

## Developmental Issues in Foster Care for Children

*Editor's note: The full text of this policy statement will appear in an upcoming issue of Pediatrics. In the meantime, individual copies are available from the AAP publications office, (800) 433-9016.*

### Summary

Maintaining the integrity of distressed families by providing adequate support services is generally in the best interest of the child.

Keeping families together, however, may not be best for all children. Alternatives based upon an assessment of the developmental needs of the children and the capabilities of the family to meet those needs must be given consideration.

Knowledge of normal child development and family functioning helps identify children receiving insufficient and inappropriate care and who are at risk for abuse or neglect.

Biologic ties usually are given considerable weight by child welfare agencies and the judiciary, even when considerable information exists to recommend against maintaining or

reinstating parental custody.

Principles of child development and expert consultation can provide guidance, though not rules, to assist in determining what is in the best interests of the child and whether those interests can be met within the biologic family or another family.

All placement and custody decisions should be based in part on an assessment of the child and family by a pediatrician, psychiatrist, or psychologist who is expert in child development. Pediatricians should participate in placement and custody decisions for children for whom they provide care. An ongoing professional relationship with the family can provide a pediatrician with valuable insights about a child's needs and the ability of a family to meet them.

### Recommendations

The following important concepts should guide pediatricians' activities as they advocate for the child:

1. Biologic parenthood does not necessarily confer either the desire or ability to care for a

child adequately.

2. Parents should be given reasonable assistance and opportunity to maintain their family, but the present and future best interests of the child should determine what is reasonable.

3. Children need continuity, consistency, and predictability from their caregiver. Multiple placements are injurious.

4. A child's sense of time should guide the pace of decision-making.

5. Foster care placement with relatives as an alternative should be tempered by the lack of information about the outcomes of such placements. The use of kinship care should be based on a careful assessment of the needs of the child and of the ability of the foster family to meet those needs. As with all foster care placements, kinship care must be supervised adequately.

*The recommendations in this policy summary do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.*

## Ambient Air Pollution: Respiratory Hazards to Children

*Editor's note: The full text of this policy statement will appear in an upcoming issue of Pediatrics. Individual copies of the statement also are available from the AAP Publications Office, 141 Northwest Point Blvd., PO Box 927, Elk Grove Village, IL 60009-0927; (800) 433-9016.*

### Summary

Levels of many outdoor air pollutants decreased substantially after the passage of the Clean Air Act of 1970; however, ozone, carbon monoxide, and particulate matter are still high enough to present hazards to children.

Epidemiologic studies undertaken in a variety of locations indicate a relationship between outdoor air pollution and adverse respiratory effects in children. The pollutants most frequently implicated in these studies have been respirable particles (notably acidic sulfates) and ozone.

As an ambient air pollutant, ozone is formed by the action of sunlight on nitrogen oxides and reactive hydrocarbons (both of which are emitted by motor vehicles and industrial sources). It is important to distinguish ground-level ozone air pollution from stratospheric ozone depletion by chlorofluorocarbons. These issues are unrelated.

The effects of exposures to multiple pollutants are difficult to study in humans. A few controlled investigations and field studies indicate, however, that exposures to complex mixtures of air pollutants may have synergistic acute effects on pulmonary function and, possibly, on symptoms.

Although healthy children appear to experience losses in pulmonary function comparable to those observed in adults for a given dose of ozone, children do not report symptoms to the same extent. This suggests that children may not experience or recognize somatic signals to curtail exposure.

### Conclusions

Existing epidemiologic and toxicologic data indicate that exposure to ambient air pollution is associated with respiratory toxicity. The decrements in pulmonary function observed in epidemiologic and experimental studies involving

children exposed to ozone and other pollutants may last longer than the episodes of pollution that initiate these changes.

A factor that increases children's vulnerability to airborne pollution is that their airways are narrower than those of adults. Thus, irritation caused by air pollution that would produce only a slight response in an adult can result in potentially significant obstruction in the airways of a young child. Moreover, children have markedly increased needs for oxygen relative to their size. They breathe more rapidly and inhale more pollutant per pound of body weight than do adults. In addition, they often spend more time engaged in vigorous outdoor activity than adults. Experimental and epidemiologic data provide grounds for concern about chronic lung damage from repeated exposures.

Current strategies in the United States for attaining clean air and protecting public health have been only partially successful. Thus, the American Academy of Pediatrics offers the following recommendations:

### Recommendations to Government Agencies

1. Ambient standards — The federal ambient air standard for ozone of 0.12 ppm (averaged over 1 hour) contains little or no margin of safety for children engaged in active outdoor activity. In view of recent research indicating the occurrence of adverse effects at ozone concentrations lower than the current standard, the Academy recommends that the standard be reconsidered for possible lowering (see chart). Similarly, epidemiologic evidence has shown that the current federal standard for particulate matter provides less than optimal protection of public health and should be lowered.

2. Smog alerts — State and local government agencies have a responsibility to issue pollution or smog alerts in a clear and timely manner. These alerts should warn specifically of the hazards that air pollution presents to children. Furthermore, recent evidence indicates that respiratory toxicity occurs at ozone concentrations lower than the stage 1 smog alert concentration (0.20 ppm, 1 hour aver-

age) recommended by the US Environmental Protection Agency, suggesting the need for reconsideration of this advisory level. Among other things, the stage 1 alert level triggers advisories to schools that outdoor activities should be restricted.

3. Source control — State and federal governments must act more vigorously in the arena of pollution prevention, both in terms of technological requirements and public education. Regulatory agencies should act aggressively to implement the requirements of the Clean Air Act of 1990.

### Recommendations to Pediatricians

1. Pediatricians should become informed about air pollution problems in the community.

2. Pediatricians caring for children at special risk, such as those with asthma and cystic fibrosis, should be aware that current levels of air pollution may cause deterioration in these children's pulmonary function and may aggravate their symptoms.

3. Pediatricians who serve as physicians for schools and for students participating in team sports need to be aware of the health implications of pollution alerts in order to provide appropriate guidance to schools and other public agencies on the health hazards of air pollution.

4. Pediatricians can make parents aware of the predictable daily variation in ozone, especially the tendency to peak in the afternoon. This awareness is essential in areas with recognized high ozone levels. When ozone levels are elevated, it may be possible to decrease children's exposure by scheduling outdoor sports earlier in the day.

5. Pediatricians can help children by expressing their concern about the child health hazards of air pollution to their representatives and to policy-makers within state and federal governmental agencies.

*The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. This policy statement is not for release to the media until May 20, 1993.*