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Research Article

Placement Matching of Children and Young People within Out-of-Home Residential Care: A Qualitative Analysis

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Residential care for children and young people is typically regarded as the least preferred option in out-of-home care by child welfare and protection practitioners. Increasingly, residential care is only used to place young people after multiple unsuccessful placements in kinship or foster care. Consequently, these young people often come into residential care with complex needs and entrenched emotional and behavioural difficulties. Coplacement of these young people in residential care has raised significant and persistent concern of peer victimisation while in residential care. Improved matching of peers within residential care may enhance safety and stability, a proposal for which young people themselves have expressed support. However, the matching of young people in residential care has received little attention in research. This article reports the qualitative findings of a multiinformant study, drawing on the first-hand experiences of 34 participants comprising eight young people and 26 practitioners in residential care, to identify the considerations they perceived as important when matching young people in residential care. Framework analysis of young people's and practitioners' perspectives identified three matching strategies that may more effectively address the concern of peer victimisation in residential care including (1) balancing risks and strengths; (2) steering into collective duty of care; and (3) involving young people in planning and transition. Implications of the findings directly point to the need to prioritise young people's rights to protection and participation, and to provide independent oversight to assist residential care organisations and the broader child welfare system to navigate the complexity in the practice of matching young people in residential care.

1. Introduction

There is evidence that improved matching of young people within residential care is needed to reduce peer victimisation [1]. Peer victimisation in residential care can manifest through a range of behaviours from verbal bullying to physical and sexual abuse [2–5]. Peer victimisation in residential care has been attributed to individuals' personality traits such as disagreeableness or lack of empathy [6] or organisational factors such as poor relationships between staff and young people [7]. In this context, one factor that has received less attention is the matching of young people within residential care, which we have defined as the practice of identifying needs and characteristics of an individual young person and matching them with other young people within a residential care placement in order to provide a protective environment that can effectively meet their needs. Children, young people, and practitioners in residential care have clearly expressed the need for more careful matching to reduce peer victimisation [1, 8]. However, how this can be achieved in practice has not been canvassed by research.

This article focuses on residential care in the out-of-home care (OOHC) system, a statutory care option for children and young people up to 18 years of age [9]. While the size of residential care varies across countries, most residential care services in Anglophone countries have moved away from large dormitory settings to smaller and community-based homes [10]. In Australia, where the present study was undertaken, each residential care home

typically accommodates up to four children and young people at any one time, supported by paid staff employed either by statutory child protection or nongovernment organisations [9].

Internationally, residential care has been the least preferred OOHC placement, constituting only 7 to 11% of the total OOHC population in Australia, the UK, and the USA [9, 11]. Children and young people in residential care generally have poorer outcomes than their counterparts in foster care, not necessarily due to the different placement type but may be attributable to young people's pre-existing characteristics; for example, young people in residential care are generally older with more complex needs and placement trajectories [12]. Furthermore, children and young people are typically placed in residential care only after multiple foster or kinship care placement breakdowns. Consequently, they often come into residential care with more extensive history of placement instability, entrenched behavioural and emotional difficulties [13], and youth justice involvement [14]. Coplacement of children and young people with such complex emotional and behavioural profiles creates a care environment that is difficult for staff to contain and distressing for young people to endure [8]. In such environments, children and young people reportedly engage in concerning or harmful behaviours that can compromise their own and coresidents' physical and emotional safety [1]. Appropriate matching of children and young people in residential care is therefore crucial.

Victimisation by peers is reported as a common occurrence by young people in residential care across Australia [1], Israel [15], the UK [4], and other European countries [16–19]. In Israel, for example, more than half of the 1,324 young people surveyed reported experiencing at least one physical violence act by coresidents in residential care in the preceding month (e.g., being grabbed, shoved, kicked, or punched) [20]. Similarly, over half of the young people in 14 residential care homes in England reported having been physically victimised by coresidents [4]. In Australia, young people regarded sexual harassment and nonconsensual sexual contacts by coresidents as an "intrinsic part of the residential care experience" [1]. Some young people also reported being encouraged or pressured by coresidents to participate in risk-taking behaviours including alcohol or substance misuse [1]. Even when young people are not directly victimised, some reported living in fear and becoming vigilant in order to protect themselves from harm [1, 21].

Children and young people experiencing peer victimisation in residential care have greater emotional and behavioural difficulties [22] and poor placement stability, with many running away from residential care in search of safety or social connections elsewhere [23]. In Australia, independent inquiries have identified poor matching of young people as a key contributor to peer victimisation and other harmful experiences [23, 24]. Young people have themselves expressed a pressing need for better matching to keep them safe [1]. Advocates for children's rights have urged OOHC policy makers and practitioners to improve matching decisions and reduce the complexities of needs and risks within each residential care home [23, 24].

Similarly, the problem with matching of young people in residential care has received little attention in research. To date, research has largely focused on matching clinical needs with placement types — kinship, foster, or residential care—and highlighted that this matching process is complex because decisions are invariably dependent on individual and organisational factors (e.g., mental health concerns and availability of placement) as well as professional judgement [25, 26]. Scant attention has been paid in research to explore how young people should be matched with other young people once they have been placed in residential care. Children and young people in residential care attested that inappropriate matching is a persistent problem which has not been properly addressed by adults who are charged to care for them [1]. Our research responded to this gap by drawing on the perspectives and experiences of young people and practitioners in residential care to explore the previously uncanvassed research question, that is, "what strategies can improve the matching of young people within residential care." The findings reported in this article aim to identify matching strategies that young people and practitioners perceived as conducive to address the concern of peer victimisation in residential care.

2. Method

2.1. Design. The findings reported in this article were drawn from a broader study examining the development and implementation of therapeutic residential care [27]. It was designed as a within-system study focussing on the experiences and perspectives of those directly involved in the service system under investigation [28]. In the state of New South Wales, where this study was undertaken, all residential care organisations require statutory accreditation. The NSW Child Safe Standards for Permanent Care 2015 set out the minimum requirements for this accreditation [29]. Non-accredited residential care services were excluded from the study. At the time of site selection, 26 nongovernment organisations were fully accredited, from which six organisations met the inclusion criteria that (1) they made a specific claim of delivering therapeutic care in their public facing documents such as service websites and (2) had multiple residential care houses to provide a sufficient pool of young people and staff to participate in the research. Three residential care organisations agreed to participate in the research. Staff members of these organisations were then invited to participate following presentation of information about the study at team meetings. Young people were recruited to the research through an invitation extended to them by their direct care workers.

Individual interviews were conducted with eight young people and 26 practitioners in residential care. All interviews were semistructured, providing parameters for key topics and questions to be explored while allowing space for flexibility to respond to participants' concerns, expanding and narrowing different foci throughout the interview [30].

Table 1: Research participants' roles, age, gender, and years of service in residential care.

Participant group	Role/responsibilities relevant to the research	Age distribution	Gender distribution	Years of living/working in residential care (mean)
Young people ($n = 8$)	Lived in the participating residential care organisations at the time of the research	13–17 ($n = 8$)	F ($n = 1$) M ($n = 7$)	2.8 years
Senior managers ($n = 5$)	Led the operationalisation of the residential care service including matching assessments and decision-making	30–49 ($n = 4$) >40 ($n = 1$)	F ($n = 4$) M ($n = 1$)	15.4 years
Therapeutic specialists ($n = 4$)	Provided clinical supervision to residential care staff, assessed referrals, and made recommendations for matching	20–29 ($n = 1$) 30–39 ($n = 1$) >40 ($n = 2$)	F ($n = 4$)	14.75 years
Caseworkers ($n = 3$)	Coordinated support for young people and developed and implemented case plan	20 = 29 ($n = 1$) 30–39 ($n = 1$) >40 ($n = 1$)	F ($N = 3$)	3.7 years
House coordinators ($n = 8$)	Managed the day-to-day operation of the house and task supervised direct care workers	20–29 ($n = 3$) 30–39 ($n = 5$)	F ($n = 3$) M ($n = 5$)	6.5 years
Direct care workers ($n = 6$)	Provided 24-hour care and support to young people	20–29 ($n = 2$) 30–39 ($n = 3$) >40 ($n = 1$)	F ($n = 4$) M ($n = 2$)	6.9 years

All interviews, except for one, were face-to-face and conducted in the participating residential care organisations or participants' residential care placements.

2.2. Ethics. Ethics approval was granted by the University of New South Wales Australia (HC15448). Specific measures were put in place to safeguard young people's rights to protection and participation in research. These included provision of an animated video to communicate the research in child-friendly language and format, an assent process by which young people were asked to provide their agreement to participate, along with consent from their OOHC carers or caseworkers.

2.3. Participants. Interviews were conducted by the first author with 34 participants living or working in residential care at the time of the research, comprising young people ($n = 8$), senior managers ($n = 5$), therapeutic specialists ($n = 4$), caseworkers ($n = 3$), house coordinators ($n = 8$), and direct care workers ($n = 6$). Table 1 outlines the different participant groups. Saturation was judged when no new information emerged across the dataset can sufficiently add fresh findings to the analysis [31]. Reaching this degree of saturation indicates that the sample size is adequate to address the research question [32]. The multiinformant design also brought "multivocality" [33] into the research, allowing different perspectives to be examined in the analysis, thereby enhancing the credibility and validity of the research findings.

2.4. Analytic Approach. The findings presented below were drawn from practitioners' responses to the interview questions, e.g., "what do you consider important when matching young people in residential care?"; "can you provide de-identified examples from your practice experience to illustrate what you meant by. . .?" These questions were modified to match young people's developmental levels, e.g., "can you tell me what you like or dislike about living with other young people?"; "can you tell me what it is like to live with other young people?" (Interview Guides in the Supplementary Material (available here)).

Framework analysis was applied to the multilayered perspectives gleaned from research participants, selected for its suitability to this study because it involved multiple categories of informants and voluminous datasets [34]. Analysis of the interview data followed the iterative process outlined by Ritchie and Spencer [34] including (1) familiarisation; (2) analytical framework development; (3) indexing; (4) charting; (5) mapping; and (6) interpretation.

Interviews were transcribed by the first author and a professional transcription service. The first author checked accuracy of each transcript and imported them into NVivo for coding. Initial coding was conducted by the first author which involved an iterative process of reading and rereading the transcripts to identify convergent and divergent perspectives reported by the participants. The research team reviewed and refined these preliminary analyses over several meetings which generated emergent themes to capture the significant experiences and perspectives commonly reported by the participants [35]. The final themes presented in this article were developed through multiple revisions of drafts and reflexive discussions between the authors. For example, "involving young people" was developed from the initial phrase of "amplifying young people's voices" because on closer examination of the data, it became clear that listening to young people extends to actively engaging them in the matching decision and placement transition processes. This iterative analytic process resulted in the identification of three matching strategies.

It is not the objective of this research to examine the extent to which these matching strategies were applied and effective in practice. The primary objective of the analysis was to provide "useful interpretations" [36] with practical value for residential care practitioners. Accordingly, invitations were sent to the three participating organisations for "reflexive elaboration" of the findings that aimed to provide "opportunities for questions, critique, feedback, affirmation, and even collaboration" [37]. Six residential care practitioners participated in a reflexive elaboration session which included a 1-hr presentation of the findings and a focused discussion on the relevance and usefulness of the findings. Questions such as "to what extent do you think this finding resonates with your experience in practice?" were used to guide the discussion; participants' feedback reaffirmed that the findings were relevant to their practice context and provided invaluable insights into improving placement matching practices.

The following section reports the findings in relation to placement matching. Table 2 outlines the placement matching issue each strategy aims to address. Pseudonyms are used in the following section to protect participants' privacy while retaining their individual voices.

3. Findings

3.1. Strategy 1: Looking beyond Individual Risks to Strengths and Ecological Contexts. The first strategy identified through the experiences of young people and practitioners aims to mitigate the problem of risk-centric practice in placement matching assessments that focus too narrowly on individual risk factors. Interviewed participants suggested a more balanced assessment approach that considers not only risks but also the young person's strengths, needs for connection, and suitability of staff. Key considerations of risks, strengths, and needs for connection and suitable staff are discussed in turn.

3.1.1. Assessing Risks. All practitioners regarded risk assessments as the cornerstone of matching of young people. They suggested three key considerations in this process: (1) what are the specific behavioural concerns for this young person? (2) How would these behavioural concerns manifest in and affect the existing intragroup dynamics in the placement? and (3) what impacts would these dynamics have on young people's safety and the overall care environment? While most practitioners recognised that matching of young

Table 2: Placement matching issues and strategies.

	Issues	Strategies
1	Risk-centric placement matching assessments that focus too narrowly on individual risk factors	Looking beyond individual risks to identify young people's strengths and meet their needs for connection and suitable care staff
2	Competing priorities between residential care service providers and funding bodies, leading to prioritisation of operational needs over young people's needs	Steering into collective duty of care by forging shared accountability with funding bodies and improving transparency in decision-making within residential care organisations
3	Insufficient consultation with young people on placement matching decisions and placement transition support	Involving young people by meeting with them to understand their needs, interests, and perspectives, providing reassurance of safety and including other young people in the placement in transition planning

people is a complex and imperfect process, factors such as age, gender, behavioural and other developmental concerns of the young person, and the other young people with whom this young person may be matched are primary assessment criteria.

> "In a house where there are three males. Not a good match would be including a young female into that. Let's just also say that those three males go to school, what would not be an appropriate match is a young person who has no day program has not been in school for the last twelve to sixteen months. That may significantly impact others in this household. . .Delving deeper into that, we would look at drug and alcohol behaviour [and] sexualised behaviour (Simon, Senior Manager)
>
> You get worried about what other kids are in the house- . . .someone who is like 17 or 16, I would be worried. If it's someone my age, 13 or 12, I'd be okay." (Caleb, aged 12)

3.1.2. Identifying Strengths. While risk assessment is an inevitable part of the matching process, some practitioners suggested that focusing too narrowly on deficits inadvertently drives practice towards managing risks rather than promoting empowerment and resilience. Raja, for example, spoke from his experience that placing young people with similar strengths and goals can cultivate more positive intragroup dynamics.

> "Rather than sort of grouping kids by challenging behaviours, grouping kids by shared strengths. We've had a number of young people sort of reside together where they were quite interested in wanting to be independent. . .when they were all there together, the focus was very strengths-based. . .we could really help with that shared goal for everyone." (Raja, House Coordinator)

Therapeutic specialists also suggested that risk assessment is a myopic approach to matching young people, laden with negative descriptions of young people. Some therapeutic specialists emphasised that matching processes should focus on how the care environment can be shaped by practitioners to provide optimal opportunities for young people to develop strengths, interests, and aspirations.

> "Who is this individual? . . . They aren't who they are on paper alone, they're more than that. What are their interests? One thing to read what's on paper and 90% of it is negative. This child is here while they're with us for whatever time they have, now we have the opportunity. What do they need? . . . How do we get people in to meet that need?" (Ann, Therapeutic Specialist)

3.1.3. Meeting Young People's Needs for Connection and Suitable Care Staff. Some practitioners noted that the geographical distance between the residential care placement and the young person's familial and social networks tends to receive little attention in matching decisions, despite it being a crucial factor affecting young people's engagement and stability of care arrangements.

> "Yesterday I looked at three referrals and all of them were kids with families in northern New South Wales and south-western New South Wales. . . minimum 7 hours from where we are. . .bringing young people into placements where they're far away from significant relationships means that they're either not going to be there or they're going to be there and be highly distressed." (Raja, House Coordinator)

Other practitioners added that long distances between the residential care placement and the young person's place-of-origin can often become a barrier to meaningfully engaging with family and mobilising support services to enhance reunification or leaving care outcomes.

> "We've spoken about not taking referrals on from kids who are from Central Coast [76km away] because the kids frequently will then abscond because all their networks are there. Also,. . .they're going to turn 18 and how are you going to do a leaving care plan when they reside here?" (Tracy, Direct Care Worker)

A young person stated that being placed in a different city or region makes them feel less safe. Caleb (12) whose hometown was 5 hours away offered a case in point:

> "Because this is a new area to me. I don't know this area. I don't really know the people who live here. . .I don't really feel safe in this area."

Senior managers added that matching considerations should include matching young people with practitioners' experiences and skillsets. They expressed that it would be injudicious to match young people who have high and complex needs with newly trained practitioners. Other practitioners echoed that matching young people with the care team's experiences and skills harnesses their existing resources and strengths, thereby minimising operational disruption.

> "Consider what house has strategies that would match these kids' behaviours, issues, problems, backgrounds, history. Because then the house doesn't have to change every dynamic or every strategy that you use." (Flynn, House Coordinator)

Overall, interviewed practitioners challenged the risk-centric approach to placement matching and offered a nuanced approach that recognises young people's strengths and their capacity for change, and meets their needs to maintain familial and social connections and be supported by suitable staff.

3.2. Strategy 2: Steering into Collective Duty of Care. The second strategy emerged from the data analysis relates to the

challenge of different priorities between residential care organisations and funding agencies. Senior managers cited incidences where their organisations accepted referrals that could not be safely matched with any existing groups or staff capacity. They reported that competing priorities between the funder (the department who needed to place young people) and the residential care organisations (being funded by the department to provide residential care placements) often made them feel pressured to prioritise operational needs over young people's needs.

> "There was pressure to take someone. . .The [therapeutic specialist] said, "no, we wouldn't encourage this". So, the advice was no, but then it was like "you've got to, under your contract, you've got to". So, we did. Also, that ended up a disaster." (Michelle, Senior Manager)

> "The matching was made because it had to be made. . .we were horrified. Our staff were horrified. We couldn't actually get the match that we needed for any kid." (Taylor, Senior Manager)

3.2.1. Forging Shared Accountability with Funder Bodies. In response to the perceived pressure to accept referrals when they cannot be suitably matched with other young people, practitioners noted the importance of steering placement matching discussion with funders into the direction of collective duty of care. Raja offered a case in point:

> "Yesterday we had a referral for a young person who was a young male. There was a history of some aggressive sexualised behaviours, we have a bed, we also have two girls living there at the moment. Our feedback was: "we do have a bed available but are we setting him up to fail by putting him in a placement where he's going to re-offend?" What is the impact going to be on the people that are living in that house, and what does their home look like when a team of carers is saying "he is an ok person to live with you."?
>
> Rather than just saying "you've got a bed, we're going to use it", it's about saying "do you think that's best? I'd like to hear how you feel and how we're doing any justice to this young person coming in and to the other kids that are there?" I think when we've been able to do that, it's sort of lessened the pressure on the agency because [the department] are taking some onus for the responsibility around the matching process and the suitability of that placement." (Raja, House Coordinator)

3.2.2. Improving Transparency in Decision-Making within Organisations. Most interviewed practitioners also cited examples to demonstrate the need of transparency within their organisations so that young people's needs do not get overshowed by operational needs in placement matching decision-making. Some practitioners reported success in implementing this strategy by involving all relevant staff in placement matching discussion and flattening the decision-making hierarchy.

> "The managers discuss the young person coming in with the team leader and, where possible, with the entire team, so we discuss young person's needs, interests, how can the placement support this young person." (Anne, Therapeutic Specialist)

> "It's actually enforcing kind of an ethical process in a way so that the referral comes in and so it's not just some big manager here getting [her] to agree to take a kid, [the department] have to be referred back to the process." (Taylor, Senior Manager)

Although different operational needs and priorities between funders and residential care organisations may be inevitable, cultivating collective duty of care both within and outside residential care organisations is seen by interviewed practitioners as an important strategy to develop shared accountability and transparency when making placement matching decisions.

3.3. Strategy 3: Involving Young People. The importance of involving young people in the matching process, as obvious as it may seem, was identified as a significant gap in practice by young people in the study. Some young people reported that they were rarely consulted about whom they were matched with and had little time to prepare for placement changes. Caleb (aged 12), for example, stated that "sometimes, one night and then next morning, I had to go." Another young person Grant (aged 17) noted that new arrivals of young people provoked anxiety.

Practitioners explained that young people's involvement in the matching of young people is often limited by time pressure and lack of placement options. Giving young people a voice in the process and yet lacking resources to act on their preferences and needs was a dilemma many senior managers faced in practice. To mitigate this, senior managers noted that meeting with the young person to understand their history and needs from their perspectives should be a standard practice:

> "I was sitting in a room the other day and I said we would do a slow transition to matching this young person in, and I was like "so how did he present when you met him?" Everyone went "we haven't met with him". I'm like "what?" Like I know you can't always meet with the person but I'm like could we agree to have a principle that where we can meet with them, we go and do meet with them. Because otherwise we've just got a file, that's all we've got." (Michelle, Senior Manager)

Another senior manager added that information from the young person and the staff involved in their previous placement should also be consulted as they can provide crucial information to help avoid replicating the dynamics that led to previous placement breakdown.

Other practitioners spoke from their experiences that more effective matching can be achieved when all young people impacted by the placement are given opportunities to get to know their new coresidents. This allows practitioners

to observe how the young people may interact with one another and provides young people a gradual transition into a new set of interpersonal dynamics.

> "We met with the agency and the key stakeholders in that child's life. We went and visited the placement where he was in, to gather up as much information as we can and actually talk to the young person. We also took up some photos of the house that we thought was the best match for this young person" (Vicki, Senior Manager)

> "Having the new young person involved but also having the current young people at the house involved. Having a chat to them and saying ideally what would it look like for you and how would you like to meet the new young person and organising activities for the young people to meet outside of the house and then having dinners in the house" (Fiona, Therapeutic Specialist)

Young people in the study added that involving them also means allowing them to ask questions and seek reassurance of their safety and wellbeing during placement moves.

> "[the carers] showed me that this place is not easy to get into. . . It helped when they reassured me that this is a safe place, "you'd be okay here, we'll do our best to help you". If they said this to every kid, I reckon they would feel a bit more comfortable and trustworthy" (Hayden, aged 15)

This strategy responds to the need for practitioners to take one step further from listening to young people to actively involving all young people impacted by the matching, and providing safety, from assessment of placement suitability to placement transition.

4. Discussion

This article draws on the experiences of young people and practitioners to develop insights into improving the matching of young people in residential care. The strategies identified by research participants indicated the need for a balanced approach to assessing risks and strengths and for all adults involved in decision-making to hold each other accountable for young people's safety, along with a participatory approach to considering young people's needs in matching processes.

The support by practitioners for considering young people's strengths in placement matching is an important finding that challenges the growing risk-centric practice in OOHC. Previous research suggests that the potential for young people in residential care to be a source of support for each other is an "untapped resource" [38]. The practitioners in our study identified that coplacement of young people with similar aspirations and interests can cultivate positive peer interactions, allowing a goal-oriented approach to care. This may be a path to unearthing the untapped resource. This strength-based approach is often overshadowed by adults' assumption that peer dynamics in residential care are static, negating the potential that young people can reciprocate peer support and protection in residential care [38]. Research also suggests that friendship with at least one coresident facilitates positive interpersonal dynamics within residential care and improves care stability because reduced peer victimisation means fewer changeovers of residents [39]. Matching young people with similar interests, providing them with opportunities to mobilise their strengths, and working collectively towards their goals hold promise.

Relatedly, the findings of our study point to the importance of young people's participation in matching processes, from identifying support needs from their perspectives to engaging them in the planning and transition process. Other studies support these findings, noting that young people in residential care want adults to involve them in codesigning effective strategies to navigate peer relationships and peer pressure [4, 28]. Recent policy analysis added that a paradigm shift is needed in the current child-rights approach, from positioning young people in OOHC as passive recipients of adults' protection to recognising their agency to communicate their views and direct adults' responses [40]. However, as practitioners in our study revealed, systemic pressures reduce their control over matching decisions and prevent them from meaningfully involving young people. It may be inevitable that residential care organisations and the funding department have competing service philosophies and operational needs; however, stronger alignment grounded in safeguarding children's rights to protection and participation is an important starting point. More rigorous external oversight by independent statutory organisations may also be needed to uphold children's rights and facilitate transparency and accountability in matching decisions.

A key challenge identified from interviewed participants was the perceived pressure they felt from needing to "fill the bed" to satisfying funding requirements. An independent review undertaken in the UK has demonstrated that occupancy rate is not a reliable indicator of supply and quality of placements because it does not capture the complexity of needs that young people bring to the placement and the staffing and expertise required to meet those needs [41]. The change of commissioning practices is therefore needed to reduce the pressures regarding the occupancy rate and give greater consideration to staffing and resources when placing young people with complex and overlapping needs [41].

Policy clearly has a role to play in this, firstly investigating the extent and how current commissioning practices and residential care workforces are responding to the issues identified in this study and secondly identifying the resources needed for creating a more enabling service context to improve placement matching practices. Embedding this evidence-informed knowledge in organisational practice manuals would give effect to the policy. The findings of this study may go some way towards guiding residential care organisations and funding bodies to operationalise the strategies we identified, for example, meeting with the young person and others affected by the placement matching to understand their needs and potential impacts of the match and codesign measures that can mitigate those

impacts. More broadly, it may be important for governments to create an impetus for change by elevating the strategies we identified in this study and other placement matching strategies as national practice standards upon which commissioning decisions are based.

5. Limitations

Although a broad range of residential care practitioners and young people were included in our study, none of them were identified as Aboriginal and Torres Strait Islanders. Therefore, the findings cannot speak to the significance of kinship and cultural connections for Aboriginal and Torres Strait Islander children and young people. Future research led by Aboriginal and Torres Strait Islander scholars and communities is needed in this area. Furthermore, although purposive sampling allowed us to recruit participants with relevant lived experience and knowledge of the research question, it is important to acknowledge the possibility of selection bias. Relatedly, this study focused on one Australian state, which cannot be generalised to other service contexts; caution is therefore needed when interpreting and applying the findings in other states or countries.

6. Conclusion

This study has responded to the persistent call from young people, practitioners, and children's advocates for improving the matching of young people in residential care. The findings have contributed practice-based insights into a knowledge gap that has received little attention in research. The matching of young people is a complex area of practice that requires ongoing development. The three strategies identified in this study are not claimed to be exhaustive; however, they foreground the priorities of safeguarding children's right to safety and providing more rigorous oversight to continuously review and improve placement matching practices.

Data Availability

The qualitative data used to support the findings of this study are restricted by research ethics requirements in order to protect participants' privacy.

Additional Points

What is known about this topic? (i) Placing children and young people in residential care without adequately matching their age, gender, and emotional and behavioural needs has been attributed to peer victimisation. (ii) Young people in residential care, practitioners, and children's rights advocates have persistently called for improving placement matching practices. (iii) Placement matching in residential care is an under-researched area despite its importance to young people's safety and wellbeing. *What this paper adds?* (i) An agenda to prioritise safeguarding of young people's rights to protection and participation in commissioning and placement matching practices. (ii) The significance of identifying not only risks but also young people's strengths when considering placement matching. (iii) Strategies for forging shared accountability in assessment and decision-making with stakeholders to improve placement matching.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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Supplementary Materials

Semistructured interview guides. (*Supplementary Materials*)

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