



# Children and youth in foster and kinship care experience sleep health inequities

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## Background

- Sleep is important for health (e.g., mental, physical) and development (e.g., emotion regulation)<sup>1,2</sup>
- Reviews have shown that child maltreatment increases risk for sleep disturbances throughout life<sup>3,4</sup>
- **Foster/kinship experiences (e.g., pre-placement maltreatment, placement uncertainty) are complex and can affect sleep health<sup>5</sup>**



## Research Aim

- Synthesize knowledge on sleep health characteristics of children and youth in foster and kinship care



## Methods

- Joanna Briggs Institute methodology for systematic reviews of prevalence and incidence<sup>6</sup>
- MEDLINE, EMBASE, Cochrane, CINAHL, APA PsycINFO, Web of Science, and Social Work Abstracts

### Inclusion Criteria

- Children and youth (aged 0-18 years) in foster and kinship care
- Sleep health (duration, satisfaction/quality, timing, efficiency, behaviors) with no limitation on publication date

**Inter-rater reliability:** > 90%

4,956 articles uploaded from search

1,602 records screened after duplicates removed

73 full texts assessed for eligibility

24 publications included

## Study Characteristics

- Published from 1994 to 2025
- United States ( $k = 14$ ) and cross-sectional ( $k = 18$ ) most studied
- Sleep often a secondary outcome ( $k = 12$ )
- Sleep measures: survey ( $k = 13$ ), medical record ( $k = 4$ ), actigraph ( $k = 3$ ); observation ( $k = 2$  publications; 1 study), clinic interview ( $k = 1$ ), therapist interview ( $k = 1$ )
- Primarily focused (i.e., > 50% of sample) on foster care ( $k = 17$ )
- $n = 5$  to 8,523 in foster/kinship care; in largest samples, sleep was secondary outcome with a focus on youth and school-aged children



## Preliminary Results

Sleep outcome	k	Findings
<b>Duration</b>	8	<ul style="list-style-type: none"> <li>• Youth in care slept less than general population in 2/3 studies</li> <li>• Children (3-12 years) often met age-specific recommendations</li> <li>• Children in care 5 times more likely to display inattention/hyperactive behaviors than general population with short sleep duration</li> </ul>
<b>Quality</b>	9	<ul style="list-style-type: none"> <li>• Sleep quality rated as moderate on average</li> <li>• Sleep problems highest rated “problem behavior” by caregivers (80%)</li> <li>• Lower sleep quality and higher reports of sleep problems for children in care than adopted children and general population, respectively</li> <li>• Sleep quality improved over time in care</li> </ul>
<b>Efficiency</b>	8	<ul style="list-style-type: none"> <li>• 44-65% had difficulty initiating and maintaining sleep (DIMS)</li> <li>• Average time to fall asleep: 44-52 min</li> <li>• Children in care took significantly longer to fall asleep than other children</li> <li>• Potentially traumatic events and post traumatic stress associated with DIMS</li> </ul>
<b>Alertness &amp; napping</b>	4	<ul style="list-style-type: none"> <li>• Drowsiness highest for 13-17-year-olds (73%)</li> <li>• Young children napped most (60-64%) followed by 16-19-year-olds (19%)</li> </ul>
<b>Timing</b>	4	<ul style="list-style-type: none"> <li>• Average youth weekday bedtime = 22:16-23:16, rise time = 6:34-6:49</li> <li>• Average 4-5-year-old bedtime = 19:56, rise time = 6:50</li> <li>• Children in care had significantly earlier bedtimes than other children</li> </ul>
<b>Behaviors</b>	4	<ul style="list-style-type: none"> <li>• 53-60% of children in care need caregiver interventions at night</li> <li>• Children in care more likely to move beds at night than adopted children</li> </ul>
<b>Medications</b>	4	<ul style="list-style-type: none"> <li>• High rates (12-75%) of sleep prescriptions and over the counter (e.g., melatonin) medications or supplements</li> </ul>
<b>Parasomnias</b>	8	<ul style="list-style-type: none"> <li>• Bedwetting: 11-60% (<math>k = 8</math> studies)</li> <li>• Nightmares: 36-87% (<math>k = 6</math> studies)</li> <li>• More nightmares and night terrors in care compared to adopted children</li> <li>• When compared to general population, bedwetting higher in care</li> <li>• Trauma symptoms associated with bedwetting</li> </ul>

## Conclusions & Future Directions

- Children/youth in care had poorer sleep quality, more bedwetting, nightmares and night terrors, and took longer to fall asleep than children in the general population or those that had been adopted
- Potentially traumatic events and trauma symptoms are associated with sleep difficulties
- Sleep measures often adapted or created, limiting comparability. Relevant, valid and reliable sleep measures are needed to advance sleep knowledge in foster/kinship care
- Sleep health may improve over time in care; longitudinal evaluations are needed
- Relevant, trauma-informed sleep interventions needed for foster and kinship families



Scan for References & Included Articles:



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