

The Insights Series

Emergency department use and experiences for children and young people

2019–20 to 2024–25



About this report

This report provides insights into patterns of use and experiences of emergency departments (EDs) in NSW by children and young people between 0–17 years of age, focussing on areas critical to the delivery of safe, timely and child-centred care.

It is well-recognised that children and young people have care needs and experiences that differ from those of the adult population*. Gaining insights into their experiences of care is essential to informing the delivery of safe, timely and child-centred care.

In recent years, the Bureau of Health Information's (BHI's) *Healthcare Quarterly* reports have shown record levels of demand for NSW ED services. Children and young people (0–17 year olds) represent a substantial and distinct population of ED users. In 2024–25, 0–17 year olds made more than 700,000 visits to EDs across the state. In this context, this report examines use and timeliness of care for children and young people in NSW EDs and how this has changed over time. It also looks at how results compare with all NSW patients (all ages) and across four age groups (0–12 months, 1–5 years, 6–12 years and 13–17 years).

The first part of this report (from page 4) focuses on patterns of use of EDs by children and young people including reasons for and frequency of ED visits and timeliness of care. It draws on data extracted from NSW Health's Enterprise Data Warehouse for Analysis, Reporting and Decision (EDWARD) and Secure Analytics for Population Health Intelligence and Research (SAPHaRI). Trend results are provided from July 2019 to June 2025 to align with Emergency Department Patient Survey (EDPS) results.

The second part of the report (from page 9) focuses on experiences of ED care. It draws on feedback from 23,046 children and young people (or their parents and carers) who visited NSW EDs and participated in the EDPS from July 2019 to June 2025. The report includes additional insights from feedback from 274 children and young people about their experiences of NSW ambulance services in 2024–25.

For patient experience results, references to improvements or declines refer to statistically significant differences in results between 2019–20 and 2024–25. Similarly, references to differences between children and young people and the overall NSW result refer to statistically significant differences. The technical supplement to this report is available [here](#).

* The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities, NSW Health 2022

Key insights

Patterns of use of emergency department services

Children and young people (0–17 year olds) made up 22% of all NSW emergency department (ED) visits in 2024–25. Infants (0–12 months) had the highest rates of ED use.

A small group of children were high-users of ED services, visiting an ED three or more times during 2024–25. This group represented almost a third (30%) of all visits made by children and young people.

Over recent years, there has been an increase in the number of children and young people presenting to an ED with more urgent conditions and a decrease in the number presenting with less urgent conditions, in line with overall NSW trends.

Children and young people were more likely to have their ED treatment start on time and have shorter ED stays compared with all NSW patients.

Infants (0–12 months) were more likely to be assigned to more urgent triage categories than all NSW patients and less likely to have treatment start within clinically recommended timeframes.

[See page 4](#)

Experiences of emergency department care

In 2024–25, children and young people were less likely to return to an ED within 48 hours of discharge if they said they received consistent information about their condition or treatment, they were told how to manage their care at home or their pain was effectively managed.

Children and young people were more likely to provide positive ratings of their overall ED care when their care was well coordinated, consistent with findings for all NSW patients.

Survey results were generally more positive for children and young people than all NSW patients, particularly children aged 1–5 years and 6–12 years who reported more positive experiences for most measures.

Most children and young people said they received the right amount of information, felt safe in the ED and had their family and home situation taken into account when discharged, however, ratings have declined over time.

[See page 9](#)

Experiences with ambulance services

Most children and young people who arrived by ambulance were positive about their ambulance experiences overall, particularly their interactions with ambulance staff.

[See page 20](#)

Note: Throughout this report, patient experience results for children and young people include those responses provided by young people themselves and by parents or carers completing the survey from their child's perspective.

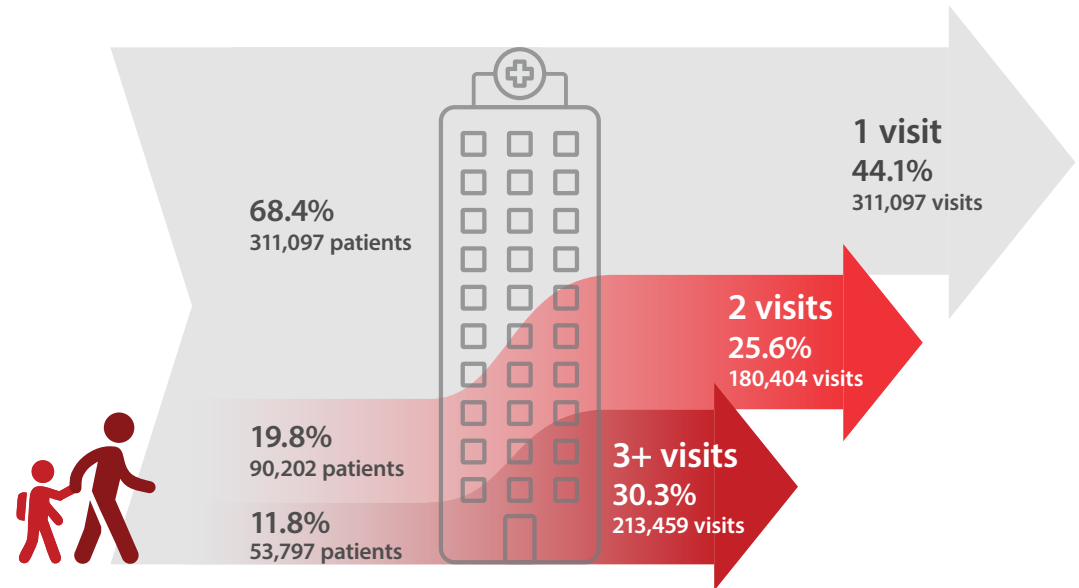
Emergency department use by children and young people

During 2024–25, there were 3.2 million visits to NSW public hospital EDs. Children and young people between 0–17 years of age, who represented 21.1% of the NSW population, made up 22.3% of these visits (702,711 visits).^{1,3}

Across the four age groups, infants were much more likely to visit an ED, with 60.6% of children between 0–12 months visiting at least once in their first year of life. In comparison, 32.7% of children aged 1–5 years, 19.5% of children aged 6–12 years and 20.1% of those aged 13–17 years made at least one ED visit in the course of the year (data not shown).^{2,3}

Across the four age groups, the proportion of children and young people who attended an ED three or more times during the year was: 15.2% among infants (0–12 months), 13.4% among children aged 1–5 years, 9.0% among those aged 6–12 years, and 11.5% among young people aged 13–17 years (data not shown).²

A small group of children and young people had high levels of ED use.



In 2024–25, 11.8% of 0–17 year olds (53,797) who attended an ED, went three or more times in the year. These patients accounted for 30.3% of the total number of ED visits (213,459) by all children and young people.

Sources:

¹ Enterprise Data Warehouse for Analysis, Reporting and Decision (EDWARD), accessed 28 May 2026.

² Hospital Performance Dataset, NSW Ministry of Health Secure Analytics for Population Health Intelligence and Research, accessed 9 June 2026.

³ Population estimates from [Australian Bureau of Statistics](#), quarter ending 31 December 2024, accessed August 17 2026.

Most common reasons for emergency department visits

The reasons children and young people visit EDs offer insights into their patterns of use of ED services. In 2024–25, ‘injury, poisoning and other external causes’ was the most commonly recorded reason for ED visits overall, accounting for 30.9% of visits among 0–17 year olds.

Reasons for ED visits varied across the four age groups. The proportion of ED visits related to ‘injury, poisoning and other external causes’ and ‘diseases of the musculoskeletal system’ increased with age, while the proportion related to ‘diseases of the respiratory system’ and ‘infectious and parasitic diseases’ decreased with age.

For patients aged 13–17 years, ED visits related to ‘mental and behavioural disorders’ accounted for a higher proportion of visits (4.1%) than for other age groups.

Percentage of most commonly recorded reasons for ED visits, by age group, 2024–25

	 0–<12 months (%)	 1–5 years (%)	 6–12 years (%)	 13–17 years (%)	 0–17 years (%)
Injury, poisoning and other external causes	10.1	26.3	39	39.4	30.9
Symptoms, signs and abnormal clinical lab findings, not elsewhere classified	31.7	27	23	26.1	26.2
Diseases of the respiratory system	25.7	18.7	9.9	4.9	13.9
Infectious and parasitic diseases	14.5	11.5	5.6	2.9	8.2
Diseases of the musculoskeletal system	0.2	2	5.7	6.5	3.9
Diseases of the skin and subcutaneous tissue	2.6	3.4	3.3	3.2	3.2
Diseases of the digestive system	3.6	2.3	3.2	2.9	2.8
Diseases of the ear and mastoid process	1.1	2.8	2.8	1.4	2.3
Diseases of the genitourinary system	1.5	1.9	2.1	3	2.2
Factors influencing health status and contact with health services	2.4	1.4	1.6	2.3	1.8
Mental and behavioural disorders	0.2	0.1	0.7	4.1	1.2

Source: Enterprise Data Warehouse for Analysis, Reporting and Decision (EDWARD), accessed 1 July 2026.

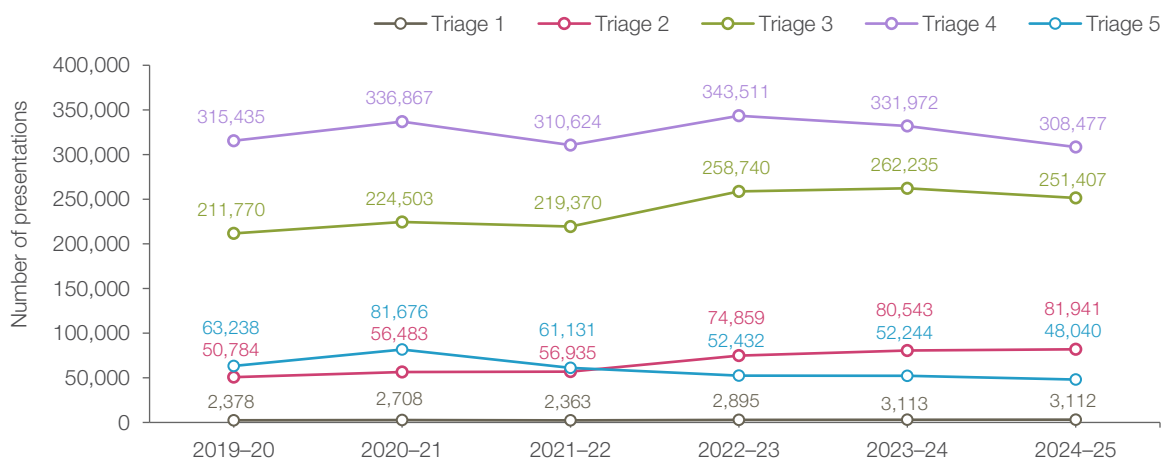
Note: Records where the reason was missing or could not be mapped to a coded value were excluded.

For more information, see the technical supplement.

Emergency presentations by triage category

On arrival at the ED, patients are allocated to one of five triage categories, based on clinical urgency. There were more children and young people assigned to triage categories 1, 2 and 3 in 2024–25 compared with 2019–20. The number assigned to triage categories 4 and 5 has decreased, in line with overall statewide trends.

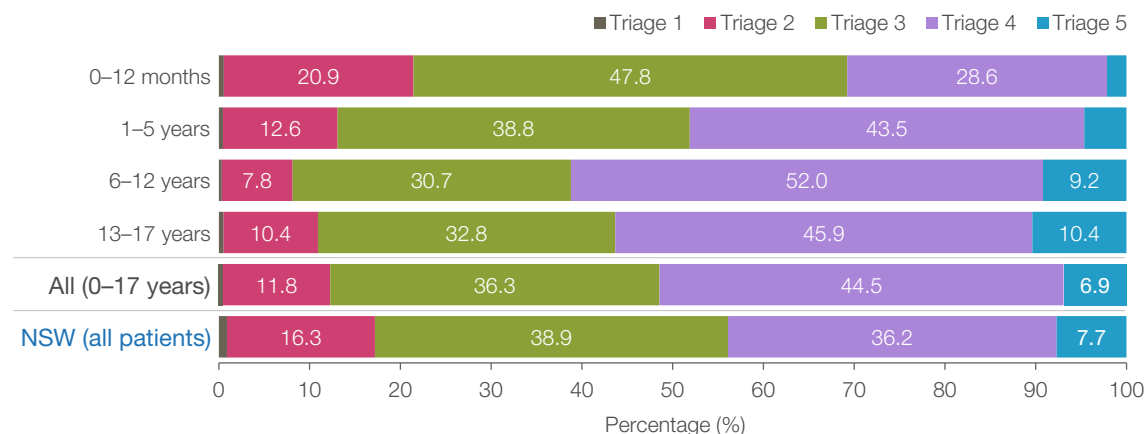
Emergency presentations by triage category, 0–17 year olds, 2019–20 to 2024–25



Younger children were typically assigned to more urgent triage categories.

Across the four age groups, a higher proportion of visits in the 0–12 months and 1–5 years age groups were assigned to more urgent triage categories (triage categories 1, 2 and 3).

Emergency presentations by triage category and age group, NSW, 2024–25



Source: Enterprise Data Warehouse for Analysis, Reporting and Decision (EDWARD), accessed 28 May 2026.

Timeliness of emergency department care

Children and young people were more likely to have their ED treatment started on time, compared with all NSW patients. In 2024–25, 67.2% of children and young people between 0–17 years of age started treatment within clinically recommended time frames, compared with 65.1% for all patients.

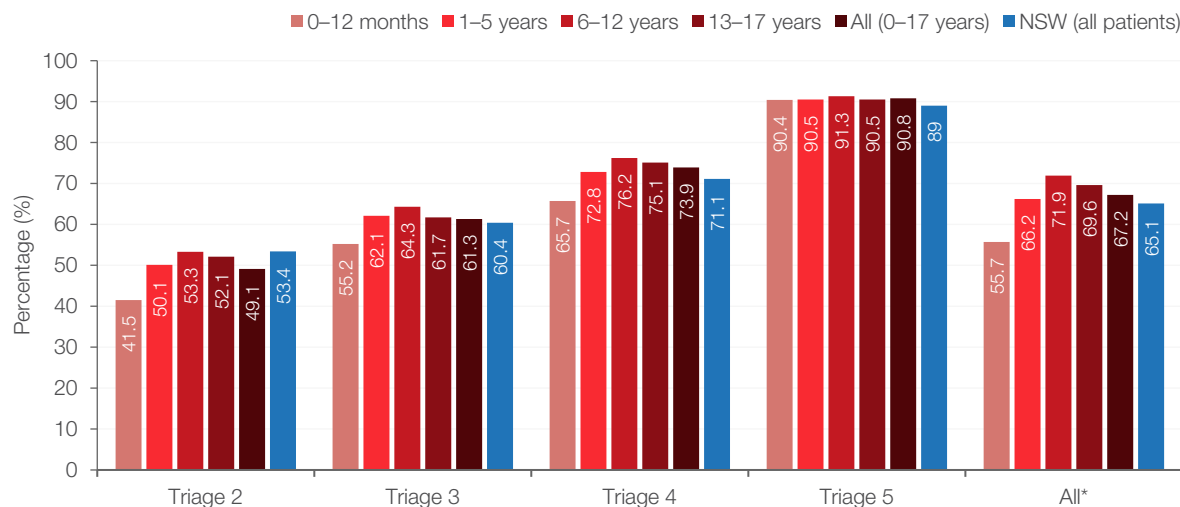
Fewer infants between 0–12 months had their treatment start on time compared with all patients.

The percentage of children and young people starting treatment on time has decreased since 2019–20, in line with overall statewide trends (data not shown).

The Australasian College for Emergency Medicine (ACEM) recommended maximum waiting times for ED treatment to start are:

- Triage 2: Emergency – 80% within 10 minutes
- Triage 3: Urgent – 75% within 30 minutes
- Triage 4: Semi-urgent – 70% within 60 minutes
- Triage 5: Non-urgent – 70% within 120 minutes.

Percentage of patients starting treatment on time by triage category and age group, NSW, 2024–25



Source: Enterprise Data Warehouse for Analysis, Reporting and Decision (EDWARD), accessed 28 May 2026.

*Excludes Triage category 1 (Resuscitation).

“

Better system and communication of how long of a wait there is and why we had to wait so long in ED. For example, if we needed a bed they could communicate that with us. She was spiking fevers and they didn't want to send us up to the ward. Someone could have explained that to me and why.
– parent or carer

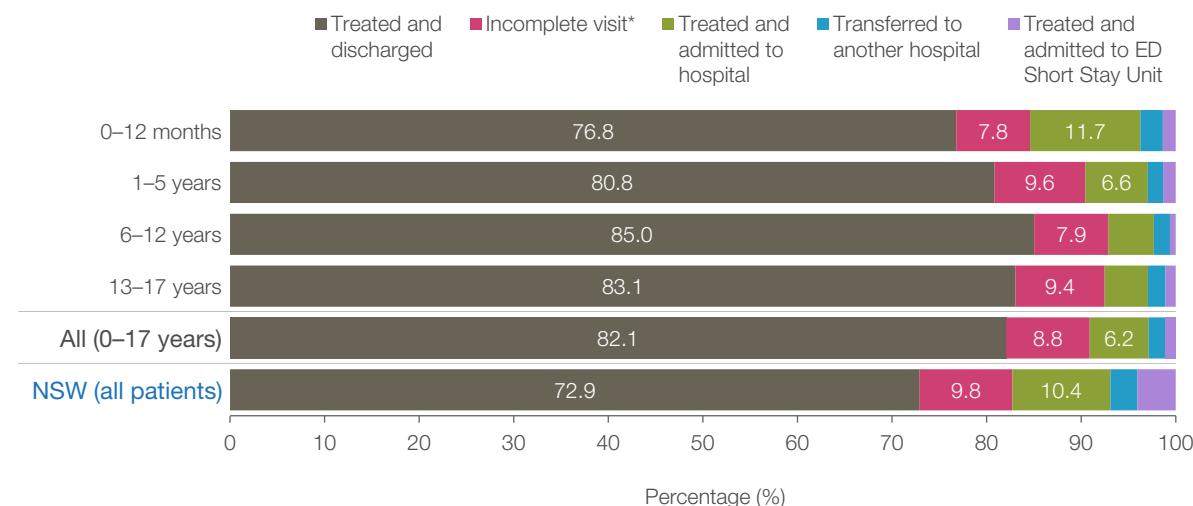
Time spent at the emergency department and mode of leaving

Children and young people had shorter ED stays compared with all NSW patients regardless of whether they were treated and discharged, admitted to hospital or transferred to another hospital.

In 2024–25, the majority of children between 0–17 years of age (82.1%) who visited the ED were treated and discharged. Among these patients, the median time spent in the ED was longest for infants between 0–12 months.

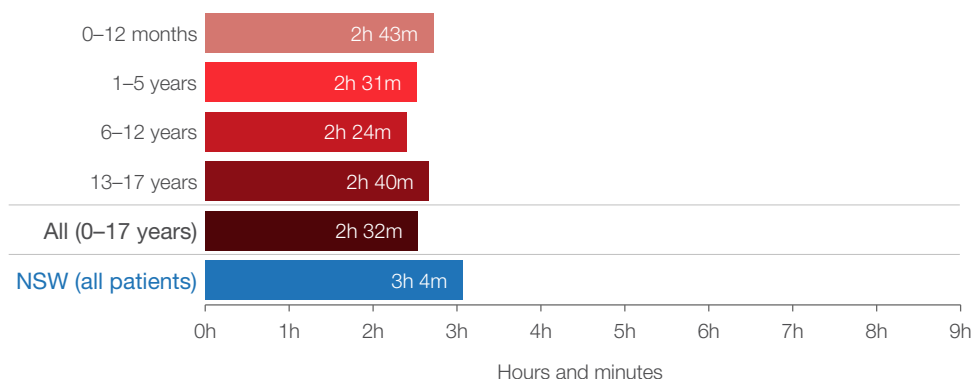
Comparing across the four age groups, infants between 0–12 months were more likely to be admitted to hospital than other age groups. Among 0–17 year olds who were treated and admitted to hospital or transferred to another hospital, the median time spent in the ED was longest for patients aged 13–17 years.

Percentage of ED visits by mode of leaving and age group, NSW, 2024–25

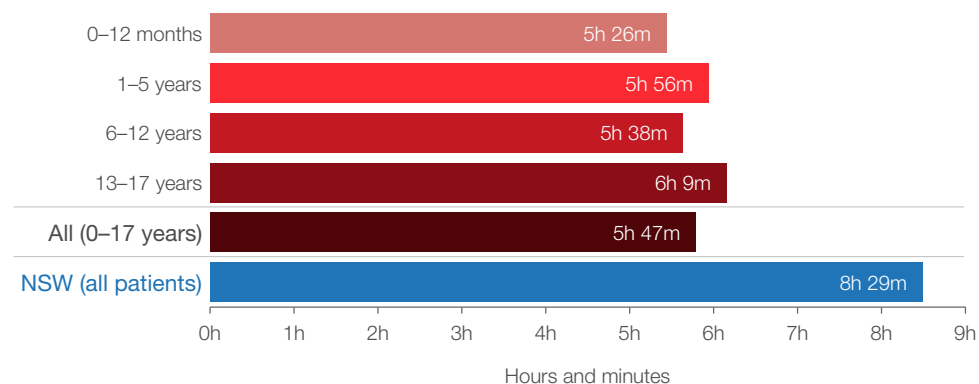


* For more information, see the *Healthcare Quarterly* technical supplement.

Median time from arrival at the ED to leaving, for patients who were treated and discharged, by age group, NSW, 2024–25



Median time from arrival at the ED to leaving, for patients who were treated and admitted to hospital or transferred to another hospital, by age group, NSW, 2024–25



Source: Enterprise Data Warehouse for Analysis, Reporting and Decision (EDWARD), accessed 28 May 2026.

Experiences of care in emergency departments

Feedback of emergency department care provides important insights into how care was delivered and experienced by children and young people.

This section draws on feedback from parents, children and young people who attended NSW EDs and participated in the Emergency Department Patient Survey. It identifies aspects of care that matter most to children and young people, factors associated with positive experiences and outcomes, and opportunities for improvement.

Surveys for children between 0–15 years of age are addressed to parents and carers, who are invited to complete them from their child’s perspective. Surveys for young people aged 16–17 years are addressed directly to them. Throughout this report, patient experience results for children and young people include those responses provided by young people themselves and by parents or carers completing the survey from their child’s perspective.

Source: Emergency Department Patient Survey 2024–25.

This section focuses on important measures of experience for children and young people between 2019–20 and 2024–25. They were selected on the basis of evidence and stakeholder input, and those that align with the [NSW Child Safe Standards](#). Some of the measures in this report relate to:

- **Child Safe Standard 2:** Children participate in decisions affecting them and are taken seriously.
- **Child Safe Standard 3:** Families and communities are informed and involved.
- **Child Safe Standard 8:** Physical and online environments minimise the opportunity for abuse to occur.

In 2024–25, most children and young people (**89%**) said, **overall, the care they received** was...



For patients who said ‘very good’, this result has remained relatively stable since 2019–20, while the result for all NSW patients has declined 2 percentage points over the same period.



Results for all Emergency Department Patient Survey questions for children and young people can be explored on the [BHI Data Portal](#). Detailed results are available for local health districts (LHDs) and NSW.

Drivers of demand

Reasons why children and young people went to emergency departments

To understand more about reasons why children and young people went to the ED rather than seeing a GP or other health professional, survey respondents were asked whether they thought they could have been treated elsewhere and, if so, why they still went to the ED. 2024–25 findings were in line with results for all NSW patients.

Source: Emergency Department Patient Survey 2024–25.

Note: For more information, see the technical supplement.

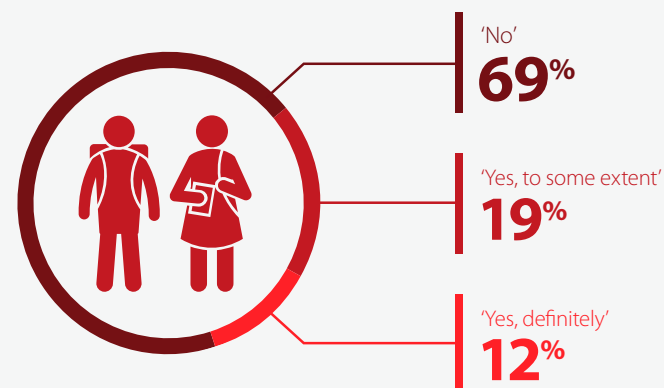
Referrals to virtualKIDS Urgent Care Services

virtualKIDS was rolled out statewide in early 2024 and provides video consultations for children up to 16 years of age with non-life-threatening health concerns, helping to reduce unnecessary ED visits. In 2024–25, 13,443 children (0–16 year olds) were referred from Healthdirect to virtualKIDS Urgent Care Services and 231 were referred from NSW Ambulance.

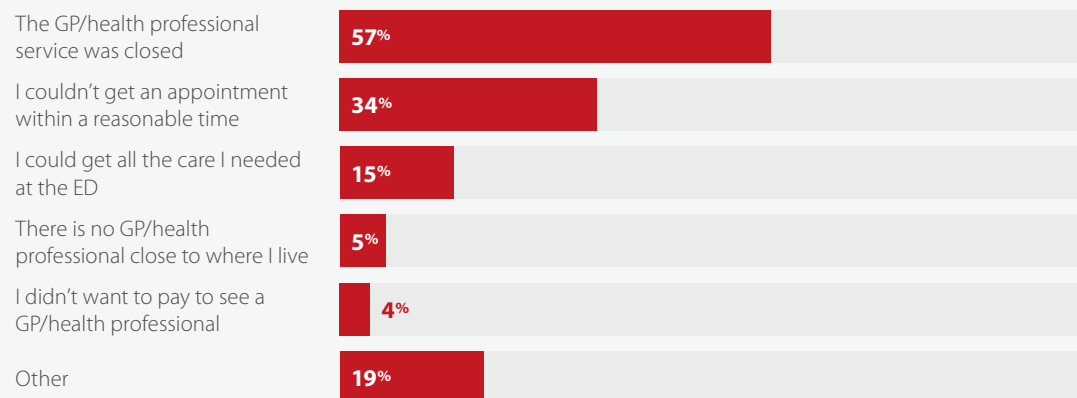
Between 2023–24 and 2024–25, there was a 5.2% decrease in the number of children and young people (0–17 year olds) that attended NSW EDs (from 740,887 in 2023–24 to 702,711 in 2024–25).

Source: NSW Ministry of Health.

In 2024–25, when asked whether they thought their condition could have been treated by a GP or other health professional, children and young people said...



For children and young people who said they could have been treated elsewhere, the reason they did not see a GP or other health professional was...*



* Based on the responses of 1,209 (31%) 0–17 year olds who said that, at the time, they thought their condition 'definitely' or 'to some extent' could have been treated by a GP or other health professional.

Drivers of demand

Returns to emergency departments

Children and young people's return to ED soon after discharge can be influenced by a range of factors including their condition or treatment. BHI's analyses identified several factors that influenced whether they returned within 48 hours of discharge.

Children and young people were less likely to return to ED within 48 hours of discharge if they received consistent information about their condition or treatment, they were told how to manage their care at home or their pain was effectively managed.

The analysis also found that patients assigned to the least urgent triage category (triage category 5) or those who had a longstanding health condition were more likely to return to the ED within 48 hours of discharge.

In 2024–25, children and young people were **less likely to return to an ED** if they said...

They did not receive conflicting information about their condition or treatment from the health professionals

54% less likely than those who did



They were 'definitely' given enough information about how to manage their care at home

44% less likely than those who were not



Health professionals 'definitely' did everything they could to help manage their pain

41% less likely than those who did not*



* Based on the responses of 2,030 patients (90.4%) who said they were in pain while in the ED. In 2024–25, 73% of 0–17 year olds said health professionals 'definitely' did everything they could to help manage their pain, compared with 70% for all NSW patients.

Source: Emergency Department Patient Survey 2024–25.

Note: The analysis took a range of factors into account including triage category, time spent in the ED, mode of arrival, patient characteristics and other self-reported experiences. It was based on feedback from 2,240 ED patients between 0–17 years of age who were not admitted to hospital and consented to having their survey responses linked to hospital administrative records.

For more information, see the technical supplement.

Drivers of positive overall experiences of emergency department care

For children and young people, positive ratings of ED care were influenced by health professionals working well together, updating health professionals in the community on patients' care, considering the patients' home and family situation upon discharge, and keeping patients informed while they were in the ED. These findings were in line with results for all NSW patients.

The analysis also found that children and young people were more likely (1.5–2 times) to rate their overall care in the ED as 'very good' if they said they 'definitely' felt involved in decisions about their discharge, were 'always' given enough privacy, ED health professionals 'definitely' did everything they could to help manage their pain, their care was 'very well organised', or ED staff told them how long they might have to wait for treatment.

Children and young people were more **likely to rate their overall care in the ED as 'very good'** if they said...

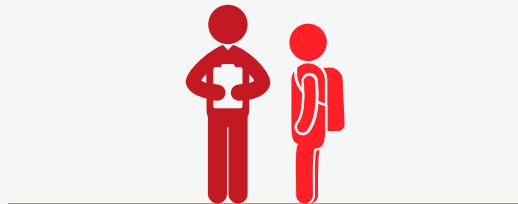
The way ED health professionals worked well together was 'very good'

2.5 times more likely than those who did not



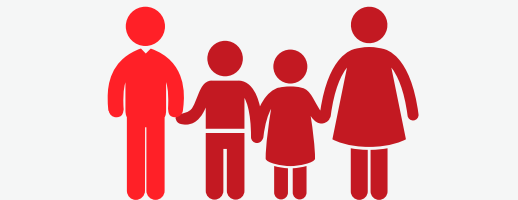
The health professionals they saw in their community after their visit (e.g. GP) were 'definitely' up-to-date about the care they received in the ED

2.3 times more likely than those who did not



Their family and home situation was 'definitely' taken into account when they were discharged

2.3 times more likely than those who did not



They received 'the right amount' of information about their condition or treatment during their ED visit

2 times more likely than those who did not



Source: Emergency Department Patient Survey 2024–25.

Note: The analysis took a range of factors into account including triage category, time spent in the ED, mode of arrival, patient characteristics and other self-reported experiences. It was based on feedback from 2,731 ED patients between 0–17 years of age who were not admitted to hospital and consented to having their survey responses linked to hospital administrative records.

For more information, see the technical supplement.

Compassion, respect and kindness

In 2024–25, 89% of 0–17 year olds said they were ‘always’ **treated with respect and dignity**.

This result improved from 87% in 2019–20, while the result for all NSW patients remained relatively stable over the same period. Across the four age groups, in 2024–25, children aged 1–5 years and 6–12 years were more likely to say they were ‘always’ treated with respect and dignity (both 90% compared with 87% for all patients).

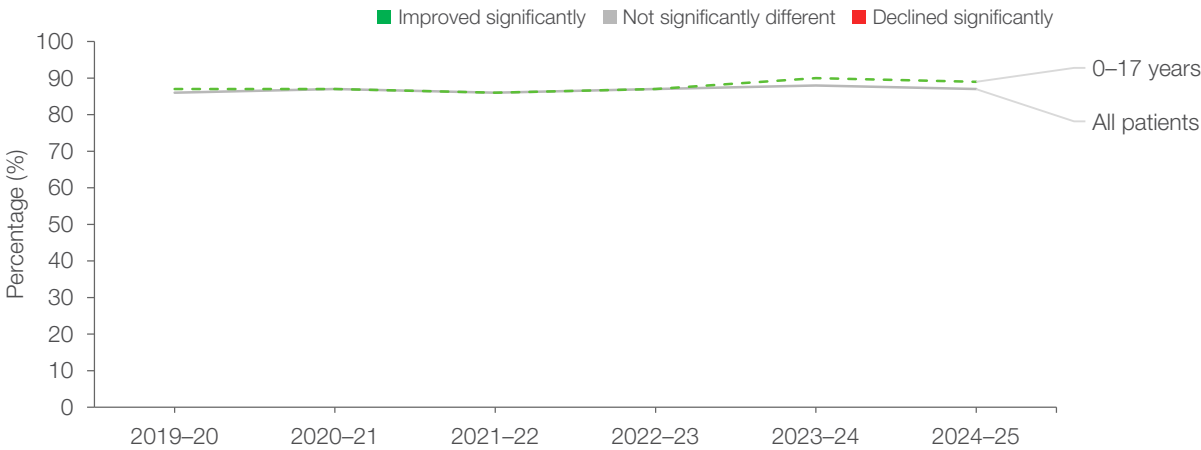
This measure is relevant to [Child Safe Standard 2](#).

In 2024–25, 79% of 0–17 year olds said health professionals ‘always’ **listened to their views and concerns**.

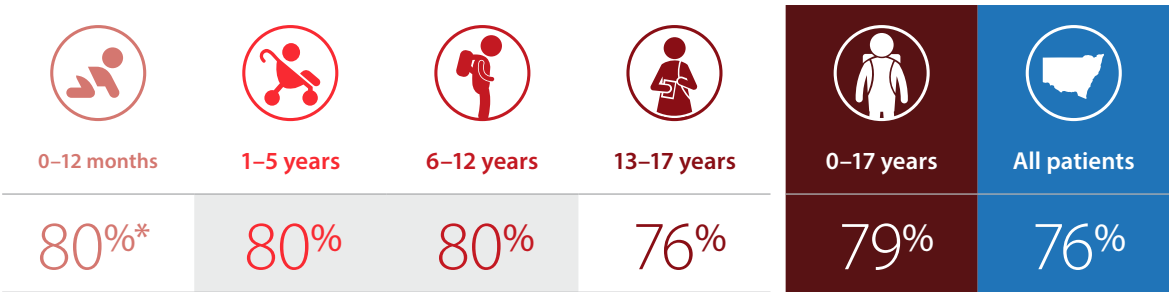
Across the four age groups, children aged 1–5 years and 6–12 years were more likely to say health professionals ‘always’ listened to their views and concerns (both 80% compared with 76% for all NSW patients).

This measure is relevant to [Child Safe Standard 2](#).

Percentage of patients who said they were ‘always’ treated with respect and dignity, all patients and 0–17 year olds, 2019–20 to 2024–25



Percentage of patients who said health professionals ‘always’ listened to their views and concerns, 2024–25



* Results have been rounded. Statistical significance is based on unrounded data.
Age group results that are significantly different compared with all patients.

Timely and coordinated care

In 2024–25, 58% of 0–17 year olds said the way **ED health professionals worked together as a team** was ‘very good’.

Both this result and the result for all NSW patients have remained relatively stable over time.

Across the four age groups, in 2024–25, there was no difference for children and young people compared with the result for all patients (58%).

This measure is a driver of positive overall experiences.

In 2024–25, 74% of 0–17 year olds said their **family and home situation was ‘definitely’ taken into account** when they were discharged.

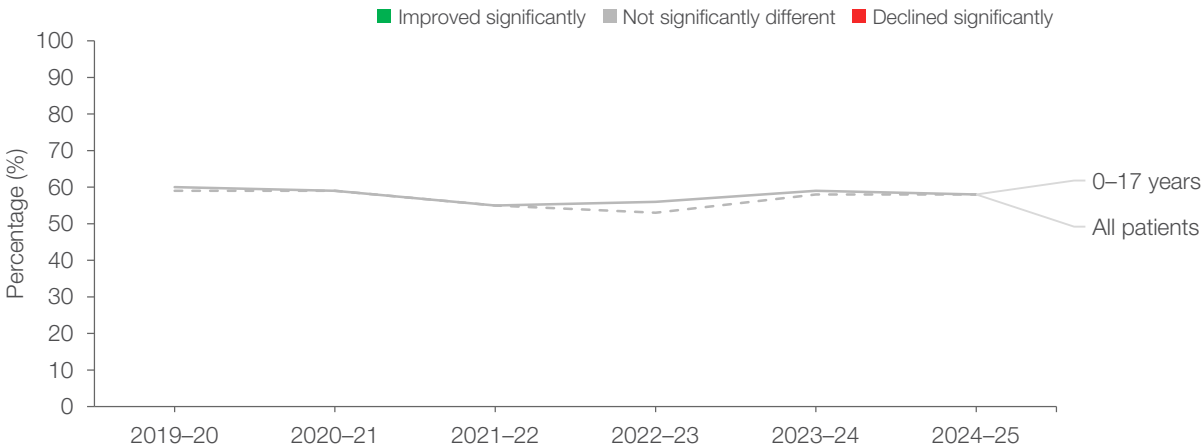
This result declined from 76% in 2019–20, and the result for all NSW patients also declined over the same period.

Across the four age groups, children between 0–12 months, 1–5 years and 6–12 years were more likely to say their family and home situation was ‘definitely’ taken into account when they were discharged (76%, 75% and 74%, respectively, compared with 66% for all patients).

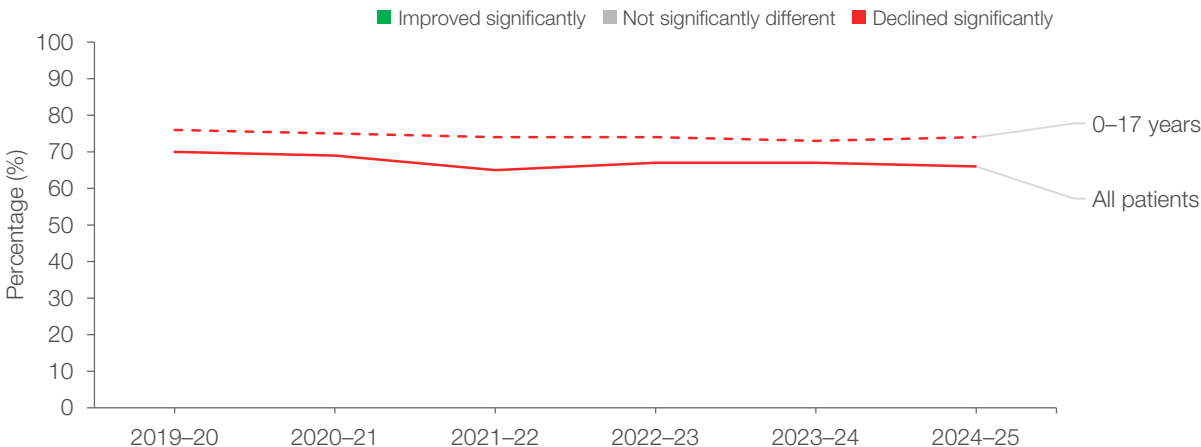
This measure is a driver of positive overall experiences.

Source: Emergency Department Patient Survey 2024–25.

Percentage of patients who said the way the ED health professionals worked together as a team was ‘very good’, all patients and 0–17 year olds, 2019–20 to 2024–25



Percentage of patients who said their family and home situation was ‘definitely’ taken into account when they were discharged, all patients and 0–17 year olds, 2019–20 to 2024–25



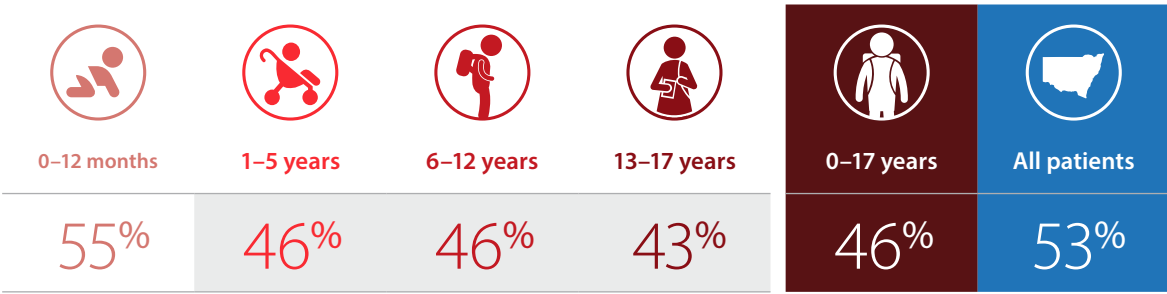
Timely and coordinated care

In 2024–25, 46% of 0–17 year olds said, after their visit, the health professionals they saw in their community were ‘definitely’ **up-to-date about the care they received.**

Across the four age groups, children aged 1–5 years, 6–12 years and patients aged 13–17 years were less likely than all NSW patients to say, after their visit, the health professionals they saw in their community (such as their GP) were ‘definitely’ up-to-date about the care they received in the ED (46%, 46% and 43%, respectively, compared with 53% for all patients).

This measure is a driver of positive overall experiences.

Percentage of patients who said, after their visit, the health professionals they saw in their community were ‘definitely’ up-to-date about the care they received in the ED, 2024–25



Age group results that are significantly different compared with all patients.

“The process was efficient and the nurses and doctors were lovely. I also highly rate the telehealth check-in after discharge. The staff online were great and the review required me to take my child back to the emergency department. The fact that the telehealth team could call ahead and the emergency department were expecting us was fantastic. The process was so efficient and helped alleviate the stress of deciding whether to go back.”
– parent or carer

Source: Emergency Department Patient Survey 2024–25.

Involvement in decision making

In 2024–25, 74% of 0–17 year olds said they were ‘definitely’ **involved as much as they wanted to be in decisions about their care and treatment.**

This result improved from 69% in 2019–20, while the result for all NSW patients remained relatively stable over the same period.

Across the four age groups, in 2024–25, children between 0–12 months, 1–5 years and 6–12 years were more likely to say they were ‘definitely’ involved as much as they wanted to be in decisions about their care (75%, 76% and 75%, respectively, compared with 67% for all patients).

This measure is relevant to [Child Safe Standard 2 and 3](#).

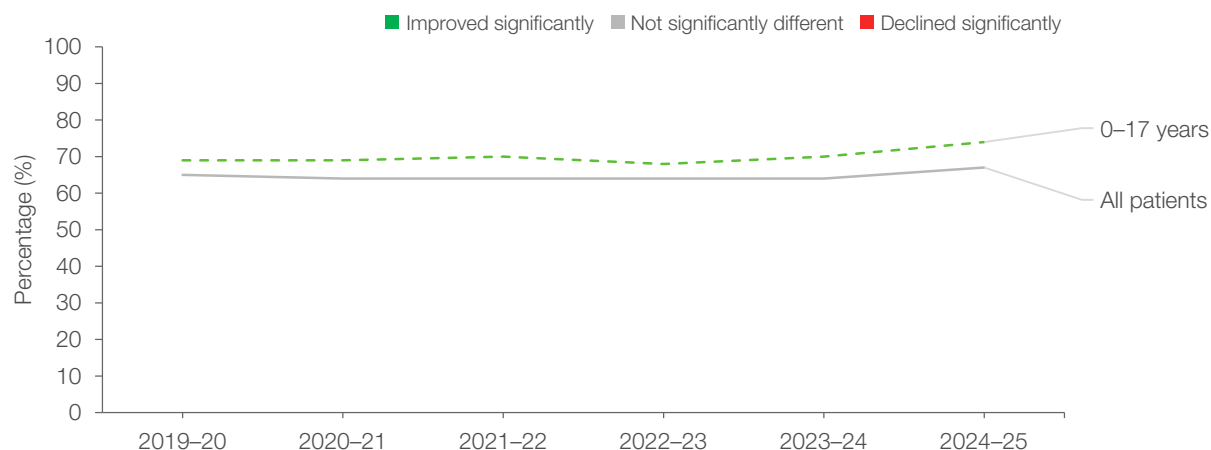
In 2024–25, 73% of 0–17 year olds said they ‘definitely’ felt **involved in decisions about their discharge.**

This result has remained relatively stable since 2019–20, while the result for all NSW patients has declined over the same period.

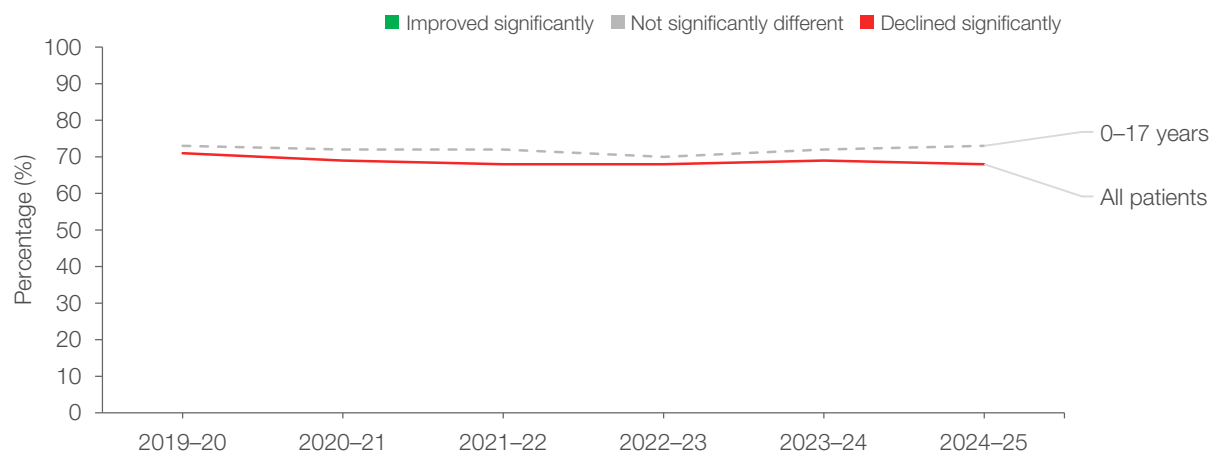
Across the four age groups, in 2024–25, children aged 1–5 years and 6–12 years were more likely to say they ‘definitely’ felt involved in decisions about their discharge (76% and 74%, respectively, compared with 68% for all patients).

This measure is a driver of [positive overall experiences](#) and is relevant to [Child Safe Standard 2 and 3](#).

Percentage of patients who said they were ‘definitely’ involved as much as they wanted to be in decisions about their care and treatment, all patients and 0–17 year olds, 2019–20 to 2024–25



Percentage of patients who said they ‘definitely’ felt involved in decisions about their discharge, all patients and 0–17 year olds, 2019–20 to 2024–25



Effective communication

In 2024–25, 83% of 0–17 year olds said health professionals ‘always’ **explained things in a way they could understand**.

Both this result and the result for all NSW patients have remained relatively stable over time.

Across the four age groups, in 2024–25, children between 0–12 months, 1–5 years and 6–12 years were more likely to say ED health professionals ‘always’ explained things in an understandable way (85%, 85% and 84%, respectively, compared with 80% for all patients).

This measure is relevant to [Child Safe Standard 2](#).

Clear information

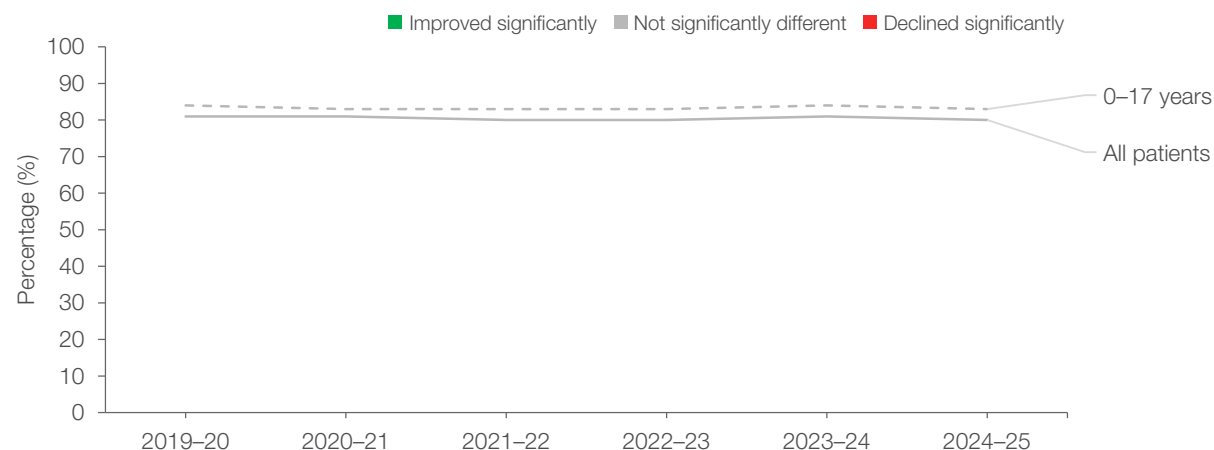
In 2024–25, 86% of 0–17 year olds said they **received ‘the right amount’ of information** about their condition or treatment during their ED visit.

This result declined from 89% in 2019–20, and the result for all NSW patients also declined over the same period.

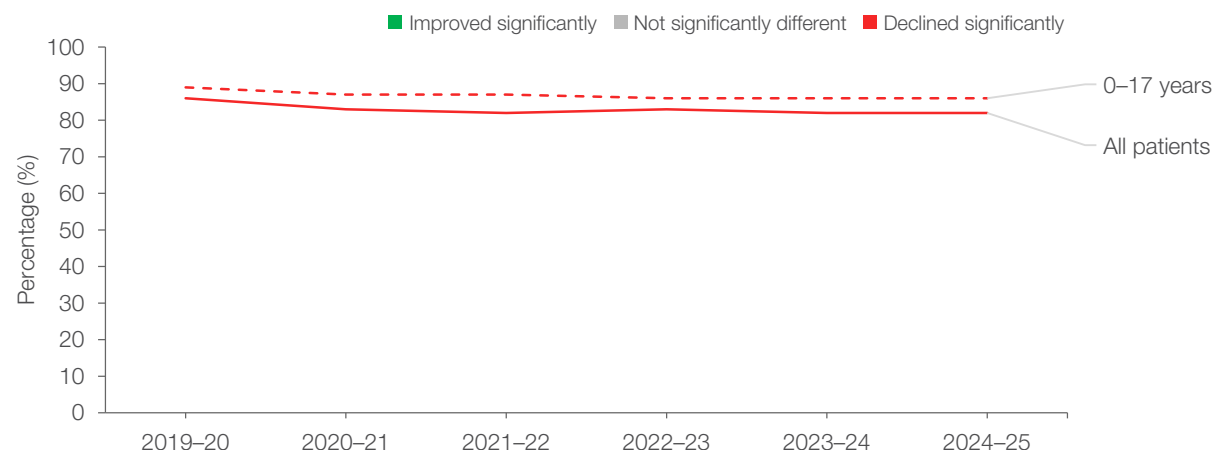
Across the four age groups, in 2024–25, children between 0–12 months, 1–5 years and 6–12 years were more likely to say they received ‘the right amount’ of information about their condition or treatment during their ED visit (89%, 87% and 88%, respectively, compared with 82% for all patients).

This measure is a driver of [positive overall experiences](#).

Percentage of patients who said health professionals ‘always’ explained things in a way they could understand, all patients and 0–17 year olds, 2019–20 to 2024–25



Percentage of patients who said they received the ‘right amount’ of information about their condition or treatment during their ED visit, all patients and 0–17 year olds, 2019–20 to 2024–25



Source: Emergency Department Patient Survey 2024–25.

Clear information

In 2024–25, 72% of 0–17 year olds said they were ‘definitely’ **given enough information about how to manage their care at home**.

This result has remained relatively stable over time, while the result for all NSW patients has declined over the same period.

Across the four age groups, in 2024–25, children aged 1–5 years and 6–12 years were more likely to say they were ‘definitely’ given enough information about how to manage their care at home (both 74% compared with 66% for all patients).

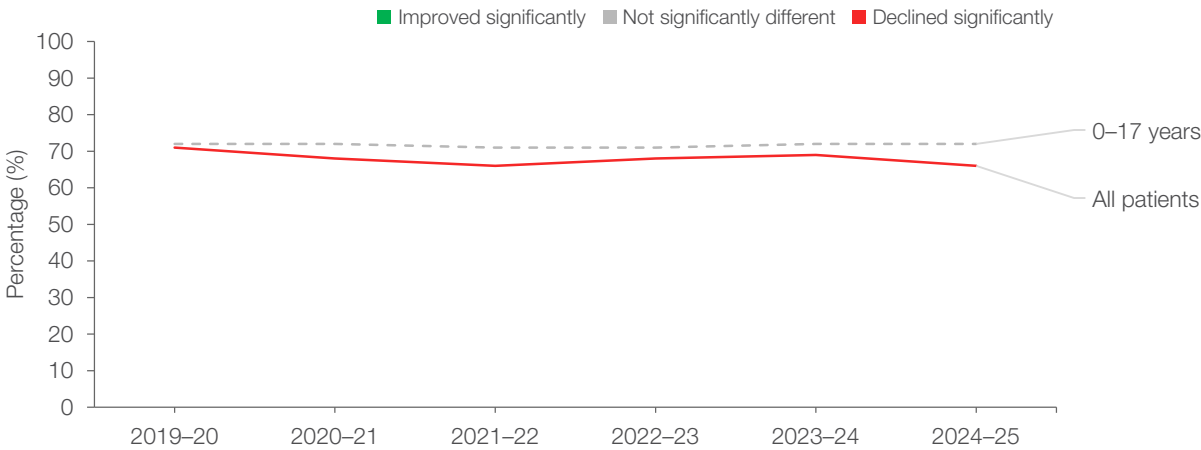
This measure is a driver of [returns to ED](#).

In 2024–25, 77% of 0–17 year olds said they **did not receive conflicting information** about their condition or treatment from the health professionals.

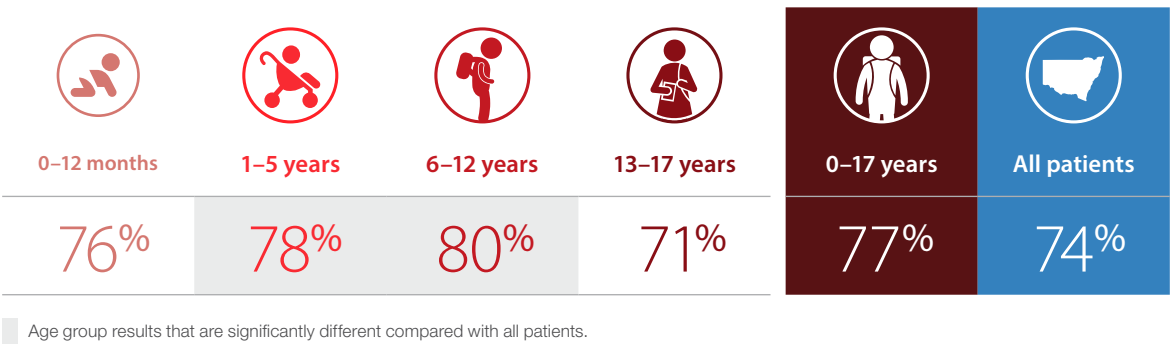
Across the four age groups, children aged 1–5 years and 6–12 years were more likely to say they did not receive conflicting information about their condition or treatment from the health professionals (78% and 80%, respectively, compared with 74% for all NSW patients).

This measure is a driver of [returns to ED](#).

Percentage of patients who said they were ‘definitely’ given enough information about how to manage their care at home, all patients and 0–17 year olds, 2019–20 to 2024–25



Percentage of patients who said they did not receive conflicting information about their condition or treatment from the health professionals, 2024–25



Source: Emergency Department Patient Survey 2024–25.

Safe, comfortable environment

In 2024–25, 91% of 0–17 year olds said they **did not feel threatened by other patients or visitors**.

This result declined from 93% in 2019–20, and the result for all NSW patients also declined over the same period.

Across the four age groups, in 2024–25, there was no difference for children and young people compared with the result for all patients (91%).

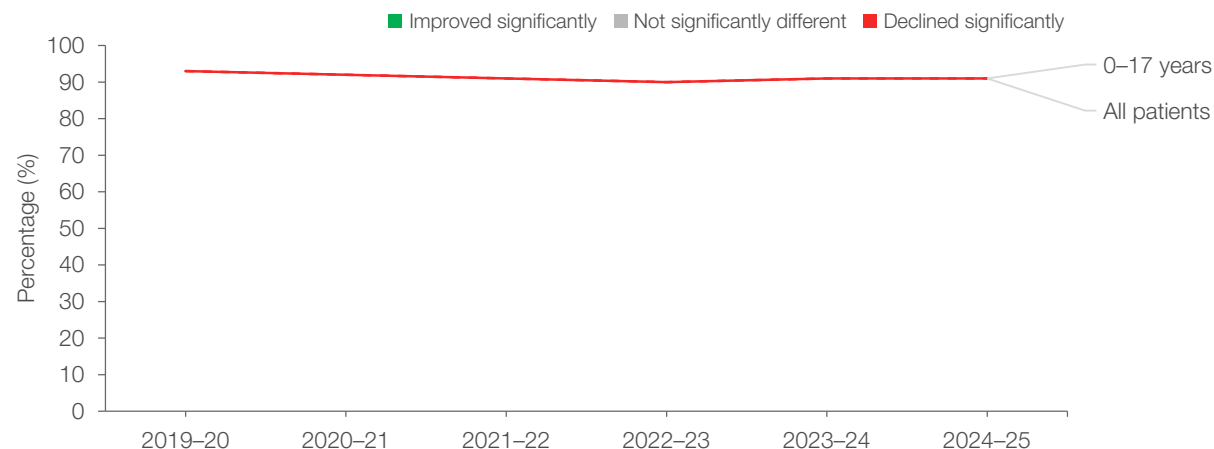
This measure is relevant to [Child Safe Standard 8](#).

In 2024–25, 70% of 0–17 year olds said they were ‘always’ **given enough privacy**.

Across the four age groups, there was no difference for children and young people compared with the result for all NSW patients (70%).

This measure is a driver of [positive overall experiences](#) and is relevant to [Child Safe Standard 8](#).

Percentage of patients who said they did not feel threatened by other patients or visitors, all patients and 0–17 year olds, 2019–20 to 2024–25



“

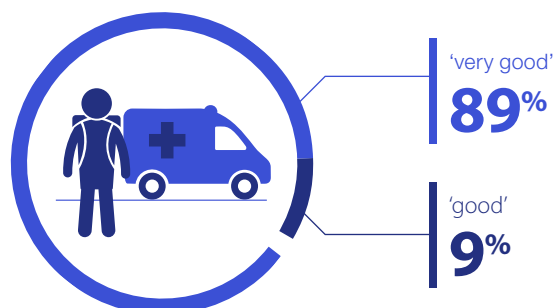
My son was only 10 years old. He was seen in the public waiting area and had no privacy when showing his injury. He was very embarrassed.

– parent or carer

Patients' experiences with ambulance services

BHI included a set of questions in the [Emergency Department Patient Survey](#) for patients who arrived by ambulance between July 2024 and June 2025. In 2024–25, 274 children and young people between 0–17 years of age arrived at the ED by ambulance and provided feedback about their experiences. Almost all children and young people were positive about their experiences, especially interactions with ambulance staff. While ratings were still high, they were less positive about their experiences of handover of their care from ambulance to ED staff.

Most children and young people (98%) said, overall, the care they received from ambulance staff was...



“

The staff in the ambulance were amazing. Can't speak higher of them. Very considerate and helpful. The way they worked in the hospital was seamless.

– patient

Ambulance staff

82% of 0–17 year olds said, while waiting for the ambulance, they were 'definitely' **given enough information** on the triple zero (000) call about how to manage their care

Compared with 75% for all patients

97% of 0–17 year olds said the 'right amount' of **information about their condition or treatment was given** to them, their family, carer or someone close to them by the ambulance staff

Compared with 95% for all patients

84% of 0–17 year olds said they were 'definitely' **involved, as much as they wanted to be, in decisions** about their care, treatment and transport made by the ambulance staff

Compared with 79% for all patients

Handover of care

74% of 0–17 year olds said ambulance staff 'definitely' **gave them enough information** about what to expect on arrival at the ED

Compared with 63% for all patients

72% of 0–17 year olds said the way ambulance and ED staff **worked together as a team** was 'very good'

Compared with 66% for all patients



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