Annual Report

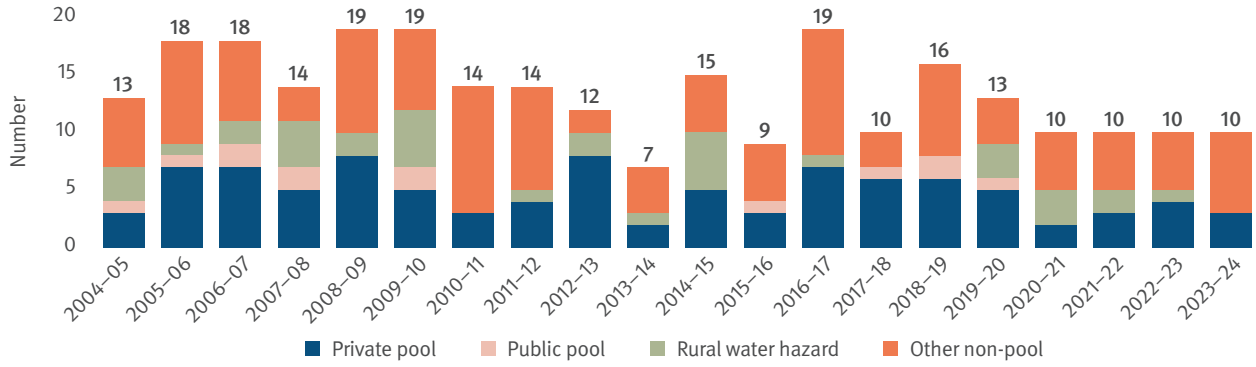
Deaths of children and young people Queensland 2023–24

Queensland Family & Child Commission

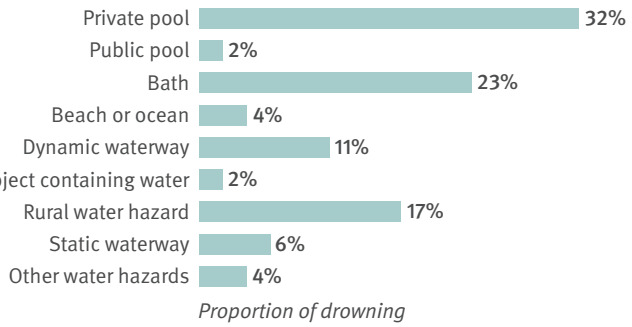
Queensland Government

4 Drowning

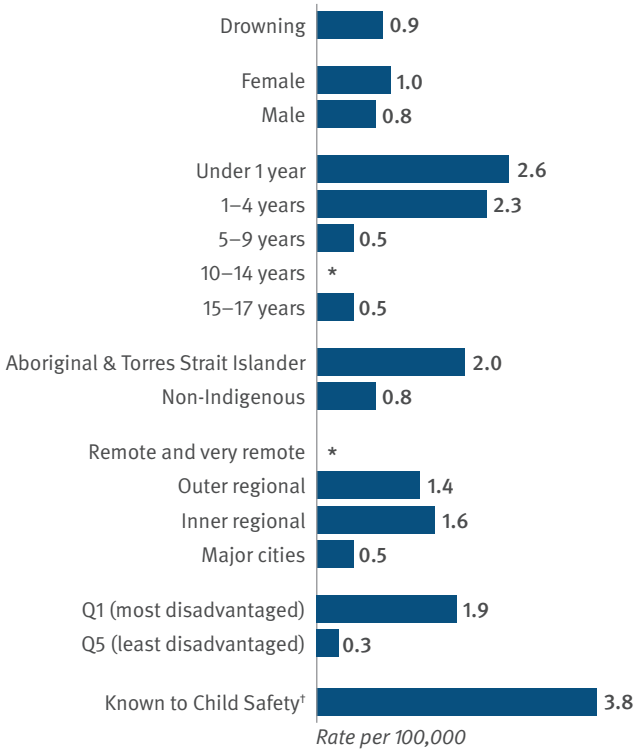
2004 to 2024



5-year summary (2019–24) | Water hazard type



Demographics



Risk factors

Under 5s
are at greatest risk

Drowning is the
leading external cause of death
in children 1–4 years

1–4 years

43% were in **private pools**

25% were in **rural water hazards**

Under 1s

In the last 5 years
7 out of 8 under 1 drownings
were **bathing incidents**

Notes: Counting is by date of death registration. Percentages may not add to 100 due to rounding.
** rate not calculated for numbers less than 4.*
† in the 12 months prior to death.

Key findings

The deaths of 10 children and young people were attributed to drowning in Queensland in 2023–24. This is a rate of 0.9 deaths per 100,000 children aged 0–17 years over a 5-year period.

Table A.6 in Appendix A provides summary data and key characteristics for drowning deaths in the last 5 years.[43]

Types of drowning-related deaths

Of the 10 child deaths in drowning incidents in 2023–24, 3 occurred in swimming pools and 7 were non-pool incidents.

Fifty-three children drowned in the last 5 years. Private pools were the most common incident locations for child drownings (32%), with all 17 of these incidents in residential locations (homes, townhouse or units).[44] Bath drownings were the second most common location (12 deaths or 23%).

Other child drownings over the last 5 years included rural water hazards (e.g. dams) (9 deaths or 17%), dynamic waterways (e.g. rivers, creeks) (6 deaths or 11%), and static waterways (e.g. lakes, reservoirs) (3 deaths or 6%).

Sex

During 2023–24, 6 male children and 4 female children died in drowning incidents. The female drowning rate was slightly higher than the male rate over the last 5 years, with a female drowning rate of 1.0 per 100,000 compared with 0.8 per 100,000 for males.

Age

Children aged under 5 years made up the largest group of drowning deaths in 2023–24 (60%), with 3 children under 1 year and 3 children aged 1–4 years making up this group. The rate of drowning was highest in children aged under 1 year (2.6 per 100,000) followed by children aged 1–4 years (2.3 per 100,000) (5-year average). Drowning rates in the older age groups was 0.5 per 100,000 or less. Drowning was the leading external cause of death for children aged 1–4 years over the last 5 years.

Risk factors and age

Under 1 year

Eight children under the age of 1 year have drowned over the last 5 years, accounting for 15% of child drowning deaths. Seven deaths were bathing incidents, and in 5 of these incidents the infant was co-bathing with other children at the time. In all but one of the incidents the adult supervisors were aware of the infant's presence in the bath, however they were not actively supervising at the time of the incident.

1–4 years

Over the last 5 years, 28 children aged 1–4 years have drowned, accounting for 53% of all drowning deaths over this period. Twelve of the 28 deaths (43%) occurred in private pools.

Pool fencing was non-compliant in all 12 incidents of private pool drownings. Non-compliant fencing includes the absence of fencing, fencing or gate defects or propping pool gates open. The pool gate was propped open in 7 of the 12 incidents and there was no pool fence in one incident.

43 Tables with data for 2004–2024 are available online at www.qfcc.qld.gov.au/sector/child-death/child-death-reports-and-data

44 Non-residential private pools include, for example, those in motels and resorts.

Ten of the 12 incidents occurred at the child's usual place of residence, while 2 occurred at the homes of extended family.

Non-pool locations also present dangers to young children. Sixteen children aged 1–4 years drowned in non-pool incidents over the last 5 years with the most common being rural water hazards (7).

Fourteen of the 28 children were known to be in, on or around water hazards. None of those 14 children were within arm's reach, or being actively supervised by a capable supervisor, at the time of the incident.[45]

5–9 years

Nine children aged 5–9 years drowned over the last 5 years, accounting for 17% of all drowning deaths. The drownings involved a variety of water hazards.

In 5 of the 9, the child was known to be in, on or around water. All 5 children were either unsupervised or not actively supervised.[46] Four of the 5 children were identified by their families as weak or non-swimmers and 2 of the 5 were identified to have a medical condition or impairment that would require a higher level of supervision.[47]

10–17 years

Eight young people aged 10–17 years drowned over the last 5 years (3 aged 10–14 years and 5 aged 15–17 years), accounting for 15% of all drowning deaths. The drownings occurred across a variety of water hazards.

Three of the young people were identified by their families as weak or non-swimmers. One of the young people had a medical condition or impairment which would indicate a higher level of supervision was required.

Preventative factors

Figure 4.1 tracks the number of drowning deaths of children aged 0–4 years in private pools in Queensland against changes to fencing requirements over time. A number of changes in pool fencing standards have occurred—from no standards in place prior to 1991, to requirements for new pools to have fencing, later extended to existing pools; followed by various changes in requirements such as fence height. Compliance requirements for pool registration and inspection were introduced in 2009.

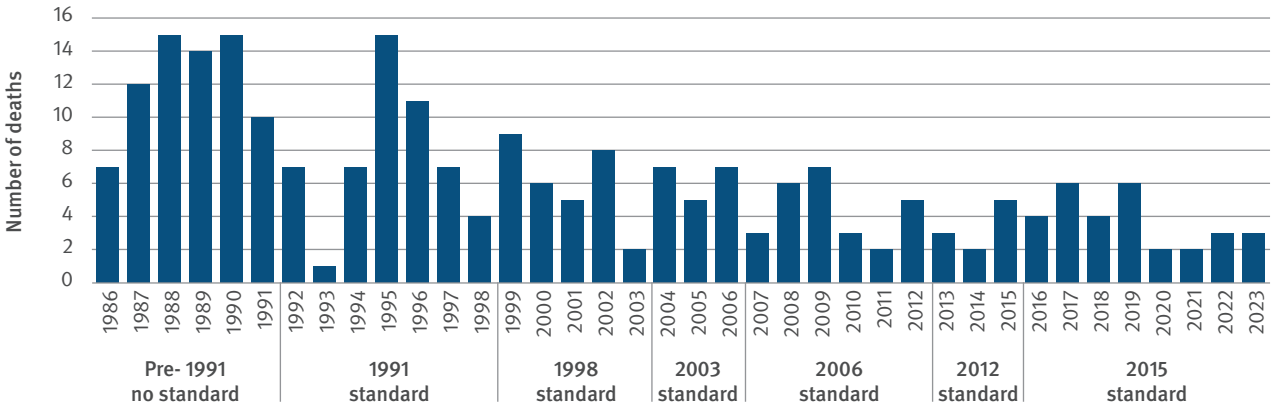
Decreasing numbers of deaths are apparent over time, with average annual deaths of 12 deaths in 1986–89, 8.6 in the 1990s, 5.6 in the 2000s, 4 in the 2010s and 2.5 in the 2020s to date. As this would be set against an expected increase in pool ownership over time provides evidence that the introduction and strengthening of pool fencing regulations have improved safety for young children by limiting access to private pools. It is important to emphasise; however, that age-appropriate supervision must be used in conjunction with compliant physical barriers—both are critical to preventing pool drowning deaths in this age group.

45 Supervision recommendations for children aged 0–4 years by Royal Life Saving Australia, www.royallifesaving.com.au/about/campaigns-and-programs/keep-watch/keep-watch-actions. Active supervision means focusing all of your attention on your children all of the time, when they are in, on or around the water.

46 Supervision recommendations for children aged 5–14 years by Royal Life Saving Australia, www.royallifesaving.com.au/stay-safe-active/communities/how-to-keep-children-safe/children-aged-5-to-14-years

47 Supervision recommendations for children with epilepsy by Royal Life Saving Australia, www.royallifesaving.com.au/stay-safe-active/risk-factors/epilepsy-and-drowning

Figure 4.1: Drowning deaths of children 0–4 years in Queensland private pools by applicable pool standard (number), 1986 to 2023



Sources: Queensland Injury Surveillance Unit 2008, Injury Bulletin: Domestic pool immersion in Queensland children under 5 years of age. No.104; Queensland Child Death Register (2004–23).

Guidelines for inland waterway safety

In July 2024, Royal Life Saving Australia (RLS) released new national guidelines for inland waterway safety, informed by a 20-year analysis that found rivers, lakes, creeks and dams are prominent locations for unintentional fatal drownings.[48]

Data within the Child Death Registers indicates 87 children and young people have drowned in inland waterways in Queensland between 2004 and 2023. As illustrated in Figure 4.2, the most common locations for inland waterway drownings were rural dams (39%), rivers (18%) and lakes and ponds (18%).

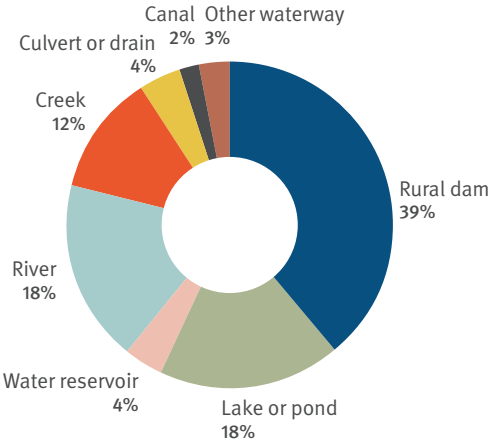
The guidelines offer a best practice framework for water and landowners to work together with community agencies and stakeholders. They include practical steps and strategies to mitigate the risk of drowning and aquatic injuries at inland waterways.

Created in response to the Australian Water Safety Strategy 2030, which aims to reduce drowning rates in inland waterways by half by 2030, the guidelines are based on two decades of research, coronial recommendations, legal findings, policy reviews, and extensive public consultation.

These guidelines provide resources and practical solutions for decision-making regarding public rescue equipment, safety signage, designated swimming areas, and community education.

48 Royal Life Saving Australia (2023) *Guidelines for Inland Waterway Safety,* www.royallifesaving.com.au/subscribers/guidelines-for-inland-waterway-safety

Figure 4.2: Drowning deaths of children and young people 0–17 years in Queensland inland waterways, 2004 to 2023



Medical conditions or impairments

Medical conditions, such as cardiac-related conditions, epilepsy, diabetes, and autism, should be taken into consideration when children are in and around water, according to advice from the RLS. Epilepsy has been found to be a risk factor for drowning, particularly in children. The increased risk is thought to be between 5 and 15 times greater than those without epilepsy. RLS advises that people with epilepsy consult with their doctor around water safety and the safety for the person to partake in water-related activities, regardless of the individual's swimming ability. It is also advisable that a child with epilepsy is actively supervised at all times when around water, including bath time.

Of children and young people who have drowned in Queensland in the last 5 years, 10 (19%) had a known or suspected impairment or medical condition. Two of the children had epilepsy or a history of seizures.

Royal Life Saving research shows that autistic children and adolescents are 3 times more likely to drown than non-autistic children.[49] Eight children known to be or suspected of being autistic have drowned in Queensland in the last 5 years. Prevention messaging for parents and carers of autistic children highlights the importance of:

- active adult supervision for all ages
- the erection of barriers to restrict access to water
- the creation of child safe play areas where there is a risk of drowning posed by natural waterways.

More information on drowning risk factors and preventions measures can be found on the RLS website: **www.royallifesaving.com.au/stay-safe-active/risk-factors**

49 Peden AE, Willcox-Pidgeon S (2020) *Autism spectrum disorder and unintentional fatal drowning of children and adolescents in Australia: an epidemiological analysis*. Archives of Disease in Childhood **https://adc.bmj.com/content/105/9/869?SQ_DESIGN_NAME=new**

Queensland Ambulance Service data

Table 4.1 presents data on ambulance responses for fatal and non-fatal immersion injuries of children in the last year. There was a total of 273 immersion incidents. Of immersion incidents involving children, 33% occurred in swimming pools and 29% occurred at the beach or ocean. Immersion incidents were most common in children aged 1–4 years, and in this age group, the majority (76%) of incidents occurred in swimming pools.

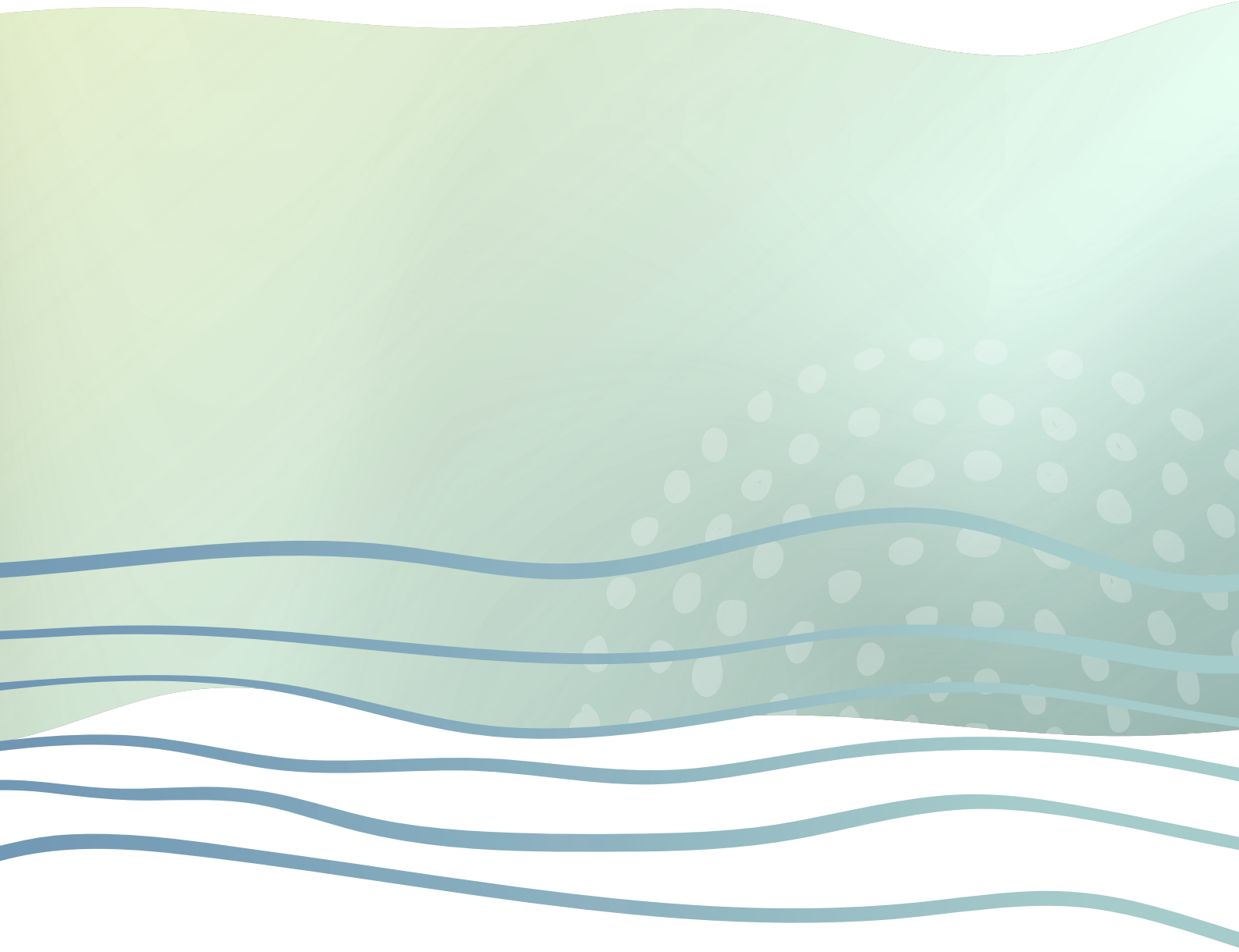
Table 4.1: Queensland Ambulance Service responses to immersion incidents (number), 2023–24

Type of incident	Under 1 year	1–4 years	5–9 years	10–14 years	15–17 years	Total
Pool	*	78	6	*	*	84
Bath	21	9	*	*	*	30
Beach/ocean	*	6	15	22	30	73
Other immersion	7	9	24	15	13	68
Total	**28**	**102**	**45**	**37**	**43**	**255**

Data source: Queensland Ambulance Service (Aug 2024)

** Not reported for numbers less than 5 and excluded from totals.*

Notes: Numbers in the table do not add to the total number of immersion incidents attended by Queensland Ambulance Service (n=273) as cells with less than 5 are not shown, and are excluded from table totals.



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