Chapter 4 — Drowning

This chapter provides details of child deaths from drowning.

Key findings

- Sixteen children and young people drowned in Queensland in 2018–19 (rate of 1.4 per 100 000 children aged 0–17 years) compared to 19 in 2016–17 and 10 in 2017–18.

- In 2018–19, eight children drowned in swimming pools, three drowned in dynamic waterways (river/creek), two in bathtubs, two in static inland waterways (lake/pond) and one in the beach/ocean.

- Five of the 16 children who drowned were known to the child protection system in the year prior to their death. Over the last three years, the average annual rate of mortality from drowning for children known to the Queensland child protection system was six times the rate for all children in Queensland.

- Five of the children who drowned in 2018–19 were international visitors (either visiting as foreign exchange students or tourists).

- Drowning was the leading cause of death for children aged 1–4 years.

- Over the last three years, children aged 1–4 years made up the largest group of drowning deaths (53%, 24 deaths). Based on response data from the Queensland Ambulance Service, children aged 1–4 years were also the largest group of fatal and non-fatal immersion incidents in 2018–19, highlighting that children in this age group are particularly vulnerable to immersion and drowning incidents.

- In the last three years, almost three-quarters (71%, 17 deaths) of drowning deaths of children aged 1–4 years occurred in private pools. Non-compliant pool fencing (including the absence of fencing, fencing or gate defects or propping pool gates open) was identified in 16 of the 17 pool drownings.

- Drowning prevention should take a life stages approach, allowing for targeted strategies that recognise risk priorities for each age group. For young children this includes active adult supervision, not leaving young children in the care of other children; restricting access to water; establishing rules around water; having a correctly installed pool fence that is compliant with legislation, well maintained, and with the pool gate never left propped open or unlatched; providing water familiarisation-awareness classes for young children; and parents and carers knowing CPR.

Child death and injury prevention activities

Data requests

The QFCC provided data for three requests related to drowning: Royal Life Saving Society of Australia was provided with two datasets to support national reporting and its research program; and data for the Queensland Building and Construction Commission was provided for quality assurance of fatal immersion incidents.

Advisory groups

The QFCC was a member of the Water Safety Roundtable, for which the QFCC provided resources from the Seconds Count water safety campaign and a fact sheet Mapping child drowning in Queensland. Queensland’s Water Safety Action Plan, published by the Department of Education, sets out the government initiatives to help children be safe in, and around, water including a water safety and swimming education program for students in state schools.
### Drowning 2016–19

An expanded version of Table 4.1 containing data since 2004 is available online at [www.qfcc.qld.gov.au](http://www.qfcc.qld.gov.au).

#### Table 4.1: Summary of drowning deaths of children and young people in Queensland 2016–19

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<tr>
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<td>5</td>
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<td>5</td>
<td>5.6</td>
<td>7.9</td>
</tr>
</tbody>
</table>

Data source: Queensland Child Death Register (2016–19)

* Rates have not been calculated for numbers less than four.

1. Data presented are current in the Queensland Child Death Register as at August 2019 and thus may differ from previously published reports.
2. Rates are based on the most up-to-date denominator data available and are calculated per 100 000 children (in the sex/age/Indigenous status/ARIA+ region/SEIFA region categories) in Queensland each year. Rates for each of the years in the 2016–19 period and the average over the three years use the ERP data as at June 2016.
3. The number of children known to the child protection system represents the number of children whose deaths were registered in the reporting period, who were known to the DCSYW within the one-year period prior to their death. The denominator for calculating rates is the number of children aged 0–17 who were known to the DCSYW, through either being subject to a child concern report, notification, investigation and assessment, ongoing intervention, orders or placement, in the one-year period prior to the reporting period.
4. ARIA+ and SEIFA exclude the deaths of children whose usual place of residence was outside Queensland.
5. Other non-pool water hazards include objects containing water and flood-related incidents.
**Drowning: Findings 2018–19**

During 2018–19, the drowning deaths of 16 children and young people were registered in Queensland, at a rate of 1.4 deaths per 100 000 children aged 0–17 years. The number of drowning deaths since reporting commenced in 2004 ranges from 7 to 19 per year, with an average of 15 deaths per year.35

**Types of drowning-related deaths**

During 2018–19, eight pool drownings were recorded for the period, six in private pools and two in public pools.

Eight drowning deaths occurred in non-pool water hazards. Of those, three children drowned in dynamic waterways (river/creek), two in bathtubs, two in static inland waterways (lake/pond) and one in the beach/ocean.

**Sex**

During 2018–19, there were 14 drowning deaths of male children, compared to two female children.

**Age**

During 2018–19, children aged 1–4 years made up the largest group of drowning deaths (6 deaths)—a pattern which has been found in all previous reporting periods, and an indication of the particular vulnerability of this age group. Drowning was the leading cause of death for children aged 1–4 years over the last three years (See Table 1.2).

**Aboriginal and Torres Strait Islander status**

Over the last three years, the average annual rate of mortality from drowning for Indigenous children was more than twice the rate for non-Indigenous children (3.0 deaths per 100 000 Indigenous children aged 0–17 years, compared to 1.2 deaths per 100 000 non-Indigenous children).

**Geographical area of usual residence (ARIA+)36**

Over the last three years, the average annual rate of mortality from drowning for children residing in metropolitan areas was lower than for children residing in both regional and remote areas. The mortality rate for children residing in remote areas was 2.7 deaths per 100 000 children, 1.6 deaths per 100 000 children residing in regional areas and 0.8 per 100 000 children residing in metropolitan areas.

Five of the children who drowned in 2018–19 were international visitors (either visiting as foreign exchange students or tourists).

**Socio-economic status of usual residence (SEIFA)**

Over the last three years, the average annual rate of mortality from drowning for children from areas of low to very low SES and moderate SES was higher than for children from high to very high SES areas. Over the last three years, there were 1.7 deaths per 100 000 children aged 0–17 years for children from areas of low to very low SES, 1.1 deaths per 100 000 children aged 0–17 years for children from moderate SES areas, compared to 0.6 deaths per 100 000 children from areas of high to very high SES.

**Children known to the child protection system**

Over the last three years, the average annual rate of mortality from drowning for children known to the Queensland child protection system was six times the rate for all children in Queensland (7.9 and 1.3 per 100 000 in each category respectively).

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35 Tables with data for 2004–19 are available online at www.qfcc.qld.gov.au.

36 Note the ARIA+ and SEIFA breakdowns exclude children whose usual residence was outside of Queensland.
Criminal charges

During 2018–19, manslaughter charges were made in relation to a drowning incident involving two children, where it is alleged the children were left unsupervised for an extended period of time.

Drowning deaths over past three years by age group and risk factors

**Under 1 year**

Over the last three years, six children under the age of one year have drowned, accounting for 13% of all drowning deaths over this period. All six deaths occurred in bathtubs.

- All 6 infants were known to be bathing but had been left unsupervised in the bath.
- 4 infants were co-bathing with other children at the time of the incident.

**1–4 years**

Over the last three years, 24 children aged 1–4 years drowned (53% of all drowning deaths over this period). Seventeen of these deaths (71%) occurred in private pools.

Pool fencing was non-compliant in 16 of the 17 pool cases (non-compliant fencing includes the absence of fencing, fencing or gate defects or propping pool gates open). The circumstances of pool fencing and the number of drowning deaths for each is as follows:

- 2 with pool fencing absent (in both cases these were portable pools which were required to comply with pool fencing legislation)\(^{37}\)
- 12 with pool fencing believed to be non-compliant (including four where a gate was also propped open)
- 2 with pool fencing compliant but with the gate propped open
- 1 where the pool fencing was compliant and the gate latched.

Of the 17 pool drowning deaths, 10 (59%) occurred at the child’s usual place of residence, while seven (41%) occurred at the homes of extended family, family friends or neighbours.

A further seven children died in other water hazards including bathtubs, dynamic waterways, rural water hazards and objects containing water.

Six children were known to be in, on or around water hazards (bathtubs, pools, rural water hazards and dynamic waterways).\(^{38}\) None of the six children were within arm’s reach, or being actively supervised, at the time of the incident.

**5–9 years**

Ten children aged 5–9 years drowned over the last three years, accounting for 22% of all drowning deaths. Five (50%) of those children were aged 5 years. The drownings occurred across a variety of water hazards, including bathtubs, pools, static inland waterways, dynamic waterways and rural water hazards.

In seven of the 10 drownings (including four 5-year olds),\(^{39}\) the child was known to be in, on or around water but was either unsupervised or not actively supervised.

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\(^{38}\) A child is known to be in or on water when the child is known by the carer to be actively swimming, paddling, wading, playing, bathing in water or on a watercraft. A child is known to be around water when the carer is aware of the existence of a nearby water hazard and a reasonable person could foresee that the child could quickly or easily gain access to it (i.e. no barrier or a defective barrier). Examples include where a carer leaves a child playing on the floor of the bathroom while the bath is filling up, or the carer leaves the child playing in the backyard but has propped open the pool gate.

\(^{39}\) Royal Life Saving Society – Australia’s Keep Watch Life Stage (3-5 years) recommends that children aged 5 years remain within arm’s reach and are never left alone around water.
Five young people aged 10–17 years drowned over the three-years (one aged 10–14 years and four aged 15–17 years), accounting for 11% of all drowning deaths. The drownings occurred across a variety of water hazards, including pools, the beach/ocean and static inland waterways.

All the young people were international visitors. Two of the young people were identified as non-swimmers.

Preventative factors

Supervision

Lapses in supervision of young children in, on or around water hazards has been found to be a factor in drowning deaths of young children. The QFCC classifies the adequacy of supervision for drowning deaths of children under the age of five, based on the child’s proximity and/or access to water. The model examines three key elements of effective supervision: the capacity of the supervisor, proximity to the child and continuity of supervision provided. The thresholds for each element are different depending on whether the child was known to be in, on or around water.

When a child is not known to be in, on or around water, it is still important to provide a level of supervision to ensure the child is protected from all hazards. Young children are unable to appropriately identify and negotiate risks, yet can be highly mobile. Reliance only on pool fences and gates to prevent drowning is not recommended, as breakdowns in protections can occur, such as pool gates being propped open or becoming non-compliant due to wear and tear. Accordingly, it is essential children aged under five years are regularly checked on by an active supervisor.

Pool fencing

Private pools, which have become increasingly common, pose a considerable risk of drowning to young children. Graduated changes to Queensland pool fencing laws have increased the obligation on pool owners to enhance the safety of pool areas. In accordance with the changes:

- compliant fencing is required of all pools and spas—including portable pools and spas capable of being filled with 300 millimetres or more of water
- the latest CPR sign must be displayed and be easily visible to people in or near the pool
- all pools must be registered on the Pools Safety Register, and
- a local government inspection is mandatory following any immersion incidents involving a child under the age of 5.

The effectiveness of swimming pool fencing is dependent upon fencing and gates being compliant with the regulation, in good working order and used correctly (such as not propping open a pool gate).

Figure 4.1 tracks the number of drowning deaths over time of children aged 0–5 years in Queensland private pools against changes to fencing requirements.

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; changes in requirements such as fence height; and more recently compliance requirements for registration and inspections.

The number of private pool drowning deaths in children aged 0–5 years have fluctuated from year to year; however, regulation is seen to have possibly impacted on the number of drownings, especially in the last two decades.
Safe play areas to reduce rural drownings

Rural water hazards, such as dams and troughs, may not be recognised as presenting a drowning risk and are often at a distance from the family home. As children love water play, however, and can travel significant distances to access water, any body of water should be considered a potential risk regardless of its location.

There have been 24 deaths of children aged under five years in rural water hazards since 2004.

Drowning prevention is most effective when strategies are multi-faceted. Active supervision is the most effective strategy, but to maintain this continuously is not realistic. Establishing a safe play area around the family home can act as a critical means of preventing access to water hazards.

Children can also be taught from a young age about nearby dangers and ‘no go’ areas. Making sure young children are visible to supervisors and having barriers that separate the child from the water hazard can also help reduce the risk of drowning.

Life stages approach to drowning prevention

The Royal Life Saving Society of Australia (RLSSA) promotes a life stages approach to drowning prevention, allowing for targeted strategies that recognise risk priorities for each age group, with ‘active supervision’ being a key preventative factor.

The RLSSA describes ‘active supervision’ as focusing all of your attention on your children all of the time, when they are in, on or around water. The supervisor must be within arms’ reach (for younger children aged 5 years and under), interacting with their child or maintaining constant visual contact and be ready to enter the water in case of an emergency. 

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1. The annual number of deaths averaged over three years (the reference year and the two preceding years). As counts are by date of death and calendar year, the data will differ from information presented elsewhere in this report.
It is important to acknowledge that not all drowning deaths are reasonably foreseeable or the result of a breakdown in supervision. A resourceful and inquisitive child may manage to bypass protections, unbeknown to a supervisor. These child deaths highlight the importance of having many and varied protections in place for the child, including adequate supervision.

**Keep Watch Life Stage: 0 to 11 months**

- have everything ready for bathing
- keep bath water to a minimum depth
- remain within arm’s reach
- never leave baby alone while in the bath or around water
- update CPR skills annually
- create a safe play area to restrict your child’s access to water, and
- empty buckets/containers that can hold water.

**Keep Watch Life Stage: 1 to 2 years**

- remain within arm’s reach and never leave your child alone around water
- ensure pool fence is correctly installed, regularly maintained and gate is never left open
- create a safe play area to restrict your child’s access to water
- establish simple rules such as no going near water without an adult
- enrol your child in water familiarisation lessons
- update CPR skills annually, and
- empty buckets/containers that can hold water.

**Keep Watch Life Stage: 3 to 5 years**

- remain within arm’s reach and never leave your child alone around water
- ensure pool fence is correctly installed, regularly maintained and gate is never left open
- create a safe play area to restrict your child’s access to water
- enrol your child in water familiarisation lessons and learn to swim classes
- establish simple rules such as no going near water without an adult, and
- update CPR skills annually.

**Keep Watch Life Stage: 6 to 10 years**

- constant active supervision is required
- be prepared to get wet and enter the water
- continue learn to swim lessons with qualified instructors
- children to gain supervised experience in different aquatic environments
- adults to model safe behaviours around water, and
- update CPR skills annually.

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Keep Watch Life Stage: 11 to 16 years

- parents to discourage risk-taking behaviours around water
- teenagers to learn survival and rescue skills
- parents to discuss dangers of alcohol and drugs with aquatic activity
- parents to continue to model and reinforce safe behaviours around water, and
- teenagers to learn CPR and emergency skills.

Case study: Queensland Water Safety Action Plan

The *Queensland Water Safety Action Plan*, published by the Department of Education, details a range of initiatives being implemented by the Queensland Government to help children and young people be safe in, and around water.

The initiatives include a water safety and swimming education program developed by the Department of Education for all students attending state schools from Prep to year 10. It provides an evidence-based program aligned to the Australian Curriculum and the National Swimming and Water Safety Framework and is being rolled out from 2019. The Government is also providing additional funding to support individual schools’ water safety and swimming education programs.

Further initiatives to enhance water safety include access to water safety programs for vulnerable families with children aged between 3 and 5 years old and further distribution of the QFCC’s *Seconds Count* campaign and other water safety messages for parents and carers. Information on water safety in a variety of aquatic environments is also being provided to the Queensland community as well as water safety messages in multiple languages for culturally and linguistically diverse communities and specific water safety training for foster and kinship carers.

Queensland Ambulance Service data

Immersion data can be used to gain a more comprehensive understanding of the risks posed to children by water hazards. The Queensland Ambulance Service (QAS) has provided data on the number of ambulance responses to immersion incidents involving children and young people in 2018–19, where children may have drowned, or experienced near drowning. Table 4.2 shows the total number of QAS responses, for both fatal and nonfatal injuries. Immersion incidents were most common in the 1–4 year age category, and most likely to be identified as occurring in swimming pools. For children under 1 year of age, bathtubs were the most commonly identified location for immersion incidents.
Table 4.2: Summary of QAS immersion incidents (fatal and non-fatal) of children and young people in Queensland 2018–19

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</table>

Data Source: Queensland Ambulance Service (2018–19)

1. Excludes data for two children whose age or sex was not known.