4 Drowning

Ten children drowned across Queensland in 2024–25. Children under the age of 5 remain the most vulnerable, particularly in domestic settings such as backyard swimming pools and bathtubs. These environments, while familiar and seemingly safe, pose significant risks when supervision lapses or safety measures are inadequate.

The Commission's data on child drownings is a vital resource for understanding the circumstances surrounding these deaths, informing prevention strategies and protecting young lives.

Pool fencing regulations have played a crucial role in reducing child drownings in Queensland, offering a considerable protective barrier between young children and water hazards. However, the effectiveness of these measures depends heavily on consistent compliance—particularly ensuring that gates are securely closed and never propped open.

The Commission's 2022 report on swimming pool immersions found pool fences were non-compliant in 90% of drowning cases, with pool gates deliberately propped open in many instances. Supervision was found to be inadequate in more than half of these cases.

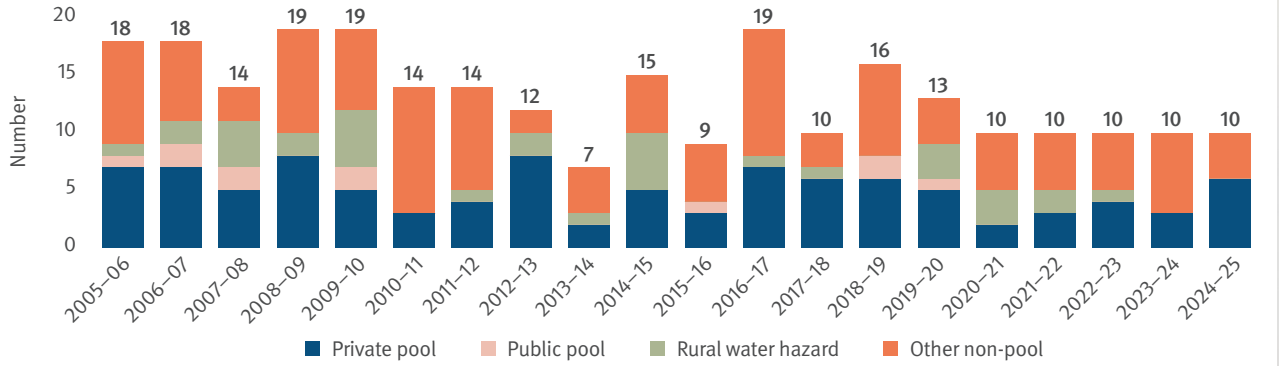
Even brief lapses in supervision or fencing integrity can have tragic consequences. Vigilant adult supervision remains essential at all times when children are near water, as no physical barrier can replace the attentiveness and responsiveness of a caregiver.

Water safety messaging informed by our work is helping to raise awareness, at a national level, about the risks from drowning and promote safer environments for children. We partner with Royal Life Saving Society Australia to ensure granular, age-specific insights from Queensland feed directly into the national analysis of drowning deaths in children aged 0–17 years. Information in the National Fatal Drowning Database is used to produce the annual National Drowning Report, and to inform research, policy, practice, and prevention programs.

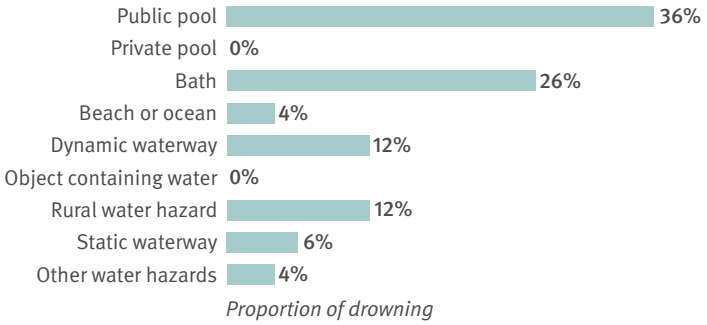
The Commission also promoted, via the 2025 Australian and New Zealand Child Death Review and Prevention Conference, the development of the Australian Water Safety Strategy 2030. The Strategy includes a systematic analysis of fatal drowning cases across a range of aquatic settings—pools, beaches, rivers, and remote waterbodies—to fill gaps in knowledge and target prevention efforts where they will have the greatest impact.

Key facts on child deaths from drowning

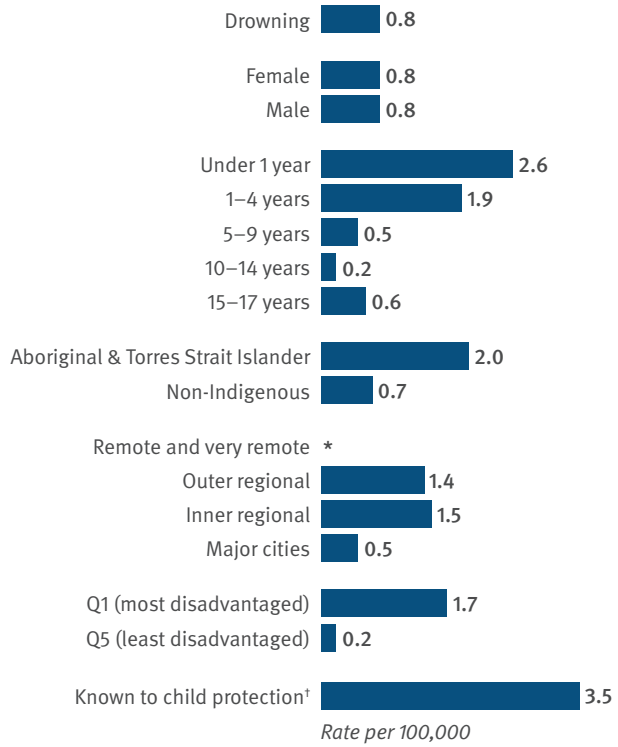
2005 to 2025



5-year summary (2020–2025) | Water hazard type



Demographics



Risk factors

Under 5s
are at greatest risk

Under 1s

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

1–4 years

48% of all **drowning deaths**

50% were in **private pools**

Medical conditions and autism

Heightened drowning risk
for autistic children and children with medical conditions such as epilepsy

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 2024–25. This is a rate of 0.8 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.[45]

Types of drowning-related deaths

Of the 10 child deaths in drowning incidents in 2024–25, 6 occurred in swimming pools and 4 were non-pool incidents.

Fifty children drowned in the last 5 years. Private pools were the most common incident locations for child drownings (36%), with all 18 of these incidents in residential locations (homes, townhouse or units).[46] Bath drownings were the second most common location (13 deaths or 26%).

Other child drownings over the last 5 years included rural water hazards (e.g. dams) (6 deaths or 12%), dynamic waterways (e.g. rivers, creeks) (6 deaths or 12%), and static waterways (e.g. lakes, reservoirs) (3 deaths or 6%).

Sex

During 2024–25, 6 male children and 4 female children died in drowning incidents. The drowning rate over the last 5 years is 0.8 per 100,000 for both males and females.

Age

Children aged under 5 years made up the largest group of drowning deaths in 2024–25 (50%), the 5-year average rate of drowning was highest in children aged under 1 year (2.6 per 100,000) followed by children aged 1–4 years (1.9 per 100,000).

Risk factors and age

Under 1 year

Eight children under the age of 1 year have drowned over the last 5 years, accounting for 16% 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, 24 children aged 1–4 years have drowned, accounting for 48% of all drowning deaths over this period. Twelve of the 24 deaths (50%) occurred in private pools.

Pool fencing was non-compliant in 10 of the 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 6 of the 12 incidents and there was no pool fence in one incident.

Seven of the 12 incidents occurred at the child's usual place of residence, while the remaining 5 occurred at the homes of extended family, family friends or neighbours.

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

Thirteen of the 24 children were known to be in, on or around water hazards. None of those 13 children were within arm's reach, or being actively supervised by a capable supervisor, at the time of the incident.[47]

45 Tables with data for 2004–2025 are available online at www.qfcc.qld.gov.au/sector/child-death/child-death-reports-and-data

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

47 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.

5–9 years

Eight children aged 5–9 years drowned over the last 5 years, accounting for 16% of all drowning deaths. The drownings involved a variety of water hazards.

In half of the cases, the child was known to be in, on or around water. All 4 children were either unsupervised or not actively supervised.[48] Three of the 4 children were identified by their families as weak swimmers and 2 of the 4 were identified to have a medical condition or impairment that would require a higher level of supervision.[49]

10–17 years

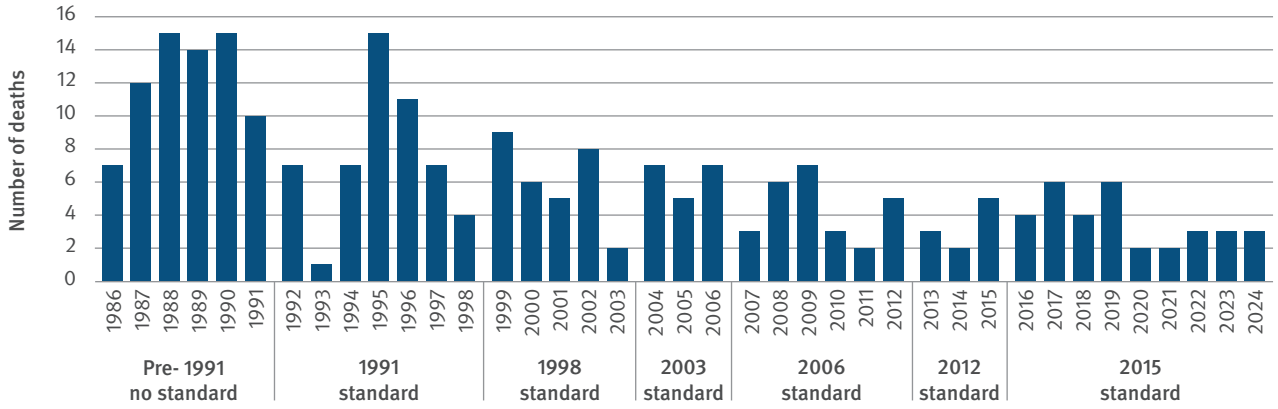
Ten young people aged 10–17 years drowned over the last 5 years (4 aged 10–14 years and 6 aged 15–17 years), accounting for 20% of all drowning deaths. The drownings occurred across a variety of water hazards.

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 emphasis; 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.

Figure 4.1: Drowning deaths of children 0–4 years in Queensland private pools by applicable pool standard (number), 1986 to 2024



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 (2004–24).

48 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

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

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 Royal Life Saving Australia (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 suitability of participating 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 regardless of their age. Of children and young people who have drowned in Queensland in the last 5 years, 11 (22%) had a known or suspected impairment or medical condition. Three of the children had epilepsy or a history of seizures.

Autistic children can be irresistibly drawn to water environments, finding the combination of buoyancy, temperature, and rhythmic movement deeply calming and engaging. Sensory input from water can help to regulate overstimulated nervous systems and reduce anxiety.[50] However, a water attraction can pose grave safety concerns—studies indicate that autistic children wander from home more frequently and are at a substantially higher risk of accidental drowning than their neurotypical peers. One large-scale analysis found that autistic children aged 2–14 years are over 160 times more likely to drown, often in familiar settings such as backyard pools and neighbourhood ponds.[51] Over the past 5 years, 9 children in Queensland aged 3–12 years, either diagnosed or suspected of being autistic, have died by drowning. These cases account for 18% of all drowning fatalities among individuals aged 0–17 years during this timeframe.

RLS 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
- teaching water awareness, familiarising autistic children with water, setting rules, and discussing water safety. Autistic individuals may require one-on-one lessons with a specialised instructor.[52]

Of the 9 autistic children who drowned, 6 had wandered without their caregiver's knowledge immediately prior to the fatal incident. In addition to supervision and restricting access to water hazards, the risk of wandering also highlights the importance of water safety education/prevention programs.

A survey conducted by Autism Swim in 2021, revealed 91% of the families surveyed in the neurodiverse community had left previous aquatic services due to their autistic child's needs not being understood.[53] Specialised swimming lessons tailored for autistic learners address both the benefits and barriers inherent in aquatic programs. On the benefit side, structured swim instruction, integrating visual supports, predictable routines, and one-on-one coaching, has been shown to improve motor coordination, enhance water safety skills, foster social interaction, and further self-confidence in and out of the pool.[54] However, access remains limited: there are too few instructors certified in autism-specific aquatic techniques, one-to-one or small-group lessons carry prohibitive costs, and sensory sensitivities to chlorine odour, pool acoustics, or swim gear can trigger distress without careful environmental modifications and individualised supports.[55] Addressing these barriers requires expanded training for swim professionals, subsidised program funding, and ongoing collaboration among therapists, families, and community recreation centres.

50 Autism Society of Florida (n.d.) *Why water? The science behind our attraction to aquatic environment*, www.autismfl.org/post/why-water-the-science-behind-our-attraction-to-aquatic-environments accessed 25 September 2025.

51 Guan J and Li G (2017) 'Injury mortality in individuals with autism', *American Journal of Public Health*, May;107(5):791–793 doi.org/10.2105/AJPH.2017.303696

52 RLS drowning risk factors and preventions measures can be found at www.royallifesaving.com.au/stay-safe-active/risk-factors

53 https://autismswim.com.au/wp-content/uploads/2024/04/AS-Annual-report-Final-2024.pdf

54 SWIM Coaches and Teachers Australia (2025) *Autism and the aquatic environment: Challenges, strategies, and benefits*, https://swim.org.au/autism-and-the-aquatic-environment-challenges-strategies-and-benefits/ accessed 25 September 2025.

55 SWIM Coaches and Teachers Australia (2025) *Autism and the aquatic environment: Challenges, strategies, and benefits*, https://swim.org.au/autism-and-the-aquatic-environment-challenges-strategies-and-benefits/ accessed 25 September 2025.

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 288 immersion incidents. Of immersion incidents involving children, 45% occurred in swimming pools and 18% occurred at the beach or in the ocean. Immersion incidents were most common in children aged 1–4 years, and in this age group, the majority (71%) of incidents occurred in swimming pools.

Table 4.1: Queensland Ambulance Service responses to immersion incidents (number), 2024–25

Type of incident	Under 1 year	1–4 years	5–9 years	10–14 years	15–17 years	Total
Pool	*	75	30	15	7	127
Bath	18	15	0	0	0	33
Beach/ocean	0	5	5	18	24	52
Other immersion	11	12	8	20	21	72
Total	**29**	**107**	**43**	**53**	**52**	**284**

Data source: Queensland Ambulance Service (Aug 2025)

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

Notes: Excludes data for children and young people whose gender was recorded as missing or indeterminate (n=2). Numbers in the table do not add to the total number of immersion incidents attended by Queensland Ambulance Service (n=288) as cells with less than 5 are not shown, and are excluded from table totals.

Learnings

2025 Australian and New Zealand Child Death Review and Prevention Conference

Using coronial data to inform the Australian Water Safety Strategy 2030: Reflections and lessons learnt

Stacey Pidgeon
Royal Life Saving Society Australia

At the 2025 Australian and New Zealand Child Death Review and Prevention Conference, hosted by the Commission in May, Stacey Pidgeon shared reflections from a research perspective on the development of the Australian Water Safety Strategy 2030 (the AWSS 2030). This presentation examined how coronial data had been instrumental in informing the development of the Strategy.

By analysing fatal drowning cases across diverse aquatic environments, the study uncovered key trends and risk factors, such as age, activity type, location, and supervision levels, that guided targeted prevention efforts. Coronial insights exposed gaps in existing safety frameworks and helped pinpoint at-risk communities and common contributing factors to drowning-related fatalities. This evidence base helped to strengthen policy development, support public education campaigns, and drive the design of tailored intervention programs aligning to key areas of the AWSS 2030.

The presentation concluded by highlighting the value of a data-driven lens and the importance of consistent surveillance, cross-agency collaboration, and culturally responsive messaging to reduce drowning rates. The AWSS 2030 reflects a national commitment to safer water practices and continuous improvement informed by real-world evidence.

View the presentation: www.qfcc.qld.gov.au/2025/ANZCDRPG-Conference

Read more: www.royallifesaving.com.au/research-and-policy/australian-water-safety/australian-water-safety-strategy