

Drowning deaths of children (private swimming pools) 2007–2014

The following information is drawn from the NSW register of child deaths. The register is maintained by the NSW Child Death Review Team. The sources of the information are primarily police and Coronial records, including briefs of evidence.

Between 2007 and 2014 (8 years), 54 children drowned in 53 private swimming pools in New South Wales.

Age and gender

1. The majority of children who drowned (33) were male; 21 were female.
2. Most of the children who drowned in private swimming pools (46) were under five years of age; the majority (39) were aged two years or less.

Age (years)	Number
1	21
2	18
3	6
4	1
5-9	7
10-14	1
Total	54

The swimming pools

Type of pool

3. The most common pool types were pools were in ground (35); 15 were above ground.

Type of swimming pool	Number (pools)
In ground	35
Above ground	
Portable – soft-sided, metal or plastic frame	7
Permanent installation/ fixed structure	2
Inflatable / wading	4
Unknown	2
Partially in ground/above ground	2
Unknown	1

4. Ten of the 15 above ground pools could be identified from records as 'portable' pools. Six were soft sided pools supported by metal or plastic frames; four were inflatable pools. Records identified the depth for nine of the ten portable pools. All nine met the *Swimming Pools Act* definition of swimming pool, as they were capable of being filled with water to a depth greater than 300 millimetres.¹

¹ Information on depth was not available for one inflatable pool, described in the records as a small blow-up wading pool.

Location of the pool

- Most of the 54 children (38) drowned in a swimming pool at their own home, including four children who were in statutory care.
- Sixteen children drowned in a pool that was not at their own home. In at least five cases, young children lived at the residence.² In some others, particularly the homes of grandparents, children were regular visitors.

location	Number (pools)
Child's home	38
Relatives home:	10
(7) grandparent	
(3) other relative	
Family friends	5
Neighbour	1

Location of the pool (remoteness)

- More than two-thirds (37) of the 53 pools were located in areas designated as 'Major cities'; followed by inner regional areas (11):³

Remoteness	Number (ASGS 2011)
Major Cities	37
Inner Regional	11
Outer Regional	3
Remote	2
Very Remote	0
Total	53

Ownership of the property

- Records identified the ownership of the property for 31 of the 38 pools that were located at the child's own home. In most cases (21) the property was owned by the family. Ten were private or social housing rental properties.

Property ownership	Number (pools)
Child's family owner/occupier	21
Rental property – Social housing	4
Rental property - Private rental	6

Status of the pools under the *Swimming Pools Act 1992*

- The status of the swimming pool in relation to exemption from the child resistant barrier provisions of the *Swimming Pools Act* was documented for 44 of the 53 pools. Of these, around one third (15) were exempt. Ten were exempt because they were built prior to 1990, and five were on a large property and built prior to 2010. Of the 15 exempt swimming pools, 13 were fenced.

Reason for exemption	Fenced	Unfenced	Number (pools)
Pool constructed prior to 1990	10	-	10
Large property	3	2	5

² Records do not consistently state whether children were resident at the home.

³ Categories of remoteness as defined by the Australian Bureau of Statistics. Pool locations were geo-coded using the 2011 Australian Statistical Geography Standard (ASGS).

10. Information on barrier compliance was available for 12 of the 13 fenced pools. Only one pool did not have any defects identified. Eleven pools were non-compliant and had access points where a young child could enter the pool area - either through defective gates / latch mechanisms, or breaches to the pool fence. (see *below*)
11. The two unfenced pools were on large properties. In both cases, the pool was not compliant with the Act, as there were no child-safe barriers in place to restrict access to the swimming pool from the residence.

Existence and condition of child resistant barriers

12. Pool and child safety barrier assessments by police crime scene investigators, and/or local council inspectors were available for 52 of the 53 pools. In the large majority of cases (45; 87%), there was either no barrier installed, or the existing barrier was defective /non-compliant.

Unfenced pools

13. Thirteen of the 52 swimming pools were unfenced. Two pools were exempt from pool fencing requirements.

Pool type	Number of pools	Number exempt
In-ground	3	1
Soft sided metal frame (likely portable)	6	1
Portable: large inflatable	3	-
Portable: wading	1	unknown ⁴

14. Ten of the 13 unfenced pools were above ground portable style pools. One portable style pool was set up as a permanent structure, with landscaping, lighting and seating. Information relating to pool depth was known for nine of the 10 pools; all of these were capable of being filled to a depth greater than 300 millimetres and required a compliant child safety barrier under the provisions of the *Swimming Pools Act 1992*.
15. Of the three unfenced in-ground swimming pools, one was on a large property and exempt; one was newly constructed and had been filled with water prior to a barrier being erected; and one was constructed without a council application or approval.
16. Twelve children drowned in unfenced pools at their own home. The majority (9) accessed the pool from the house without the knowledge of supervising adults. Eight were under three years of age. Of the three children who were known to be in or around the pool, two were left in the yard unsupervised and another - an older child – was intermittently supervised. One child drowned in an unfenced pool at a family friend’s home during a social gathering.

Child resistant barrier faults

17. Records indicated that 40 pools were fenced. Information on barrier faults was available for 39 pools. The majority (28) of fences were four-sided. Nine pools had three-sided fencing, where the house or another building (e.g. garage) formed the fourth side of the barrier. In two cases, records did not identify the type of fence.
18. Of the 39 pools, over three-quarters (32) had one or more faults that could potentially allow a child to access the pool area. Coronial and police investigations found that 26 children were likely to have accessed the pool via the barrier fault(s). Although there were faults identified in the child-safety barrier for another five pools, in three cases, the child accessed the pool through a gate that had been propped open. In two cases information was not available to know whether the fault contributed to the child accessing the pool.
19. **Table 1** (attached) shows the main barrier fault(s) identified in each case. The majority of pools (26) had two more defects.

⁴ Depth of the wading pool is unknown

20. Almost all (30) of the pools had reported faults with the pool gate or latch mechanism which, in most cases, meant that gate did not self close. Issues included no self-closing mechanism, damaged latch mechanisms and faulty spring mechanisms. A faulty gate or latch mechanism was identified as the child's likely access point to the pool area in 21 cases.
21. Other faults reported mainly related to the poor condition of the fencing (13) - such as holes, broken rails or palings, or too-large gaps in the fence or gate (10). Four pools had windows or doors leading directly to the pool area that were not child-safe. Objects within the non-climbable zone that a child could use to access the pool were reported in 13 cases. Several pools had barriers with footholds or handholds (4) or a fence that was too low (4).
22. Seven pools had no reported barrier faults. Five were pools in which older children drowned. The children had either been allowed into the pool area by supervising adults or were capable of opening the gate themselves. Two pools were accessible via a propped gate.

Carer supervision: children under five years of age

23. All children who drowned did so in the absence of adult supervision. In some cases, supervision was clearly inadequate for the age and developmental status of the child. In others, lack of supervision most commonly occurred in the context of carer distraction with everyday household chores, a misunderstanding of the whereabouts of the child, or unclear responsibility for supervision.
24. Key aspects of supervision for 46 children under 5 years of age who drowned in private swimming pools between 2007 and 2014 is described below. The information demonstrates the nexus between lack of direct supervision, even for very short periods of time, and inadequate (faulty or absent) child resistant barriers.

Time unsupervised

25. Details of the length of time children under five were reportedly left unsupervised was available for 40 children.
26. The majority of the children (26) were reportedly unsupervised for 10 minutes or less, with half (11) reportedly out of sight for five minutes or less. Seven children were unsupervised for an estimated time of over 10 minutes and up to 20 minutes. Typically, carers were otherwise engaged in day to day activities, such as attending to another child, going to the toilet, cleaning or cooking. The child was often believed to be in a safe place at the time, and/or under the supervision of other adults or older siblings. Where the child was in the pool area, the issue was lack of arms-length supervision, with the child entering the water unseen, or having open access to the pool.
27. Seven children were not sighted by carers for over 30 minutes, and up to a number of hours. Most typically, this was in the context of the child having woken from sleep at some stage and left the house unseen.

Circumstances relevant to supervision

28. Most often, the fatal incident occurred following a chain of events – a faulty pool gate left unsecured, carer distraction with household chores or attending to other children, unclear delegation for supervision and the child able to leave the house unseen.
29. Just under one third (13) of the children drowned in pools located at the homes of friends or relatives. Half of these (6) occurred in the context of social gatherings of family or friends, often around the pool, which led to situations where responsibility for supervision was shared among a group, or assumed to be with another.
30. In over half of the cases (22), supervision for the child was unclear or spread between a number of adults and / or older siblings, with assumptions being made about who was caring for the child. This was often in the context of everyday life, where household members were going about usual activities in different areas.

31. In over half of the cases (24) carer/s reported that the child was last seen inside the house. In some cases, the child accessed the yard through open or unlocked doors. In a small number of cases, it appears that the child may have recently reached a developmental milestone and acquired the skill to open doors or access areas previously out of reach.

Supervisor capacity

32. Police and Coronial reports made note of the use of alcohol by supervising adults at the time of the incident in some cases, including at social gatherings. There was no indication in records that alcohol use resulted in impaired capacity to supervise. In two cases, records indicate the carer was unwell and had left the child with an older sibling.

Carer supervision: Children over five years of age

33. The eight children aged six to 12 years who drowned were all unsupervised. Five children were reportedly unsupervised for ten minutes or less and one child was unsupervised for 20 minutes.⁵

34. In four cases, the supervising adult knew that the child was using the pool. Three children accessed the pool without the knowledge of a supervisor and in one case, this information is unknown.

35. Four of the 8 children were known to be able to swim. Two of the children experienced an injury or fall that contributed to their inability to manage themselves in the water. Two children with a disability were unable to swim and required direct adult supervision in water. An additional two children had a medical history which may have compromised their safety in the water (history of seizures).

⁵ Information is not available for two children.

Table1: Identified swimming pool barrier faults (fenced pools)¹

Issue/s contributory to child accessing pool	Gate not self-latching / latch broken	Fence in poor state of repair – e.g. holes, broken or rails or palings	Climbable objects within the non-climbable zone	Gaps in fence or gate too great	Handholds or footholds present	Where house forms part of barrier, doors or windows not secure	Fence too low	Type of fence
Yes	✓			✓				4-sided
Yes	✓	✓	✓					4-sided
Yes	✓		✓	✓				4-sided
No - gate propped	✓		✓					4-sided
Yes	✓			✓				3-sided
Yes	✓	✓			✓			4-sided
Yes	✓	✓						4-sided
Yes	✓							3-sided
No - gate tied	✓			✓				4-sided
Yes	✓		✓					4-sided
Yes	✓							4-sided
Yes	✓		✓	✓				4-sided
Yes	✓							4-sided
Yes	✓	✓						3-sided
Yes						✓ pool access door		3-sided
Unknown	✓		✓					4-sided
Yes	✓			✓	✓		✓	4-sided
Yes	✓							4-sided
Yes	✓	✓						4-sided
Yes	✓						✓	4-sided
Unknown	✓	✓						4-sided
Yes	✓		✓		✓			4-sided
No - gate propped	✓			✓		✓		3-sided
Yes	✓	✓	✓		✓	✓		3-sided
Yes	✓	✓					✓	3-sided
Unknown	✓							Unknown
Yes	✓	✓		✓			✓	4-sided
Yes	✓	✓	✓	✓	✓			4-sided
Yes	✓	✓	✓	✓				3-sided
Yes	✓		✓			✓		3-sided
Yes		✓	✓					4-sided
Yes	✓	✓	✓	✓				4-sided
	30	13	13	10	5	4	4	

¹ Includes 32 fenced pools only. Shaded area denotes the most likely point at which the child accessed the pool (Police and Coronial records)