Table S1. Search strategy for PsychINFO (Ovid).

PsychINFO (Ovid)		
1	Youth	(youth* or adolescen* or teen* or (young adj2 (adult* or person or people or individual* or men or man or woman or women)) or juvenile or "transition age" or adult* or “foster care alumn*” or "care leaver*").ti,ab,id
2	Youth (controlled vocabulary/ thesaurus)	Adolescent Development/ or Emerging Adulthood/
3		1 or 2
4	Adversity	(“substitute home” or “substitute care” or “substitute hous*” or "group home" or "Out-of-home Care" or "Child Welfare" or abus* or maltreat* or neglect* or foster* or "kinship care" or "at-risk" or vulnerab* or after-care or residential or placement or "adverse childhood experiences" or "adverse experiences" or "child protection" or adversity or trauma or "complex PTSD" or "complex post-traumatic stress disorder").ti,ab,id
5	Adversity (controlled vocabulary/ thesaurus)	Group Homes/ or Child Welfare/ or Child Abuse/ or Child Neglect/ or Foster Care/ or Foster Children/ or Residential Care Institutions/ or Childhood Adversity/ or Adversity/ or Protective Services/ or Complex PTSD/ or Complex Trauma/ or Trauma/ or Posttraumatic Stress Disorder/ or Emotional Trauma/ or Traumatic Experiences/
6		4 or 5
7	Transition to adulthood	((adult* adj2 (integrat* or readiness or insert* or prepar* or develop*)) or transition* or autonom* or independen* or "becoming an adult" or "becoming adults" or emancipat* or selfsufficien* or "self sufficien*" or "self-sufficien*" or adulthood or "aging out" or "ageing out" or "leaving care").ti,ab,id
8	Transition to adulthood (controlled vocabulary/ thesaurus)	Social integration/ or Life changes/ or School to work transition/ or Transition planning/ or Autonomy/ or Independence/ or Self-care skills/ or Activities of daily living/ or Habilitation/
9		7 or 8
10	Trauma-informed care	((trauma* adj4 (informed or sensitive* or focus* or oriented or responsive* or resilien*)) or "trauma specific" or "trauma and violence specific" or "trauma based").ti,ab,id

11	Trauma-informed care (controlled vocabulary/ thesaurus)	Trauma-informed care/ or Trauma treatment/
12		10 or 11
13		3 and 6 and 9 and 12

Table S2. Data extraction tool.

Study	
Study ID	
Reference	
Title	
Year of publication	
Lead author	
Country in which the study was conducted	
Type of document	
Aim of the study	
Methods	
Type of methodology	
Data collection	
Measurement time	
Recruitment	
Setting	
Possible conflict of interest	
Population description	
Inclusion criteria	
Exclusion criteria	
Total number of participants	
Matching criteria (if applicable)	
Sample description	
Outcome measurements	
Definitions	
Trauma-informed care	
Exposure (ACEs, interpersonal trauma, child welfare, foster care)	
Transition to adulthood	
Analyses	
Qualitative or statistic analysis	
Results	
Results (by outcome)	
Key results	
Limitations	
Service, program or initiative	
Name and/or description of services	
Setting	
Aim	
Inclusion criteria	
Intervention method	
Duration	
Specific objectives	

Table S3. Main results of included references.

Authors	**Date**	**Results**

Ausikaitis, A. E. [49]	2014	**Importance or need for TIC** Participants highlighted through surveys, questionnaires, interviews, and focus groups the need to train staff to trauma-sensitive approaches, which could, in turn, build support for the youth. Assessment of TIC effects – TLP based on the Sanctuary Model Different perspectives emerged among participants regarding their experience of TIC. Some had positive feedback on the social environment of the milieu – perceived as supportive and therapeutic – while other revealed that they felt the respect they got from the staff was inconsistent and lower than expected. Community meetings, which are a part of the Sanctuary model, were met with pessimism and participants suggested improvements, such as rules within talking circles. For mental and occupational health, the occupational self-assessment results showed stability between T1 and T2 (6 months delay) on the Competence Scale (a person's beliefs about their own effectiveness in adaptive functioning skills), as well as improvement in low scores and stability in high scores on the Values Scale (the adaptive functioning activities that a person believes to be important to them). Results from the ASEBA-Adaptive Functioning Scale revealed an overall stability between T1 and T2 in internalizing symptoms, although scores show an increasing trend in overall symptoms (internalizing, externalizing and other problems), which could be explained by an increase in externalizing symptoms. Nonetheless, scores remained below the 'at-risk' level. Social withdrawal symptoms increased overtime. The ASEBA-substance use scale (tobacco, alcohol) was stable and in the Normal range, while the substance use scale (other drugs) showed an increasing trend. All scales on the ASEBA-DSM-oriented scale had an increasing trend overtime while remaining in the Normal range, except for depression symptoms which had a decreasing trend. As for the sense of social support, independence, and belonging, results showed stability on the ASEBA-Adulthood scale (confidence in independent functioning and self-efficacy), between T1 and T2, and an increase trend overtime on the Community scale (perception of community living environment) as well as on Friends and Job Adaptive Functioning scales. Comments of participants concerning support and services were very positive overall on staff support and services (perceived as helpful and useful), although participants evoked negative comments on rules and availability of services (e.g., counseling). Youths identified goals related to housing, school, work, and personal matters (e.g., getting a driver's license, aiming for self-improvement). At T1, participants pursued 32 goals; at T2, 11 of those were completed, 17 were not completed but worked on, and 4 were not worked on. Finally, although experiences in TLP varied across agencies, participants reported feeling safe (physically and psychologically). Environmental issues were noted in the context of staff and client turnover and the location of an agency that exposed them to a risk of violence.
Baker, C., & Berragan, L. [50]	2020	**Description of practices and policies - TRM** TRM brings agencies and youth transitioning out of care together to identify and address their needs using a trauma lens. This allows practitioners to understand the impacts of trauma and adversity on youth. TRM draws together knowledge of attachment, trauma, criminology, and neurology to

		formulate interventions for children and young people. The interventions consider the behaviours and its drivers as well as the context in which it develops. Interventions allow flexibility and responsiveness to match youth's developmental and mental health needs. **Assessment of TIC implementation and effects** Implementation (staff practice and knowledge, and reflection): Staff members reported that TRM supports multi-agency work, but that it was difficult and complex to bring everyone together. They found the tools useful and accessible. Sequencing – that is pausing, when necessary, to look at the bigger picture and reflect on using the right intervention at the right time – is viewed as an important feature. The trauma lens was identified as significant to identify, explore, and interpret youth's life events and was found to help understand and be aware of trauma as well as having an empathetic attitude. The theoretical approach was described as affirming and engaging. Overall, staff members shared that the TRM helped them to provide the care their clients needed, although a lack of confidence while applying the model (e.g., advising on difficult subjects) could have shed doubts about some practitioners' effectiveness, reminding the importance of ongoing training and support. Effects (staff reflection on the impact of TRM on clients' experiences and outcomes): According to staff, it helped youth to focus on the positive aspects of their lives and to develop confidence thinking independently. About half of the participants agreed that the TRM helped improve youth's life skills while the other half didn't know or neither agreed nor disagreed.
Butters, C. [51]	2013	**Importance or need for TIC** Recommendations for best practices for transitioning adolescent foster girls included TIC in the social/cultural domain of health. It is recommended that healthcare providers have a trauma-informed systemic approach in their organization that is aligned with the approach outlined by the NCTIC. Recommendations also suggest that interventions need to address the impacts of trauma and facilitate healing for the youth while acknowledging the interrelation between youth trauma and their symptoms. **Description of practices and policies** It is recommended that treatment programs recognize that youth need respect, information, connectedness, and hopefulness. In addition, programs should work collaboratively with every person or agency in the life of the youth. Finally, NCTIC-approved TIC models are recommended (e.g., ATRIUM; Sanctuary Model; Seeking Sanctuary; Trauma, Addiction, Mental Health, and Recovery; TARGET). Although the focus of the recommendations were on transitioning adolescent foster girls, it should be noted that the previous TIC models are not all specifically designed to support the TA.
Camp, J. K., Hall, T. S., Chua, J. C., Ralston, K. G., Leroux, D. F., Belgrade, A., & Shattuck, S. [52]	2021	Results exposed barriers that interfered with youth achieving goals after the JMG program out-of school or in-school programs. Some youth succeeded with their school and work goals against toxic stress barriers (e.g., criminal justice, childcare and parenting responsibilities, basic needs). Youth exposed to toxic stress barriers had more school or work-related barriers than youth without them and were more likely to be enrolled in out-of-school programs. In contrast, youth enrolled in the in-school programs were more likely to achieve their goals related to education or employment than the ones enrolled in the out-of-school programs.

Child Protection Project Committee [53]	2021	Numerous legislative models from Canada, Australia and United States were reviewed among which some included TIC principles. The New Zealand's Oranga Tamariki/Ministry for Children's policy outlines that transition planning services need to be trauma-informed, as well as youth-centered, comprehensive, holistic, strength-based, and culturally responsive. Goals of the model are to prepare youth to be independent, to access support, and to cultivate positive relationships. It also favors maintaining contact and extending care up to age 21 and providing advice and support up to age 25. Services include transmission of information, support and assistance. The Independent Youth Housing Program (USA) works with youth who have aged out of foster care (ages 18-22) who have a low income. It aims toward housing, independence, and self-sufficiency. Services range from rental assistance to case management services (e.g., emotional well-being, education, employment, community connection). The interventions are based on positive youth development theory and practice, trauma-informed care, harm reduction principles, and being culturally relevant.
Gaetz, S. [54]	2014	Housing First for Youth includes 5 core principles: (1) Immediate access to housing; (2) youth choice and self-determination; (3) positive youth development orientation; (4) individualized and client-driven support; and (5) social and community integration. Application: Housing First for Youth can be used as a philosophy, as a program, or as a systemic approach where the principles are applied and infused through the system. Supports: Housing First for Youth includes 5 kinds of supports: (1) housing; (2) health and wellbeing; (3) access to income and education; (4) complementary supports; and (5) opportunities for meaningful engagement. Health and well-being, is based on TIC and prioritizes awareness, understanding, and responding to trauma on a systemic level (including the organizational structure, the treatment framework, and ongoing training). The youth are encouraged to make their own choices in a client-driven approach.
Gonzalez, R., Cameron, C., & Klendo, L. [55]	2012	Therapeutic Family Model of Care (TFMC): TFMC targets homeless youth who have lived through neglect and abuse. The interventions are set in- and out-of-home and may last many years and aim to provide youth with the foundation for a successful TA by encouraging them in their education, work, personal development, and psychological well-being. This approach targets the youth's sense of belonging within the community while (re)building a sense of self, trusting relationships, and other prosocial skills. The opportunity to develop an attachment with a carer is a focus of the model as it can support social relationships and the learning of new behaviors. The model is supported by a Community Committee that provides different kinds of support to the youth and carers (e.g., mentoring, financial assistance, education). The TFMC also provides youth with transitional planning that covers several areas (e.g., learning, life skills, connectedness).
Hallett, R. E., Westland, M. A., & Mo, E. [56]	2018	Qualitative analysis highlighted a need for TIC approaches to increase educational outcomes and success of former foster youth attending college. Results underlined that TIC should acknowledge their past and current traumas, as well as their consequences, while supporting them and building upon their strengths. Participants expressed the need for support, including

		additional financial aid, collaboration between education and housing organizations, consideration of triggers, and access to counseling.
Harder, A. T., Mann-Feder, V., Oterholm, I., & Refaeli, T. [57]	2020	**Importance or need for TIC** Qualitative analysis showed that TIC is not provided as much as it would need to be and further highlighted that specialized training should be delivered. Changes are needed at the organizational level to dispense supervision to TIC providers and to prevent vicarious traumatization among staff. The need for a safe environment as well as training and support for the staff is underlined in the seventh principle (see below). **Description of practices and policies** The authors featured ten principles to promote successful TA for young care leavers: (1) Listening to youth and safeguarding their rights to participation; (2) Supporting their autonomy during and aftercare; (3) Ensuring access to education; (4) Honoring diversity; (5) Supporting care leavers to connect and maintain contact with their biological families; (6) Ensuring relationship continuity with long-term supports and safety nets; (7) Providing intervention for working through trauma; (8) Ensuring adequate preparation for leaving care; (9) Creating legal frameworks to ensure youth' rights and needs; and (10) Ensuring access to services.
Hill, S. L. [58]	2021	The LEADS program provides support to TAY to achieve productive citizenship through academic success by offering individualized, coordinated, and intensive services that consider individual and organizational factors. The evaluation of the LEADS program revealed individual and organizational factors that impact the educational progress of youth in foster care, practice ideas, direct youth perspective, and policy recommendations.
Jivanjee, P., Grover, L., Thorp, K., Masseli, B., Bergan, J. & Brennan, E. M. [59]	2019	Employing TIC principles was identified as the most important competency for providers while simultaneously as the highest training needs. Participants (service providers working with TAY) expressed that TIC training should involve in-depth skill development using evidence-based interventions while employing culturally responsive practices to better serve youth aging out of foster care. Moreover, participants identified training needs related to youth culture, behavioral and mental health, supporting and empowering youth, and youth-driven care.
Kisiel, C., Pauters, S., Ocampo, A., Stokes, C., & Bruckner, E. [60]	2021	The authors identified six principles to take into account for understanding and working with TAY: (1) Experiences and challenges are found in different areas of TAY's; (2) Cultural norms and experiences are interwoven with traumatic experiences, responses, and recovery; (3) Developmental processes can be impacted by trauma; (4) Coping responses can be impacted by trauma; (5) Resilience-building strategies need to be supported by providers (e.g., enhancement of physical and psychological safety; strengthening relationships between providers and TAY; enhancing TAY internal assets and strengths; developing TAY external resources and supports); (6) Secondary traumatic stress can originate from working with trauma-exposed TAY.
Manpower Demonstration and Research Corporation [61]; Trekson, L., Wasserman, K. & Ho, V. [62] (Both	n.d.; 2019	**Description of practices and policies – LEAP (JAG and BoT)** The LEAP initiative was deployed through two evidence-based models (JAG and BoT) that were adapted to meet the needs of young people aging out of care, including support to address the trauma they may have experienced in their lives. Both models are enhanced through training focused on trauma experienced by youth.

references were included on the same line because they were related to the same evaluation)		JAG helps young people with getting a job or high school equivalency credential as well as creating a support system and teaching life skills. The model is flexible, using a combination of one-on-one and group formats while having an increased emphasis on individualized services over time. JAG has two phases, The Active phase of the program runs till the participant master several competencies and attain the credential goal, while the Follow-up phase is of a duration of 12 months. BoT aims to help youth transition to college or postsecondary training. BoT also has two phases, the postsecondary Bridging phase, which is either 4 to 10 weeks – or on individualized timeline – and the first-year support phase. The average duration is 15 months. **Assessment of TIC implementation, effects, and cost** Implementation: The first year of LEAP implementation led to three important takeaways: (1) finding and retaining staff to whom youth can relate to is crucial to keep participants engaged; (2) partnering with institutions and non-profit organizations is a key recruitment strategy; (3) partnerships are central to LEAP implementation to deliver JAG and BoT programs and to connect participants to other services. Less than half of the participants completed the JAG program's Active phase suggesting engagement challenges. Results showed promising levels of participation, and a high level of the Bridging phase completion in BoT. Findings further identifies five key observations about the LEAP program: (1) the need to address structural barriers (eg., housing, transportation, financial needs); (2) the need to partner with other organizations (e.g., child welfare, school districts) to align services and build referral pathways; (3) collaboration between agencies and organizations may also influence implementation; (4) the importance of staff-participant relationship and; (5) flexibility in the delivery of programs to promote engagement. Services also aims to address histories of trauma. Effects: Most of the youth enrolled in BoT (68%) persisted with their postsecondary education. Participants from the JAG program reported gaining a better understanding of career pathways for quality jobs while demonstrating an understanding of the credentials needed to obtain those jobs. Most of the youth (76%) who successfully completed the Active phase of JAG engaged in work, school or both during the first six months of the follow-up Phase. Among them, 40% obtained their high school credential. Cost: The estimated cost of all phases of the LEAP initiative is between $5,300 and $7,300 per person. The study could not determine whether LEAP is cost-effective compared with other programs with similar goals.
Marlotte, L. [63]	2017	As a trauma-informed and evidence-based program, FOCUS is a manualized model that was created to support family resilience during times of stress, transition, and loss. FOCUS was adapted to meet the unique needs of foster families and foster youth in college or who are in foster care or have recently transitioned out of foster care in helping with family functioning, mental health, and social skills. The adaptation was informed by feedback from college students about their stressors as foster youth or former foster youth. The FOCUS resilience-building model seek to help foster families understand youth's reaction to stress as well as establishing routines and stressing the importance of life consistency within young adults' lives.

Mendes, P., Sandfield, R., Saunders, B., McCurdy, S., Walsh, J., Turnbull, L., & Armstrong, E. [64]	2020	Participants, including representatives of government departments, non-government organizations, and Aboriginal and Torres Strait Islander community-controlled organization, disclosed that culturally sound mentoring and specific care programs for care leavers are important parts of trauma-informed programs preparing Indigenous youth for independence. Results highlight the contribution of community involvement (e.g., Elders) within services related to Indigenous care leavers. Participants revealed that good transitioning should start early, and that Indigenous care leavers should be better equipped for accessing needs such as housing, education, and employment. In short indigenous-specific, culturally, and trauma-informed therapeutic healing programs were identified as a need.
Mountz, S., Capous-Desyllas, M., & Perez, N. [65]	2020	Qualitative findings based on photovoice and interviews with LGBTQ youth formerly in foster care showed the need for more and extended services beyond the age of 21 as well as help regarding education, housing, safety, and other basic needs. Participants also identified the need for LGBTQ training and coaching for staff and foster parents. Intersectionally focused trauma-informed therapeutic resources were also singled out as helpful.
Schubert, A. [66]	2019	Consultations with youth and institutions revealed the need to implement trauma-informed practices among faculties and staff to help youth aging out of care with pre-admission and communication within post-secondary structures. Changes in how staff engage with youth, such as adopting a relational approach, could help youth feel safer and thus allowing them to have an education and career plan. Results suggested identifying designated point people within institutions who would be responsible for providing information and support in a TIC approach.
Spinelli, T. R., Riley, T. J., St. Jean, N. E., Ellis, J. D., Bogard, J. E., & Kisiel, C. L. [67]	2019	**Importance or need for TIC** Results showed parallels between providers and TAY perspectives of the challenges during the transition to adulthood. Both identified the additional support needed, such as services, education, and mentorship, as well as the lack of services as an obstacle. Providers stressed the importance of understanding trauma triggers, reactions, and behaviors while celebrating small successes, creating space for TAY to share, and instilling hope in TAY or changing unhelpful narratives. **Assessment of TIC implementation and effects – TIC staff training** <u>Implementation:</u> Providers highlighted efficient components of training such as it being collaborative, engaging, and interactive. They also reflected on what would be beneficial: less paperwork, more role-playing, open dialogue, time for reflection, and success stories, as well as concrete resources and access to community services. However, some topics of the training were identified by providers as redundant hence they suggested additional topics (e.g. positive coping mechanisms, non-judgmental communication, tracking positive changes, burnout, vicarious trauma, self-care). TAY suggested that providers may benefit from training that involves harm reduction strategies and knowing more about youth mental health. <u>Effects:</u> Self-regulation and de-escalation support for TAY were described by providers as effective strategies. Mentorship was also reported by providers as an efficient way for TAY to cope with trauma.

Note. ASEBA (Achenbach System of Empirically Based Assessment); ATRIUM (Addiction and Trauma Recovery Integration Model); BoT (Back on Track); FOCUS (Families Over Coming Under Stress); JAG (Jobs for America's Graduates); LEADS

(Learn – Educate – Achieve – Dream – Succeed); LEAP (Learn and Earn to Achieve Potential); LGBTQ (lesbian, gay, bisexual, transgender, and queer); NCTIC (National Center for Trauma Informed Care); SAMHSA (Substance Abuse and Mental Health Services Administration); TARGET (Trauma Affect Regulation: Guide for Education and Therapy); TAY (Transition Age Youth); TFMC (Therapeutic Family Model of Care); TIC (Trauma-informed care); TLP (Transitional Living Programs); TRM (Trauma Recovery Model)