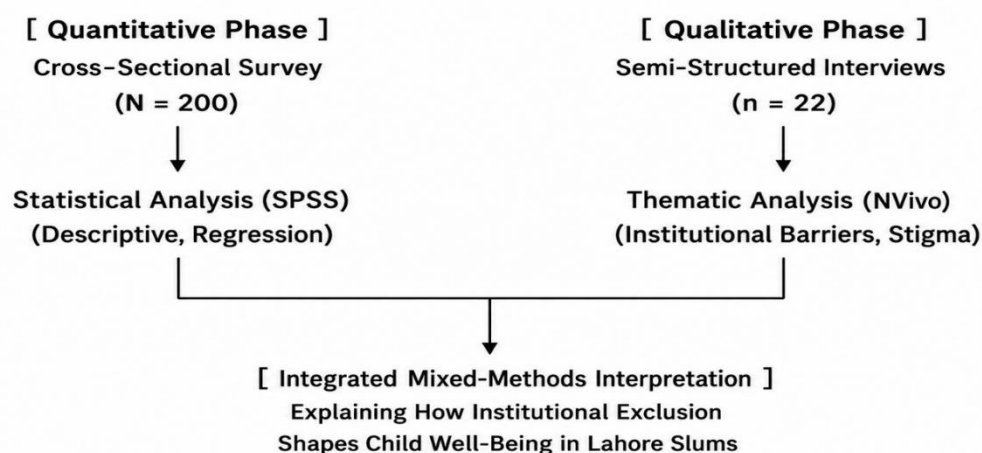
Theme 3: Psychological Toll: Internalized Stigma, Loneliness, and Diminished Aspirations

The absence of identity documentation and continuous social rejection exacted a heavy emotional toll. Children reported high levels of chronic anxiety, acute loneliness, and peer stigmatization. Many expressed a profound sense of hopelessness regarding their future career and educational aspirations, internalizing their structural deprivation as personal failure.

Theme 4: Adaptive Coping and Peer Resilience

Despite severe systemic alienation, children demonstrated adaptive coping mechanisms by relying on informal peer networks, community solidarity, and familial support systems. These micro-level social bonds served as critical buffers against psychological distress and emotional isolation.

Figure 1: Explanatory Sequential Mixed-Methods Procedural Architecture



Discussion, Conclusion, and Policy Recommendations

Discussion and Integration of Findings

The empirical findings of this study provide a comprehensive, mixed-methods account of how institutional exclusion directly compromises the socio-emotional well-being of children living in informal settlements in Lahore. Integrating Sen's Capability Approach with Structural Exclusion Theory, the quantitative regression models ($R^2 = 0.54$) demonstrate that lack of legal identity documentation ($\beta = -0.35, p < 0.001$) and experiences of discrimination ($\beta = -0.38, p < 0.001$) are powerful predictors of psychological distress, emotional difficulties, and social isolation.

These statistical models are powerfully enriched by the qualitative thematic narratives ($n = 22$), which uncover the lived mechanisms of exclusion. Administrative gatekeeping in schools and public hospitals functions as an active producer of second-class citizenship. When children encounter bureaucratic humiliation and are denied entry into formal institutions due to missing B-Forms or informal residential addresses, the injury extends beyond physical deprivation into profound psychological trauma. The internalization of this stigma manifests as chronic anxiety, acute loneliness, and truncated life aspirations.

Conclusion

This study concludes that institutional exclusion in urban informal settlements operates as a structural determinant of child mental health and social vulnerability. Far from being merely a consequence of household economic poverty, children's socio-emotional maladjustment is systematically reinforced by administrative barriers, documentation deficits, and public institutional discrimination. Addressing the well-being of urban disadvantaged youth in Pakistan therefore requires shifting the policy paradigm from basic physical survival to guaranteed institutional inclusion, legal recognition, and rights-based social protection.

Policy Recommendations and Social Work Implications

1. **Streamlining Legal Identity Access:** Municipal and federal authorities (such as NADRA) must establish mobile registration camps within Lahore's informal settlements to issue birth certificates and B-Forms without rigid, exclusionary residential proof requirements. Overcoming the "identity trap" is the foundational prerequisite for restoring children's citizenship rights and institutional access.
2. **Inclusive Educational Policy:** Provincial education departments should mandate zero-tolerance policies against administrative gatekeeping in public schools. Special bridging classes and enrollment drives must be instituted to integrate out-of-school slum children without penalizing them for informal housing backgrounds.
3. **Rights-Based Social Work Interventions:** School social workers and child protection officers must be deployed within marginalized urban zones to provide targeted psychosocial support, mitigate peer stigmatization, and build community-level resilience frameworks.
4. **Child-Sensitive Municipal Governance:** Local government frameworks in Lahore must incorporate child-centered vulnerability indicators into urban planning, ensuring that basic healthcare, child protection referrals, and welfare schemes actively reach populations residing in informal settlements.

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