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Child Drownings in England: An Overlooked Public Health Issue

A vital shift to prevent child deaths and reduce health inequalities

Contents

This report was written prior to the tragic events of the May half-term 2026, during which at least 19 people lost their lives to drowning.

We dedicate this report to those who died during that period, and to everyone who has lost their life to drowning, both before and since.

Foreword

No parent expects their child to drown. Yet every year in England, children lose their lives to drowning, leaving families with a lifetime of grief.

Each death is a young life cut short: birthdays that will never be celebrated, milestones which will never be reached and futures that will never be lived. The impact is devastating, felt across families, friends and communities for generations.

At the Royal Life Saving Society UK (RLSS UK), our vision is for communities to be free from drowning. We believe our expertise in water safety, lifeguarding and lifesaving can support the government to lead prevention work, ensuring one day, no parents will have to mourn a child lost to drowning.

The charity sector has worked tirelessly to raise awareness of water safety education and share vital safety messaging. This work matters; however, it cannot carry this issue alone. Drowning risk is shaped by far more than individual behaviour: knowing the rules around water does not remove hazards from places where children play, and strong swimming ability does not protect a child in every situation.

It is shaped by where children live, the environments around them, and the wider conditions of inequality that contribute to drowning risk.

The RLSS UK has collaborated with the National Child Mortality Database (NCMD) to produce an annual dataset on child drownings. The NCMD is an NHS-funded programme that collects and analyses statutory information on all children who die in England and is the first of its kind anywhere in the world. Its purpose is to learn from the past to change and improve the future, ensuring actions are taken, locally and nationally, to reduce the number of children who die[1].

For the first time, following engagement with the RLSS UK, the NCMD has published additional drowning data, which helps us paint a clearer picture of child drownings: not just who, where, and when they drown, but we now have more insight into why they drowned and how their death might have been prevented.

This matters because prevention is not a vague ambition. It is something we can do. When the data shows patterns, it points to opportunities for safer places, better planning, stronger standards and coordinated national leadership. When the data shows stark inequalities, it's a signal that some children are carrying greater risk than others based on factors out of their control. When the data highlights preventability, it makes inaction harder to justify.

To reduce drownings, the UK must take a multi-sector approach, focused on people, places and contexts [2].This requires action from the government, starting with the basic acknowledgement of drowning as a public health issue. Something it currently fails to do.

This report is a direct challenge. It holds a mirror up to the government and asks why, despite the evidence and despite international understanding of what effective prevention looks like, drowning is still not treated with the same urgency and coordination as other preventable causes of death. The issue is not whether drowning qualifies as a public health issue. The question is why it is not yet recognised and responded to as one in the UK.

We cannot undo the losses behind these figures, but we can learn from them, and we can choose to act. We know these deaths can be prevented. The remaining question is whether the government will treat child drowning as what it is: a preventable, unequal and unjust public health issue, and respond accordingly.

[1] National Child Morality Database (2026) About the NCMD. Available at: www.ncmd.info/about/ (Accessed: 14 May 2026).

[2] Global Alliance for Drowning Prevention (2025) Global strategy for drowning prevention: turning the tide on a leading killer. Geneva: Global Alliance for Drowning Prevention.

Executive Summary

Every year, around 33 children in England drown. It is the equivalent of a classroom of children lost. Each one might have been prevented, yet there is no Government strategy to stop drowning.

Drowning is recognised by the World Health Organization (WHO) as a **preventable public health issue,** but is **neglected by the UK Government.**

Analysis of National Child Mortality Database data[3] shows that **child drownings are not random accidents,** but display clear patterns of health inequalities that should be addressed:

- Black children drown at **more than three times the rate** of White children.
- Children in the most deprived communities drown at **twice the rate** of the least deprived.
- Boys drown at **twice the rate** of girls.
- **71%** of children who drown were known to social care at some point in their lives.

Drowning is **highly preventable:**

- **87%** of cases reviewed by a Child Death Overview Panel identified modifiable factors that could have prevented the child's death.
- Common factors include lack of supervision, unsafe environments, accessible water, and absence of safety measures.

Current government policy risks making this worse:

- The water reform agenda aims to increase access to inland open water, the **highest-risk environment for drowning,** including a stated aim in the Water White Paper of "Healthy rivers we can swim in and enjoy"[4].
- The **Public Health Water Taskforce excludes drowning** from its remit, despite drowning being the main way that water kills people.

This creates a clear and urgent policy failure: **increasing swimming in the highest-risk locations without any corresponding public health or policy intervention will cause further, entirely preventable, deaths by drowning.**

A public health approach led by the government will reduce preventable drowning deaths, tackle health inequalities, and empower everyone to enjoy water safely.

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[3] National Child Morality Database (2026) Child Drowning Deaths – 1st April 2019 to 31st March 2025. Available from: www.ncmd.info/publications/child-drowning-deaths-2019-2025/ (Accessed: 18th May 2026). 4 Department for Environment, Food & Rural Affairs (2026) A new vision for water. (CP 1490). London: HM Government.

[4] Department for Environment, Food & Rural Affairs (2026) A new vision for water. (CP 1490). London: HM Government.

Summary of Recommendations

Recommendation 1: The Government should change the Terms of Reference of the Public Health Water Taskforce to include drowning prevention, the main way water kills people.

Recommendation 2: The Public Health Water Taskforce should apply a public health approach to reducing drowning risk, including tackling the clear health inequalities, environmental determinants, and evidence gaps.

Recommendation 3: The Public Health Water Taskforce should consider the drivers of elevated drowning risk among high-risk groups, including Black children, male children, children known to social care, and those living in the most deprived communities.

Recommendation 4: The Government should accompany its ambition to increase public recreational use of open water with proportionate interventions to mitigate drowning risk, recognising that drowning is a preventable public health issue and not an inevitable consequence of participation in water-based activity.

Recommendation 5: The Government should appoint a Minister with responsibility for water safety and drowning prevention to lead a joined-up approach across relevant government departments.

71% of children who drowned were **known to social care**

9 out of 10 child drownings could have been **prevented**

Inland open water - such as **lakes, rivers and canals** - poses the largest drowning threat

Male children drown at **twice** the rate of female children

Black children drown at more than **three times** the rate of White children

The equivalent of a classroom of children drowns **every year** in England

Children in the most deprived communities drown at **twice** the rate of the least deprived.

Introduction

Drowning is one of the leading causes of preventable death worldwide. In the UK, it continues to claim lives of 617 every year* and does so unequally[5]. Between 2020 and 2025, there were 196 child drownings; on average, 33 children drowned each year: the equivalent of a classroom of children. These deaths reveal stark, systemic inequalities, and statutory data now show just how avoidable these losses are.

There is a clear global consensus that drowning is a preventable public health issue. Since 2014, the World Health Organisation (WHO) has recognised this, and in 2023, they described drowning as a "serious and neglected public health issue" and called on governments to take coordinated action across sectors to reduce risk[6].

The UK government has not responded to this call. It fails to recognise drowning as a public health priority, instead framing it as an issue of individual knowledge and behaviour. Currently, drowning prevention activity sits largely with the third sector's National Water Safety Forum, with limited government involvement. No Minister holds portfolio responsibility for drowning prevention; there is no government-led drowning prevention strategy; and drowning is absent from the public health and water reform agendas.

Government policy risks making things worse. The Department for Environment, Food and Rural Affairs' (DEFRA) water reform agenda actively seeks to increase exposure to the highest-drowning risk environment, inland open water, without introducing any mitigations. Without intervention, more drownings will occur.

By applying a public health lens to the child drowning data derived from the National Child Mortality Database (NCMD), we set out the tangible ways in which the government can step up and take leadership in coordinating systemic action to achieve our vision of communities free from drowning. From targeted public health responses, based on the glaring inequalities shown in the data, to drowning being included within the newly formed Public Health Water Taskforce, chaired by the UK Government's Chief Medical Officer.

The patterns shown in this data are not inevitable. They show that targeted action will save young lives and ensure everyone can enjoy water safely.

*This figure includes the average total number of drownings a year between 2021-2025 in the UK. It uses data from all outcomes: accident suspected, crime suspected, natural causes suspected, suicide suspected, and unknown.

[5] National Water Safety Forum (2025) WAID Reports. Available at: nationalwatersafety.org.uk/evidence-and-data/waid-reports (Accessed: 14 May 2026).

[6] World Health Assembly (2023) Accelerating action on global drowning prevention, WHA76.18, 30 May 2023. Geneva: World Health Organization.

Applying the Public Health Lens

This report looks at child drowning statistics through a public health lens to draw actionable insights and make recommendations for the government.

Public health focuses on population-level patterns of health and harm: prioritising prevention over treatment, tackling inequalities, and coordinating system interventions that cannot be achieved by individuals or organisations alone. Public health should act as a roadmap towards achieving a meaningful reduction in drownings.

If the UK's well-established public health infrastructure were applied to the prevention of drownings, as the World Health Organization and Global Drowning Prevention Strategy suggest, then a significant reduction in deaths could be achieved. Simultaneously, this would drive wider benefits to health and wellbeing through empowering disadvantaged groups to enjoy water safely.

Note: Interpretation of trends over time should be treated with caution. The early part of the period analysed (2020–2022) coincides with COVID-19 restrictions, which significantly altered children's access to public spaces and water environments. These restrictions are likely to have temporarily reduced exposure to drowning risk and may have affected groups differently.

A Classroom of Children Drowns Each Year

196 children died by drowning across the six-year period. On average, 33 children drowned each year: the equivalent of a classroom of children.

These are not isolated incidents, but a measurable and recurring tragedy that can be tackled with public health intervention.

Figure 1: Number of children who died from drowning between 1 April 2019 and 31 March 2025, by year.

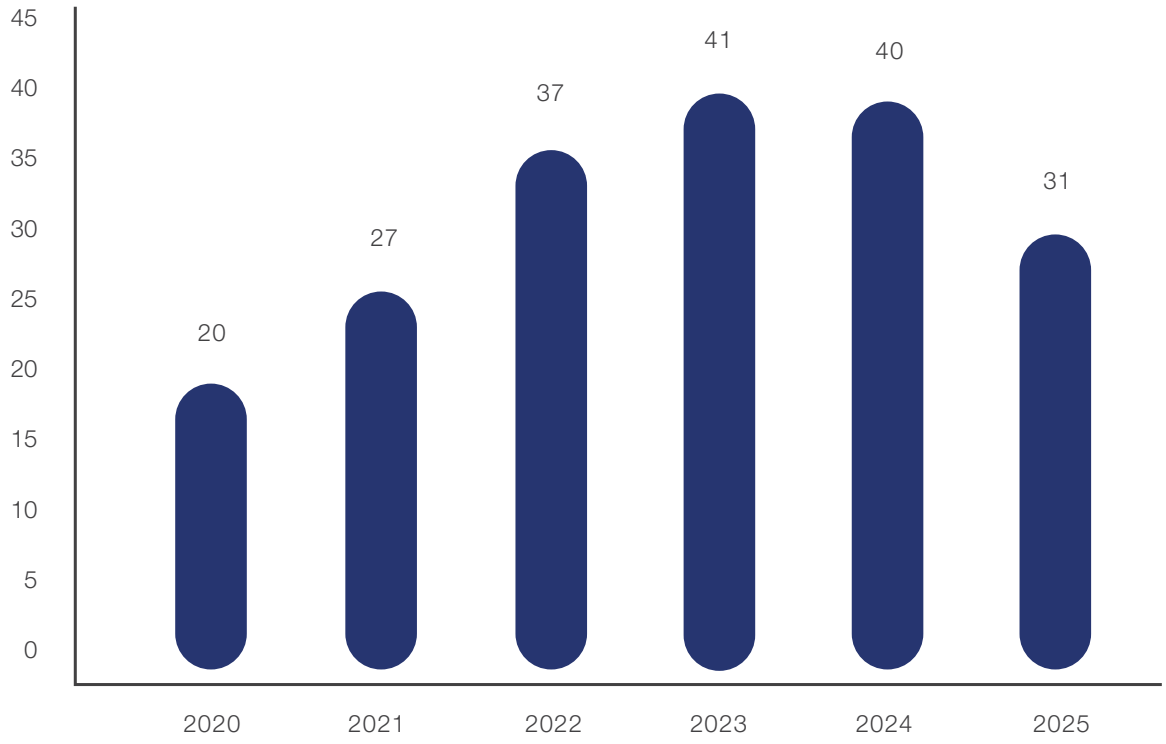

Figure 1 description: In total, 196 children (0-17) died by drowning. This represents an estimated death rate of 2.77 per 1,000,000 children per year. Rates and trends in the 2020–2022 period should be interpreted cautiously due to COVID-19 restrictions.

Inequality Drives Drowning Risk

Health inequalities are starkly evident in patterns of child drownings in the UK. Drowning is not experienced evenly across the population; increased drowning risk is associated with social, demographic, geographical and environmental factors. The data on child drownings show clear concentrations of risk within particular groups and contexts, reinforcing the need for targeted public health interventions.

Child Drowning Risk Factor: Ethnicity

Black children drown at more than three times the rate of White children, and this gap is worsening.

Over the six-year period, children recorded as Black, Black British, Caribbean or African consistently have the highest drowning rate of any ethnic group.

Worryingly, this gap is growing. Drowning rates among Black children have increased by 35% between 2020 and 2025. This is a warning sign that existing approaches are not reaching everyone equally and that prevention is not being targeted to those most at risk.

This disproportionate impact also stands out when we step back and look at the wider patterns in child death. In all child deaths in England, Black children represent a smaller share of deaths overall than we see in drowning. This points to something important: this is not simply reflecting broader patterns of mortality. Drowning is affecting Black children in a distinct and disproportionate way.

This specific and preventable inequality demands action. Targeted public health interventions are needed to reduce drowning risk among Black children, empowering them for a lifetime of enjoying water safely.

Figure 2: Rate per 1,000,000 children who died from drowning between 1 April 2019 and 31 March 2025, by ethnicity of the child, by 3-year period.

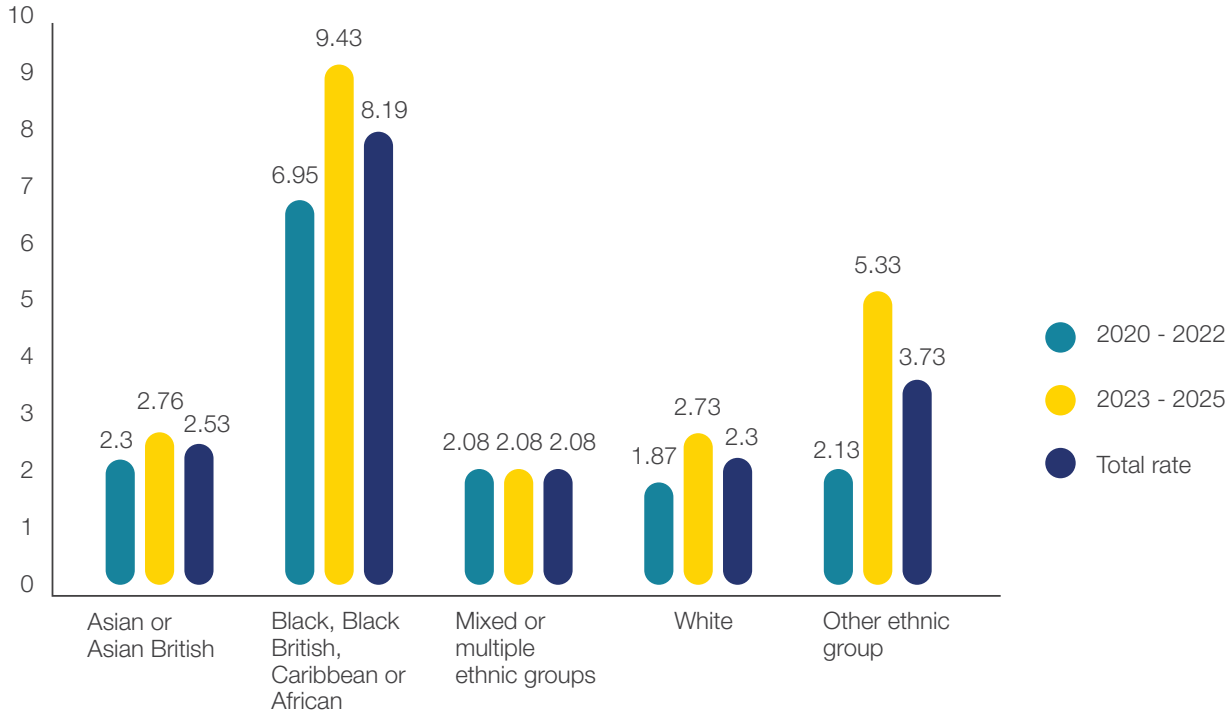

Figure 2 description: Children recorded as Black, Black British, Caribbean or African have the highest overall drowning rate at 8.19, compared with 2.30 for White children, 2.53 for Asian or Asian British children, and 2.08 for children of mixed ethnicity. Rates vary across time periods. Rates and trends in the 2020–2022 period should be interpreted cautiously due to COVID-19 restrictions.

Figure 3: Percentage of children who died from drowning and all child deaths between 1 April 2019 and 31 March 2025, in Black, Black British, Caribbean or African children

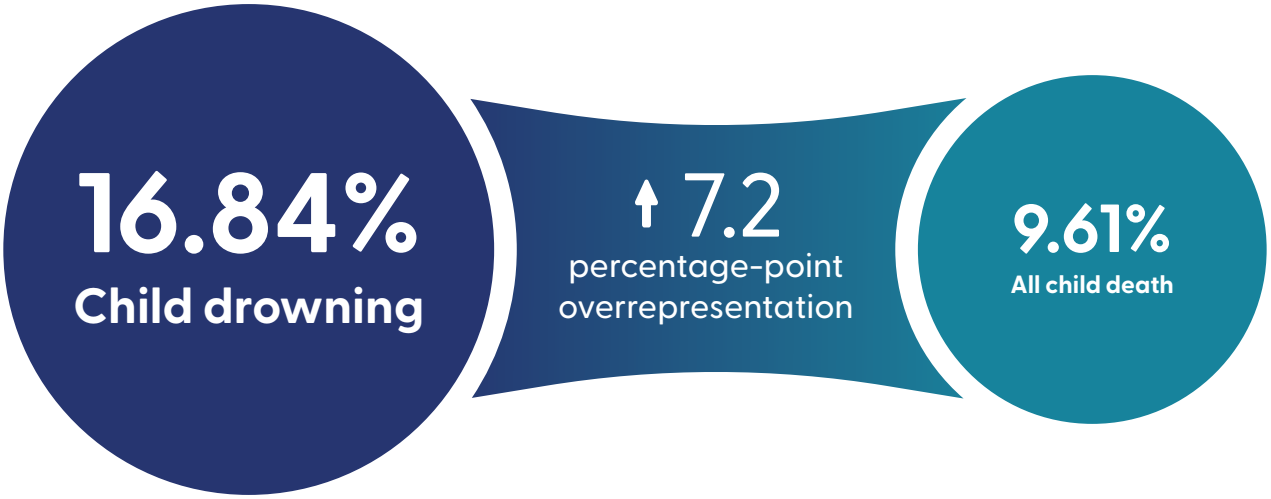

Figure 3 description: This infographic compares child drownings and all child deaths by the proportion of Black, Black British, Caribbean or African children. Black, Black British, Caribbean or African children account for 9.61% of all child deaths, but 16.84% of deaths by drowning.

Child Drowning Risk Factor: Sex

Male children drown at twice the rate of female children.

Between 2020 and 2025, male children account for nearly 7 in 10 child drowning deaths, a much larger imbalance than we see across child deaths overall. This is not a marginal difference. It is a consistent signal that drowning risk is not evenly shared.

What is even more concerning is that this pattern does not stop in childhood. In England, men go on to make up 86% of accidental drownings[7].

If we want to reduce and extinguish drownings in adulthood, we cannot wait until adulthood to intervene. The data points to an opportunity for early intervention. Prevention must match the risk, with targeted, age-appropriate work with male children that builds water safety confidence, strengthens decision-making around water, and reinforces safer behaviours as children grow into adulthood. Allowing us to save lives now and reduce risk later.

[7] National Water Safety Forum (2025) WAID 2024 summary for England. Available at: https://nationalwatersafety.org.uk/media/1441/waid-england-2024-summary-may25-final.pdf (Accessed: 14 May 2026).

Figure 4: Rate per 1,000,000 children who died from drowning between 1 April 2019 and 31 March 2025, by the sex of the child.

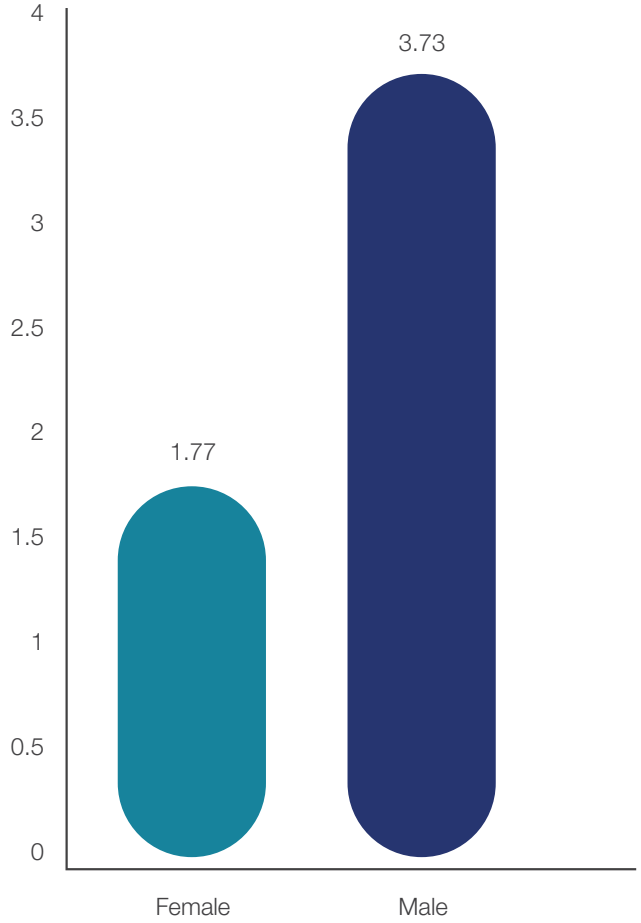

Figure 4 description: There is a higher rate of drowning for male children, with a rate of 3.72 compared with 1.77 for female children.

Figure 5: Percentage of children who died from drowning and all child deaths between 1 April 2019 and 31 March 2025, in male children.

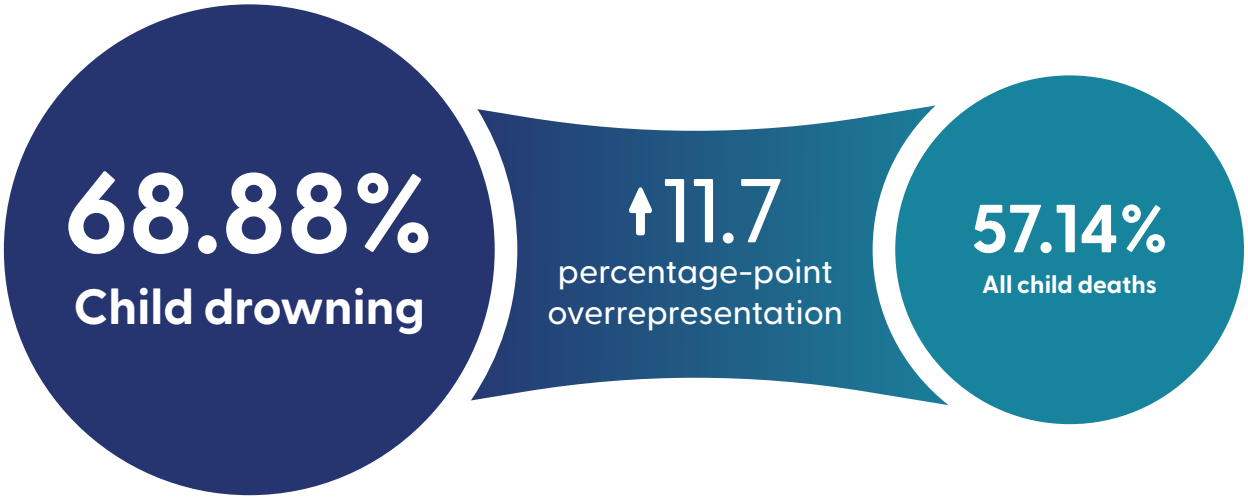

Figure 5 description: The infographic compares the distribution of male children across all child deaths and deaths by drowning. 57.14% of all child deaths are male, compared to 68.88% of deaths by drowning.

Child Drowning Risk Factor: Deprivation

Children in the most deprived communities drown at twice the rate of the least deprived

Drowning risk is not shared evenly: children growing up in the poorest communities are at higher risk of drowning, echoing wider distributions of harm seen across all child deaths in England.

A child's chance of drowning should not be shaped by where they grow up. Across the 6-year period, children in the two most deprived groups face more than double the drowning rate of children in the least deprived communities.

This inequality is not easing. Between 2020-2022 and 2023-2025, the highest rate shifts between the two most deprived groups, but the overall picture does not change. This is preventable harm falling hardest on the children already facing the greatest disadvantage.

Public health interventions should target the most disadvantaged communities to reduce children's drowning risk and promote wider health outcomes, including the benefits of enjoying water safely.

Figure 6: Rate per 1,000,000 of children who died from drowning between 1st April 2019 and 31st March 2025, by deprivation of the child, by 3-year period.

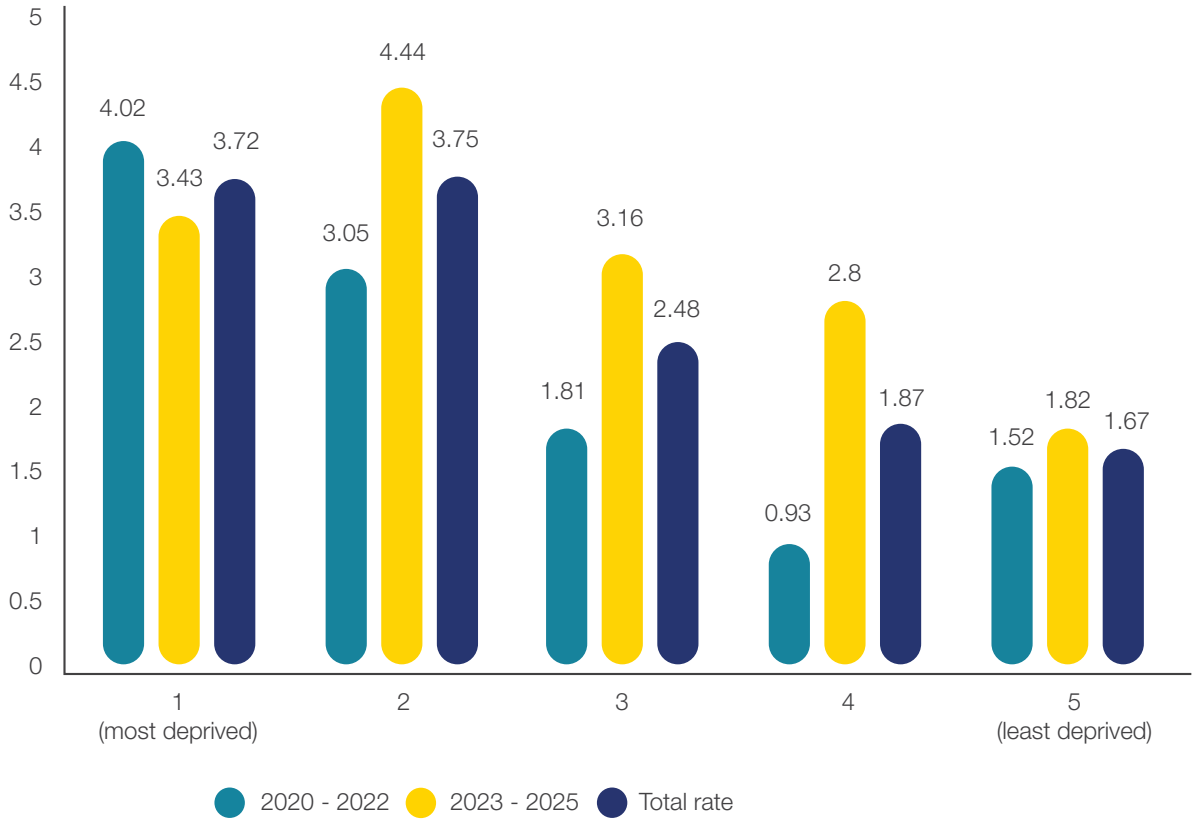

Figure 6 description: The highest overall rates are seen in the two most deprived quintiles at 3.72 in IMD 1(most deprived), and 3.75 in IMD 2. Drowning rates generally fell as deprivation decreased. Rates and trends in the 2020–2022 period should be interpreted cautiously due to COVID-19 restrictions.

Figure 7: Percentage of children who died from drowning and all child deaths by deprivation between 1st April 2019 and 31st March 2025.

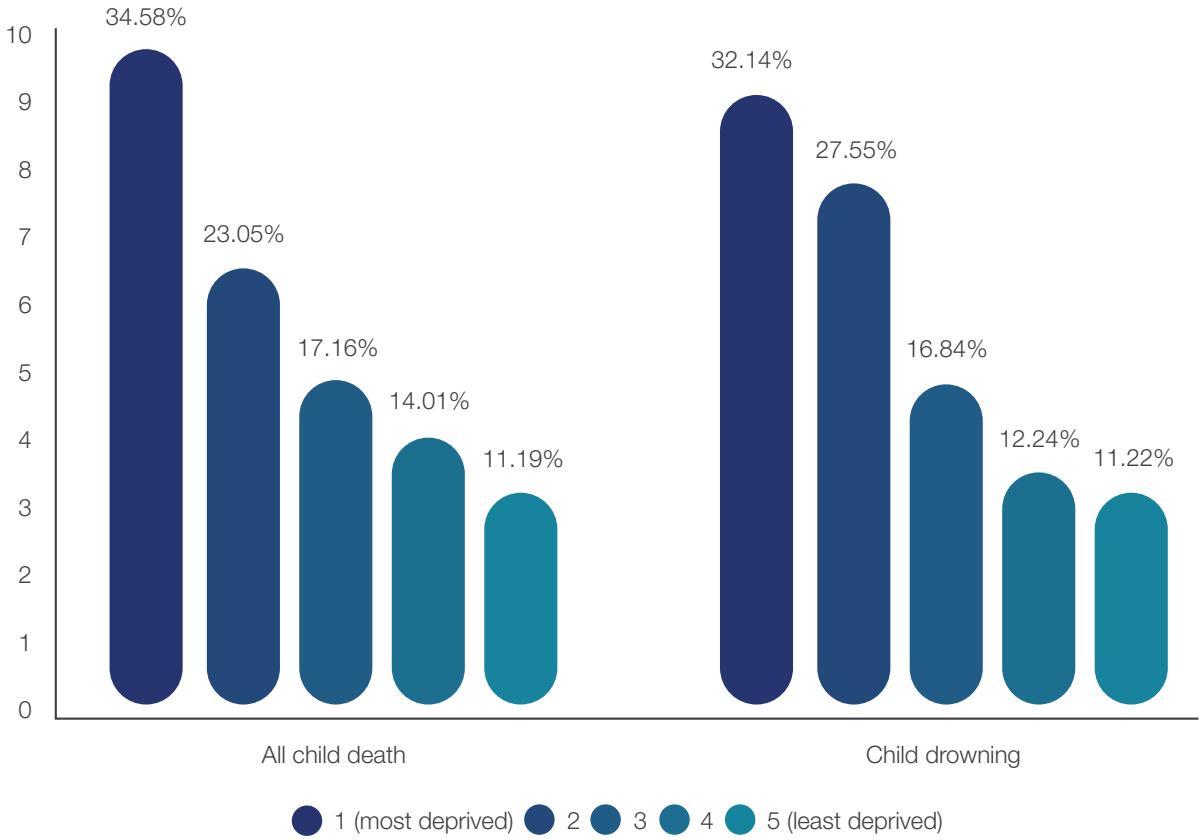

Figure 7 description: The chart's gradient follows a similar pattern across children who died from drowning and all child deaths. In all child deaths, the largest share is in IMD 1(most deprived) at 34.58%, trending downwards to IMD 5 (least deprived), accounting for the smallest share at 11.19%. Child drownings follow a similar pattern. IMD 1 again has the highest proportion at 32.14%, trending down to IMD 5 at 11.22%.

Child Drowning Risk Factor: Known to social care

7 in 10 children who drowned had been known to social care at some point in their lives, compared with around 1 in 3 child deaths overall.

Across child deaths in England, social care involvement is a familiar part of the wider child death landscape. But when drowning in children known to social care is double that of child deaths overall, alarm bells should begin to ring. This matters, not because social care involvement causes drowning, but because it is a marker for vulnerability and disadvantage that can shape a child's exposure to drowning.

The picture is not simply that children known to social care drown. In fact, only 15% of children who drowned were involved with social care at the time of their death. Over half of the children who drowned were known to social care 'previously but not at the time of drowning'. This is a crucial insight for prevention. It shows that drowning risk persists after formal social care involvement ends.

Social care teams have a unique quality. They have contact with families who are most vulnerable to drowning. This creates opportunities for drowning prevention to sit within a system that already exists to protect children.

If we ignore this pattern, we accept avoidable inequality. The government must coordinate action to ensure children do not face a higher chance of drowning just because they have experienced vulnerability or disadvantage.

Figure 8: Percentage of children who died from drowning between 1 April 2019 and 31 March 2025, by social care status of the child, reviewed by CDOP.

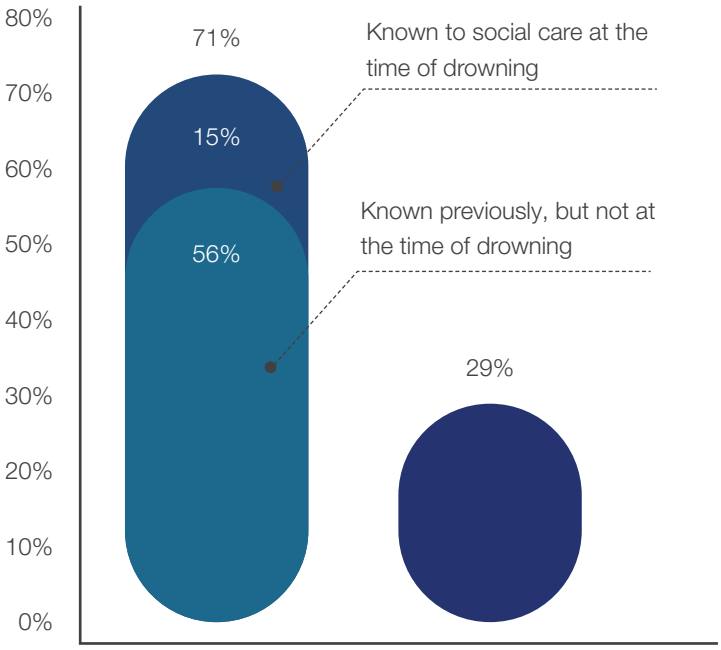

Figure 8 description: In cases reviewed by a CDOP before March 31 2026, the majority of children who drowned were known to social services at some point in their lives. 71% were previously, or at the time of death, known to social care. Of this total, 56% were previously known but not at the time of drowning and 15% were known to social care at the time of drowning.

Figure 9: Percentage of children who died by drowning and all child deaths between 1 April 2019 and 31 March 2025, by social care status of the child

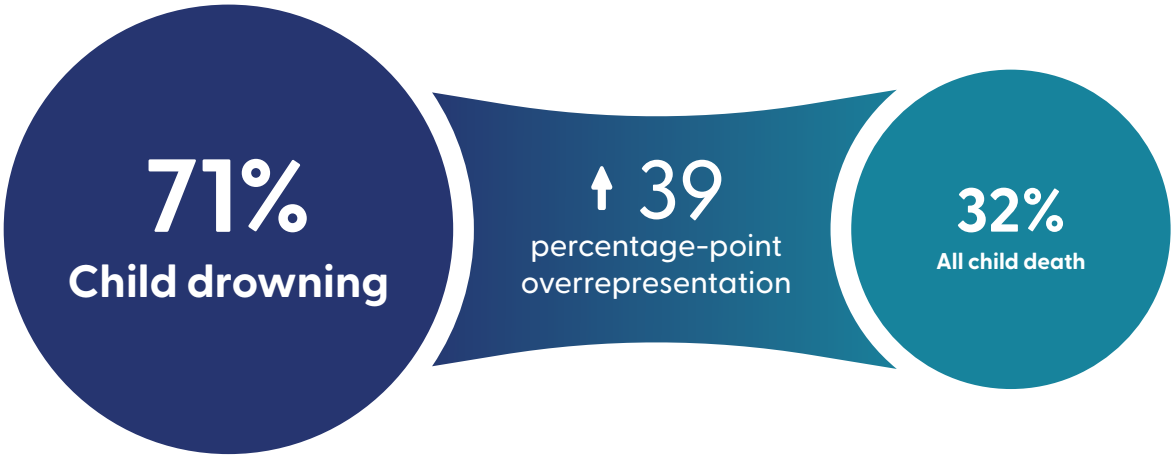

Figure 9 description: Of children who drowned, 71% had contact with social care at some point in their life, compared to 32% of all child deaths. These figures include child drowning cases reviewed by a CDOP up to 31 March 2026, whilst the cause of child mortality includes reports reviewed by a CDOP up until 31st March 2025. These figures should be interpreted with caution due to differing review times and should be viewed as indicative.

Child Drowning Risk Factor: Age

The highest drowning rates are among teenagers.

Drowning risk across age groups is not random or inevitable. The data shows it is concentrated and has worsened.

Across the 6-year period, 13- to 17-year-olds have the highest overall drowning rate of any child age group. This trend has intensified in recent periods. Between 2020-2022 and 2023-2025, the drowning rate among 13- to 17-year-olds increased sharply, rising by 67%.

Children's lives change as they age: where they go, who they spend time with and how they interact with the environment. When we are teenagers, our world expands, and suddenly we are faced with more independence than ever before. Unfortunately, as independence increases, so does the drowning risk.

If teenagers are the highest risk group, then our public health response must match the scale and urgency of that risk. If we do not act, more young people will lose their lives before they have the chance to grow and step into the futures they were beginning to build.

Figure 10: Rate by 1,000,000 of Children who died from drowning by age group, between 1 April 2019 and 31 March 2025.

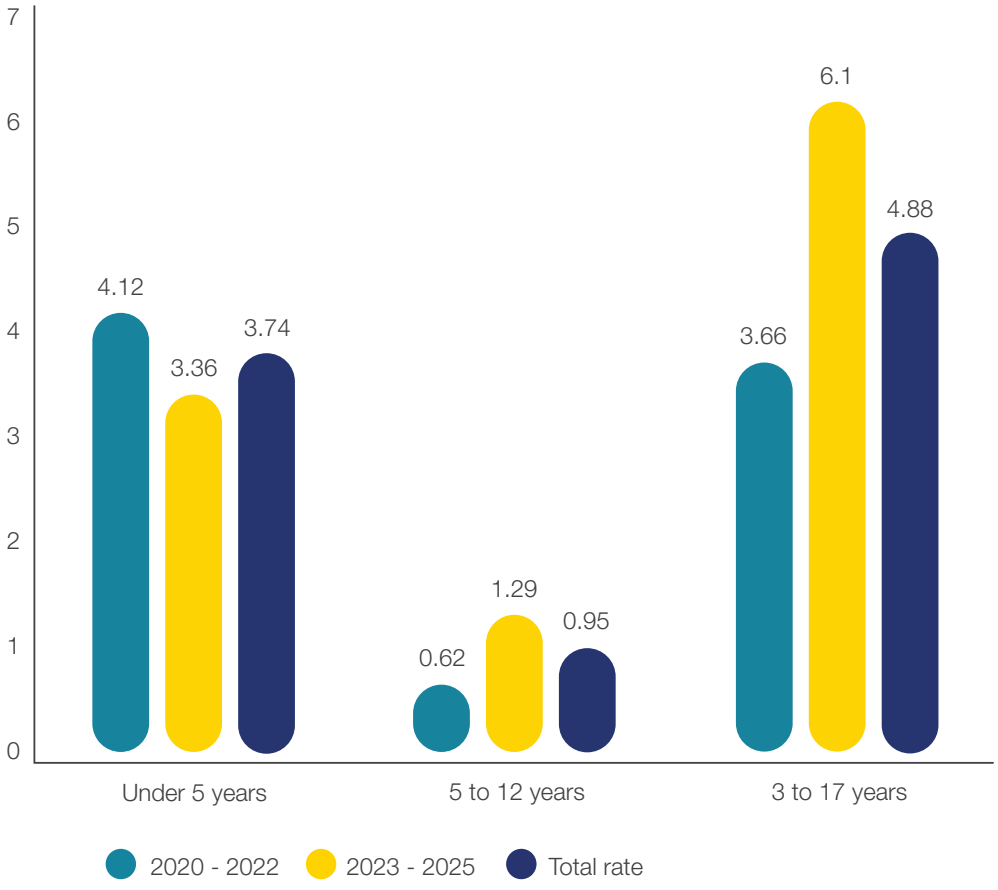

Figure 10 description: The highest overall rate is seen in children aged 13 to 17 years, at 4.88, followed by children under 5 years at 3.74. Children aged 5 to 12 years have the lowest overall rate at 0.95. Rates between the 3-year time periods fluctuate. Rates and trends in the 2020–2022 period should be interpreted cautiously due to COVID-19 restrictions.

Child Drowning Risk Factor: Region

Postcode shouldn't predict drowning risk, but the region with the highest child drowning rate is 2.3 times the rate of the lowest.

Where a child lives can significantly change their level of risk. Whilst children drown in locations across the country, the important detail is the hotspots of risk concentrated in certain regions.

Across the full six-year period, the North West has the highest overall drowning rate of any other region in England, and that risk is not easing. Between 2020 and 2022 and 2023 and 2025, the rates in the region rose by 23%, showing a clear pocket of harm.

Other regions were also affected. The West Midlands saw a 90% increase in drowning rates between the two periods. Another startling regional inequality.

Geography is important. Where children grow up influences the environment they spend time in, the types of water they are exposed to and how safe those places are.

Public health needs to consider how to address regional variations. If the government does not respond, geography will keep deciding outcomes, and children will continue to face different chances of survival and death based on their postcode.

Figure 11: Rate per 1,000,000 of children who died from drowning between 1 April 2019 and 31 March 2025, by region, by 3-year period.

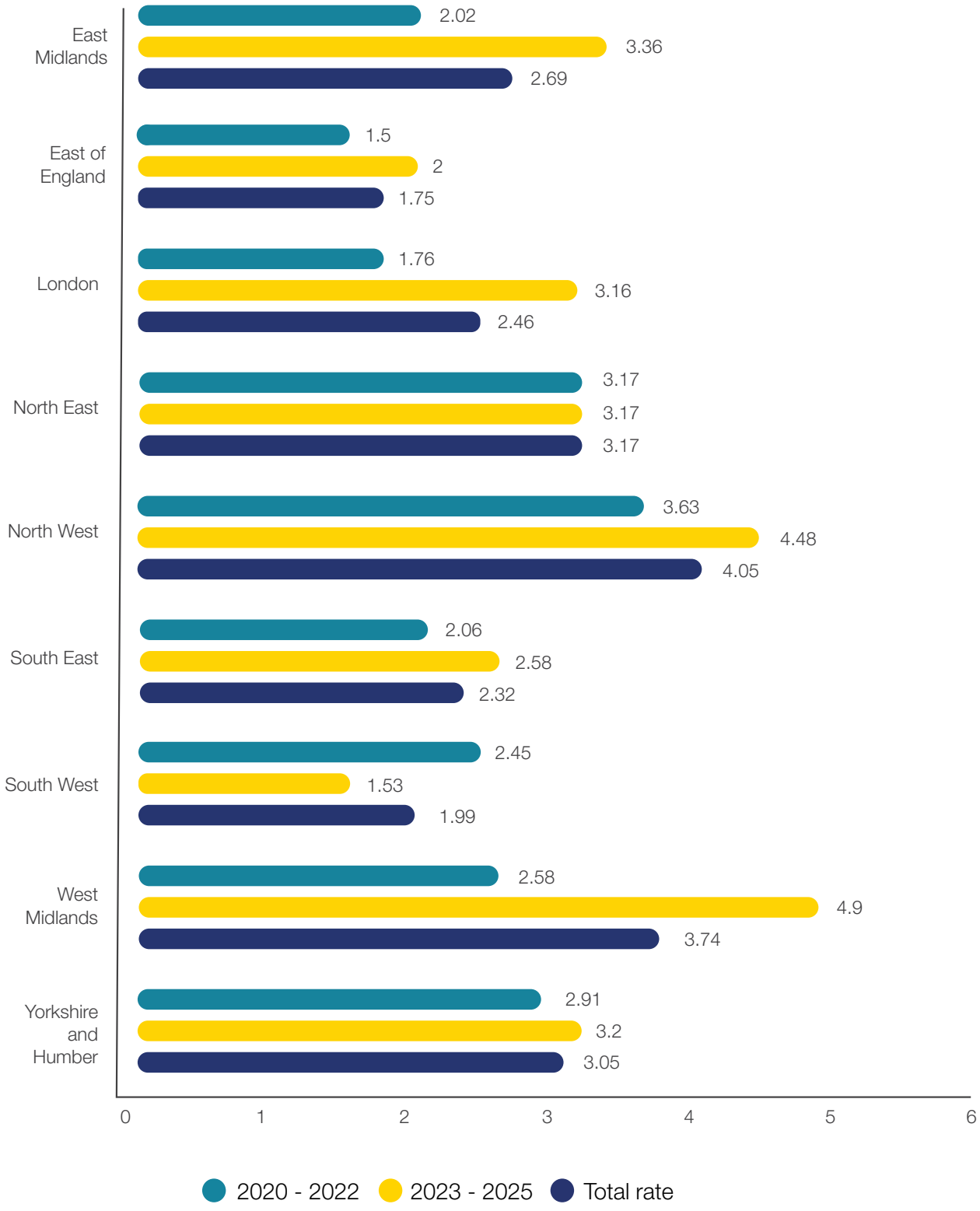

Figure 11 description: The highest overall rate is recorded in the North West at 4.05, followed by the West Midlands at 3.74 and the North East at 3.17. Lower overall rates can be seen in the East of England at 1.75, the South East at 2.32, and the South West at 1.99. Several regions' drowning rates increased between the two time periods. The West Midlands rises sharply from 2.85 in 2020-2022 to 4.9 in 2023-2025. The North West increases from 3.63 to 4.48 between the two periods. London also shows an increase from 1.76 to 3.16 between the two periods. Rates and trends in the 2020–2022 period should be interpreted cautiously due to COVID-19 restrictions.

Behavioural and environmental determinants of risk

Humans can drown in as little as a few centimetres of water, but not all water bodies are equally risky. The physical, legal, and social characteristics of different bodies of water shape how people interact with them.


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Child Drowning Risk Factor: Body of water

The largest number of drowning deaths occurs in inland open water.

Over the 6-year period, 95 children drowned in inland open water (lakes, rivers, canals and other inland areas), more than any other environment.

This pattern is not surprising when we consider how inland open water is typically characterised. Inland open water commonly combines high public accessibility with low safety infrastructure. These sites are typically unmanaged and unregulated, with varying presence of important safety measures: barriers, signage, rescue equipment, safe access/egress and lifeguard supervision. Many sites are also multi-use, being used for recreation, walking routes, fishing, commuting, and swimming.

In contrast, significantly fewer deaths occurred in coastal environments and swimming pools. These environments are typically subject to more stringent safety measures with consistent risk management, rescue capability, and lifeguard supervision. These settings are not risk-free, and child drownings do still happen. However, people interact with the water in safe systems that enable very high rates of participation to result in very low rates of drowning.

If we want to reduce drowning, we cannot rely on perfect knowledge or perfect behaviour. Prevention must be built into places, systems and structures to see a real impact.

Home is where children deserve to feel safe, yet we continue to see children consistently drown in the place they should be most protected.

Baths are the second most common location for children to drown. Drowning happens quickly and quietly, and many parents underestimate the dangers that exist in the home environment. RLSS UK's 2024 survey of parents of children under 5 found how widespread misconceptions can be; 55% of parents believed they would hear if their child was struggling in water and would be alerted that their child was drowning. 59% of parents said they had left their child unattended in the bath within the month prior to the survey.[8]

Baths remain a persistent, predictable location of child drowning. This acts as a reminder that prevention must address everyday environments, not just outdoor dangers.

[8] Royal Life Saving Society UK (2024) Splash safely in the bath. Available at: www.rlss.org.uk/splash-safely-in-the-bath (Accessed: 14 May 2026).

Figure 13: Number of children who died by drowning between 1 April 2019 and 31 March 2025, by body of water, by 3-year period.

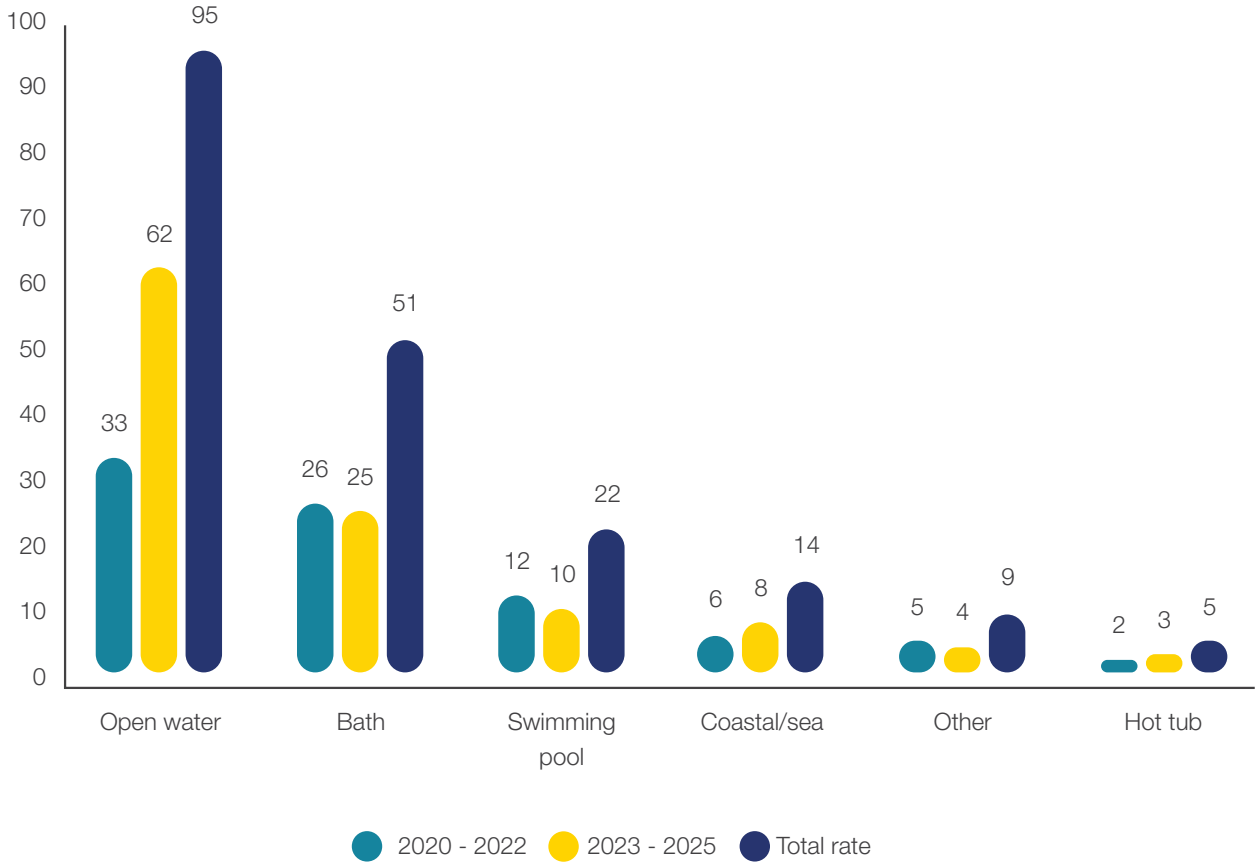

Figure 13 description: Overall, open water has the highest count with 95 drownings, followed by baths with 51 drownings. Swimming pools accounted for 22 cases, Coastal/sea for 14 cases, and Hot tubs accounted for 5. 'Other location' refers to locations where the drowning count was below 5, and therefore, the data was suppressed. The sharpest rise occurred in open water with an increase from 33 in 2020-2022 to 62 in 2023-2025. The remaining locations are fairly level over the two periods. Rates and trends in the 2020–2022 period should be interpreted cautiously due to COVID-19 restrictions.

Child Drowning Risk Factor: Season

As temperatures rise, so does the risk of drowning.

Across the six-year period, summer accounts for the largest number of child drownings, with 95 drownings occurring in June to August. This suggests drowning risk is closely linked to seasonal exposure, consistent with increased time spent in and around water during warmer weather and a significant reduction in formal adult supervision of children during school holiday periods.

Having fun in and around water on a hot day is one of the joys we all experienced during our childhood. Children should be able to enjoy water safely on their summer holidays without the risk of losing their lives.

Figure 14: Number of children who died from drowning between 1 April 2019 and 31 March 2025, by season, by 3-year period

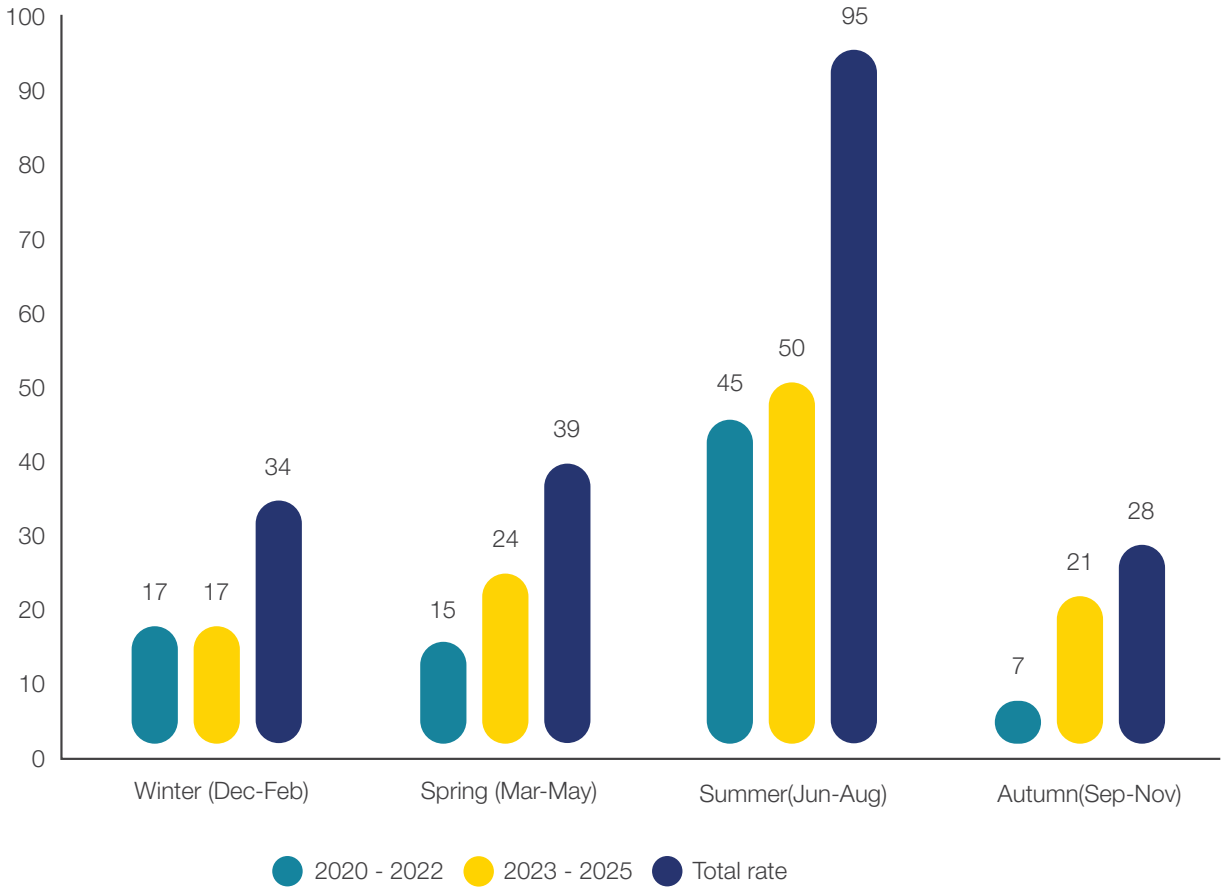

Figure 14 description: Most drownings occur in summer, with a total of 95. Spring has the second-highest number of incidents with 39 overall. Winter accounts for a total of 34 cases, and autumn has the lowest number of incidents overall at 28. Autumn does, however, show the largest increase between the period of 2020-2022 and 2023-2025, rising from 7 to 21. Rates and trends in the 2020–2022 period should be interpreted cautiously due to COVID-19 restrictions.

What should be done to prevent drownings?


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Most Child Drownings Could Have Been Prevented

The government cannot ignore the preventability of child drownings.

The public health system exists to prevent harm before they occur. When a child's airway is submerged, the timeline for action is critically short. Within minutes, an incident can become fatal. Action is needed to prevent drowning.

Modifiable factors were identified in almost 9 out of 10 child drownings, compared with 4 out of 10 in all child deaths.

In most drowning cases, Child Death Overview Panels pointed to at least one change that might have prevented the death altogether. This tells us the opportunity to prevent drowning deaths is exceptionally high, and the steps needed are already known and achievable.

Child Death Overview Panels identified similarly high levels of modifiable factors in other instances of child deaths. In cases of sudden, unexpected and unexplained death, it was found 78% had modifiable factors, and in cases where children died from deliberately inflicted injury, abuse or neglect, modifiable factors were identified in it 84%. Both of these attract significant public health and public policy efforts to prevent, and so should drowning.

The most common modifiable factors in drowning cases follow a similar theme: these deaths often happen where the environment is unsafe and protective systems are absent or patchy. The factors identified were:

- Lack of appropriate supervision,
- Absent or non-visible warning signs,
- Accessible water,
- Unavailability of safety equipment, and
- Unsafe appliances or environment.

These modifiable factors provide a practical roadmap for successful prevention. They show clear system measures which need government leadership to establish clear responsibility and cross-sector coordination to implement them.

Child drowning deaths may be smaller in number than other causes, but that is not a reason to look away. In fact, the high level of preventability makes a case for stronger action. When prevention is this achievable, every death is a sharper reminder that children are drowning when they should not.

Figure 15: Percentage of modifiable factors identified in children who died from drowning and all child deaths between 1 April 2019 and 31 March 2025.

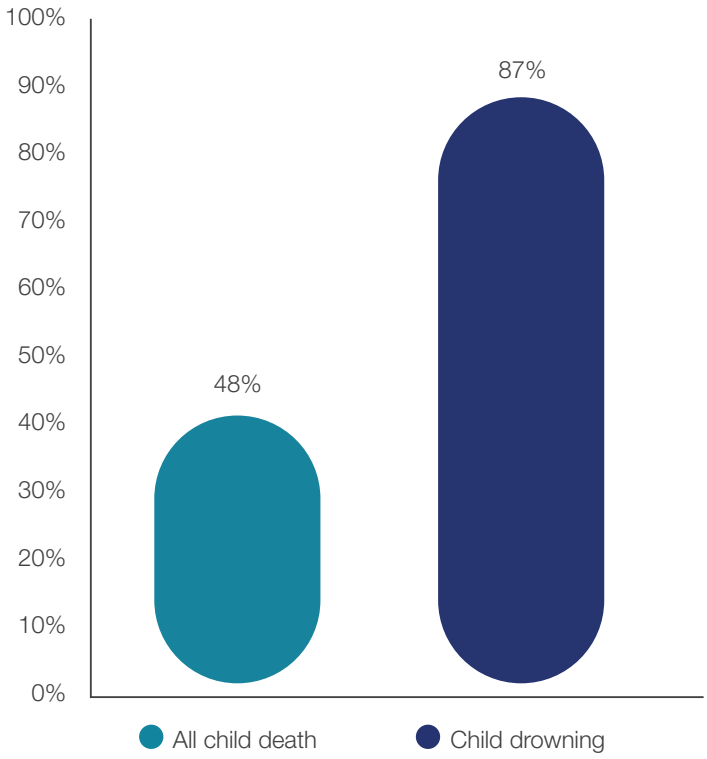

Figure 15 description: Child drownings (87%) show a significantly higher percentage of modifiable factors than all child deaths (48%). It is important to note that this figure includes the child drowning cases reviewed by a CDOP up to 31 March 2026, whilst all child deaths include reports reviewed by a CDOP up until 31 March 2025. These figures should be interpreted with caution due to differing review times and should be viewed as indicative.

Figure 16: Common modifiable factors identified in cases of children who died from drowning between 1 April 2019 and 31 March 2025.

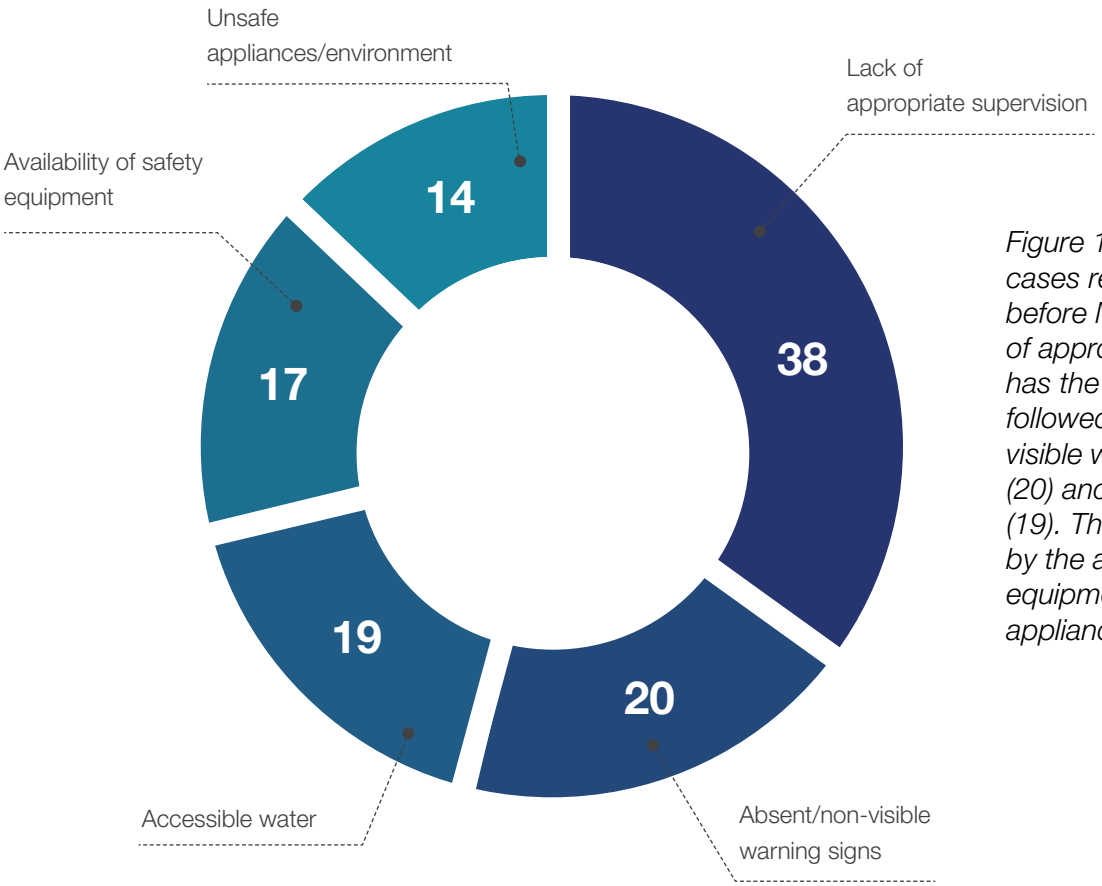

Figure 16 description: In cases reviewed by a CDOP before March 31 2026, lack of appropriate supervision has the largest share (38), followed by absence/non-visible warning signage (20) and accessible water (19). This is closely followed by the availability of safety equipment (17) and unsafe appliances/environment (14).

Drowning needs a system-wide response

Drowning is a public health issue that cannot be addressed by a single sector alone; the evidence in this report makes that clear.

In the UK, drowning prevention has been largely led by the National Water Safety Forum, a collaborative network between relevant stakeholders including the Royal Life Saving Society UK, Royal National Lifeboat Institute (RNLI), The Royal Society for the Prevention of Accidents (RoSPA) and Maritime and Coastguard Agency. Many individuals, including bereaved parents, and organisations have worked tirelessly to reduce drownings, but there are limits to what voluntary coordination can achieve. Drowning prevention must look at the wider picture: people, places and contexts. To do this, government leadership is needed to make a significant, sustained reduction in drownings.

Government policy has recognised part of the solution. Swimming and water safety are included in the school curriculum, and from September 2026, the UK government have added classroom-based water safety education to the RHSE National Curriculum in England. These measures reflect an understanding that knowledge and skills can reduce drowning risk. But, as with other public health issues, influences beyond human behaviour and awareness can impact people's outcomes. As a result, education can do little to address the wider systemic factors that lead to children drowning.

Action beyond the curriculum change is limited, with very little evidence of a broader government-led public health approach. Responses to Parliamentary questions continue to rely on the work of the National Water Safety Forum. Whilst the forum is able to provide strong education and sector leadership, the data clearly shows this is not enough on its own.

The voluntary sector cannot be expected to carry the weight of this issue; the government needs to take the responsibility and lead prevention. We must work together.

Recent government policy highlights this ongoing gap. The White Paper - A New Vision for Water rightly promotes cleaner rivers and increased open water swimming, recognising the public health benefits of access to water. However, it does not address how this can be done safely. Drowning has been excluded from the Public Health Water Taskforce, meaning the main health risk linked to increased water use is not being considered.

> *"Health and safety risks unrelated to water quality, including physical risks such as drowning, are outside of the Public Health Water Taskforce remit."*[9]

The risks go beyond increasing recreational use of our waterways. The government is also making a major investment in water infrastructure and reforms to planning to deliver better water systems, cleaner environments, and more resilient infrastructure that supports homes and communities. However, if our water environments are being improved in ways that encourage greater public use and interaction, "better" should also mean safer. The reforms seek enhanced outcomes for people, yet they do not address how people will be protected from drowning, the leading cause of death associated with water environments. Decisions being made now will shape how safe these environments are in the future. Without systemic action to reduce drowning risk, increasing access to water through both recreation and new infrastructure will result in more deaths, particularly among Black children, males, and those from disadvantaged communities.

[9] Hansard, HL Deb., HL16647, 28 April 2026. Available at: questions-statements.parliament.uk/written-questions/detail/2026-04-21/hl16647

Conclusion

By focusing on the data, a clearer picture emerges of who is drowning, why it is happening, and how it can be prevented.

Drowning is not a random accident. It follows clear patterns of inequality, disproportionately affecting Black children, male children, children from the most deprived communities, and those known to social care. Targeted public health intervention will save lives.

These deaths are not inevitable. As with other public health issues, coordinated action led by the government can reduce harm and save lives. The evidence is clear, and the interventions needed are known, practical, and cost-effective.

Yet this opportunity is being missed. Drowning is not being treated as a public health priority and has been excluded from the Public Health Water Taskforce. At the same time, government policy is increasing access to water without putting in place measures to reduce risk and empower everyone to enjoy water safely. This creates a real danger that more people will drown as a direct result.

This must change. The government has a clear opportunity to show leadership by embedding drowning prevention within the public health system and ensuring that water policy creates environments that are safe for everyone to enjoy.

Recommendations

Recommendation 1: The Government should change the Terms of Reference of the Public Health Water Taskforce to include drowning prevention, the main way water kills people.

Recommendation 2: The Public Health Water Taskforce should apply a public health approach to reducing drowning risk, including tackling the clear health inequalities, environmental determinants, and evidence gaps.

Recommendation 3: The Public Health Water Taskforce should consider the drivers of elevated drowning risk among high-risk groups, including Black children, male children, children known to social care, and those living in the most deprived communities.

Recommendation 4: The Government should accompany its ambition to increase public recreational use of open water with proportionate interventions to mitigate drowning risk, recognising that drowning is a preventable public health issue and not an inevitable consequence of participating in water-based activity.

Recommendation 5: The Government should appoint a Minister with responsibility for water safety and drowning prevention to lead a joined-up approach across relevant government departments.

https://www.ncmd.info/publications/child-death-review-data-release-2025/

Appendices

All child deaths: IMD totals from the number of child death notifications received where the death occurred in the year ending 31 March.

Source: Child Death Review Data: Year ending 31st March 2025

	IMD 1	IMD 2	IMD 3	IMD 4	IMD 5
2020	1,160	779	625	483	373
2021	1,042	698	543	416	357
2022	1,168	777	587	499	418
2023	1,360	855	619	501	408
2024	1,224	842	612	507	382
2025	1,210	825	570	496	381
Totals	7,164	4,776	3,556	2,902	2,319

All child deaths: ethnicity totals from the number of child death notifications received where the death occurred in the year ending 31 March.

Source: Child Death Review Data: Year ending 31st March 2025

	Asian or Asian British	Black, Black British, Caribbean or African	Mixed or multiple ethnic groups	White	Other ethnic groups	Not known/ not stated
2020	587	270	209	1,970	91	293
2021	492	262	171	1,845	68	218
2022	621	284	235	2,190	86	33
2023	748	395	237	2,205	119	39
2024	682	391	228	2,119	113	44
2025	756	390	217	1,950	96	83
Totals	3,886	1,992	1,297	12,279	573	710

All child deaths: Sex totals from the number of child death notifications received where the death occurred in the year ending 31 March.

Source: Child Death Review Data: Year ending 31st March 2025

	Male	Female
2020	1,920	1,478
2021	1,701	1,318
2022	1,959	1,470
2023	2,171	1,547
2024	2,029	1,518
2025	1,967	1,482
Totals	11,747	8,813

Children who died from drowning: Percentage across IMD.

Source: Child drowning deaths 2019-2025

Category	Details
Inputs	6-year total count of child drownings across IDM quintiles: IMD 1= 63 IMD 2= 54 IMD 3= 33 IMD 4= 24 IMD 5= 22 6-year total count of child drownings where IMD was recorded= 196
Methods	6-year total count of child drownings per IMD quintile ÷ 6-year total count of child drownings x 100
Calculations	IMD 1= 63 ÷ 196 x 100 IMD 2= 54 ÷ 196 x 100 IMD 3= 33 ÷ 196 x 100 IMD 4= 24 ÷ 196 x 100 IMD 5= 22 ÷ 196 x 100
Percentage of child drowning across IMD:	IMD 1= 32.14% IMD 2= 27.55% IMD 3= 16.84% IMD 4= 12.24% IMD 5= 11.22%

All child deaths: Percentage across IMD

Source: Child Death Review Data: Year ending 31st March 2025

Category	Details
Inputs	6-year count of all child death across IMD quintiles: IMD 1= 7,164 IMD 2= 4,776 IMD 3= 3,556 IMD 4= 2,902 IMD 5= 2,319 6-year total count of all child deaths were IMD was recorded = 20,717
Methods	6-year total count of all child deaths per IMD quintile ÷ 6-year total count of all child deaths where IMD was recorded x 100
Calculations	IMD 1= 7,164 ÷ 20,717 x 100 IMD 2= 4,776 ÷ 20,717 x 100 IMD 3= 3,556 ÷ 20,717 x 100 IMD 4= 2,902 ÷ 20,717 x 100 IMD 5= 2,319 ÷ 20,717 x 100
Percentage of child drowning across IMD:	IMD 1= 34.58% IMD 2= 23.05% IMD 3= 17.16% IMD 4= 14.01% IMD 5= 11.19%

Children who died from drowning: Percentage of Black, Black British, Caribbean or African Children.

Source: Child drowning deaths 2019-2025

Category	Details
Inputs	6-year total count of Black, Black British, Caribbean or African child drownings= 33 6-year total count of child drownings where ethnicity was recorded= 196
Methods	6-year total count of Black, Black British, Caribbean or African child drownings ÷ 6-year total count of child drownings where ethnicity was recorded x 100
Calculations	33 ÷ 196 x 100
Percentage of Black, Black British, Caribbean or African children child drownings	16.84%

All child deaths: Percentage of Black, Black British, Caribbean or African Children.

Source: Child Death Review Data: Year ending 31st March 2025

Category	Details
Inputs	6-year total count of Black, Black British, Caribbean or African all child deaths= 3,886 6-year total count of all child deaths where ethnicity was recorded= 20,737
Methods	6-year total count of all child deaths in Black, Black British, Caribbean or African children ÷ 6-year total of all child deaths where ethnicity was recorded x 100
Calculations	3,886 ÷ 20,737 x 100
Percentage of Black, Black British, Caribbean or African children in all child deaths	9.61%

Children who died from drowning: Percentage of male and female children.

Source: Child drowning deaths 2019-2025

Category	Details
Inputs	6-year total count of male child drownings= 135 6-year total count of female child drownings= 61 6-year total count of child drownings where sex was recorded= 196
Methods	6-year total count of child drownings per sex ÷ 6-year total count of child drownings where sex was recorded x 100
Calculations	Male children = 135 ÷ 196 x 100 Female children = 61 ÷ 196 x 100
Percentage of male and female children in child drownings	Male children = 68.88% Female children = 31.12%

All child deaths: Percentage of male and female children.

Source: Child Death Review Data: Year ending 31st March 2025

Category	Details
Inputs	6-year total count of male all child deaths= 11,747 6-year total count of female all child deaths= 8,813 6-year total count of all child deaths where sex was recorded= 20,560
Methods	6-year total count of child drowning deaths by sex ÷ 6-year total of all child deaths where sex was recorded 3- x 100
Calculations	Male children = 11,747 ÷ 20,560 x 100 Female children = 8,813 ÷ 20,560 x 100
Percentage of male and female children in child deaths	Male children = 57.14% Female children = 42.86%

Data tables

Number and rate of child deaths as a result of drowning between 1 April 2019 and 31 March 2025, by year of death.

Year ending 31 March	Number of deaths due to drowning	Estimated death rate per 1,000,000 population per year
2025	31	2.63
2024	40	3.40
2023	41	3.48
2022	37	3.14
2021	27	2.29
2020	20	1.70
Total	196	2.77

Source: NCMD, ONS Census population data 2021

1. A child for these purposes is defined as a child aged 0 up to their 18th birthday, excluding stillbirths and planned terminations of pregnancy carried out within the law.

2. Data here include the number of death notifications submitted to NCMD where the CDOP intended to complete a child death review.

3. Population estimates based on the ONS 2021 census available at: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates.

Number and rate of child deaths as a result of drowning between 1 April 2019 and 31 March 2025, by age, sex, and ethnicity of the child, by 3-year period.

	Number of deaths due to drowning in the years ending 31 March			Estimated death rate per 1,000,000 population per year		
	2020-2022	2023-2025	Total	2020-2022	2023-2025	Total
Age at death						
Under 5 years	38	31	69	4.12	3.36	3.74
5 to 12 years	10	21	31	0.62	1.29	0.95
13 to 17 years	36	60	96	3.66	6.10	4.88
Sex						
Female	22	39	61	1.28	2.26	1.77
Male	62	73	135	3.43	4.03	3.73
Ethnicity						
Asian or Asian British	10	12	22	2.30	2.76	2.53
Black, Black British, Caribbean or African	14	19	33	6.95	9.43	8.19
Mixed or multiple ethnic groups	5	5	10	2.08	2.08	2.08
White	48	70	118	1.87	2.73	2.30
Other ethnic group	2	5	7	2.13	5.33	3.73
Not known/not stated	5	1	6	-	-	-
Total	84	112	196	2.38	3.17	2.77

Source: NCMD, ONS Census population data 2021

1. A child for these purposes is defined as a child aged 0 up to their 18th birthday, excluding stillbirths and planned terminations of pregnancy carried out within the law.

2. Data here include the number of death notifications submitted to NCMD where the CDOP intended to complete a child death review.

3. Population estimates based on the ONS 2021 census available at: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates.

4. Ethnicity groupings: https://www.ethnicity-facts-figures.service.gov.uk/style-guide/ethnic-groups.

5. Population estimates used for ethnicity available at: https://www.onsgov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/ethnicgroupbyageandsexenglandandwales/census2021.

Number and rate of child deaths as a result of drowning between 1 April 2019 and 31 March 2025, by region, urban or rural area, deprivation, and season, by 3-year period.

	Number of deaths due to drowning in the years ending 31 March			Estimated death rate per 1,000,000 population per year		
	2020-2022	2023-2025	Total	2020-2022	2023-2025	Total
CDOP Region						
East Midlands	6	10	16	2.02	3.36	2.69
East of England	6	8	14	1.50	2.00	1.75
London	10	18	28	1.76	3.16	2.46
North East	5	5	10	3.17	3.17	3.17
North West	17	21	38	3.63	4.48	4.05
South East	12	15	27	2.06	2.58	2.32
South West	8	5	13	2.45	1.53	1.99
West Midlands	10	19	29	2.58	4.90	3.74
Yorkshire and Humber	10	11	21	2.91	3.20	3.05
Area						
Rural	10	13	23	1.81	2.35	2.08
Urban	74	99	173	2.48	3.32	2.90
Deprivation						
1 (Most deprived)	34	29	63	4.02	3.43	3.72
2	22	32	54	3.05	4.44	3.75
3	12	21	33	1.81	3.16	2.48
4	6	18	24	0.93	2.80	1.87
5 (Least deprived)	10	12	22	1.52	1.82	1.67
Season						
Winter (Dec-Feb)	17	17	34	1.93	1.93	1.93
Spring (Mar-May)	15	24	39	1.70	2.72	2.21
Summer (Jun-Aug)	45	50	95	5.10	5.66	5.38
Autumn (Sep-Nov)	7	21	28	0.79	2.38	1.59
Total	84	112	196	2.38	3.17	2.77

Source: NCMD, ONS population estimates 2021, Index of Multiple Deprivation (2019)

1. A child for these purposes is defined as a child aged 0 up to their 18th birthday, excluding stillbirths and planned terminations of pregnancy carried out within the law.

2. Data here include the number of death notifications submitted to NCMD where the CDOP intended to complete a child death review.

3. Population estimates based on the ONS 2021 census available at: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates.

4. Deprivation measure derived using Index of Multiple Deprivation, available at: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

5. The CDOP region is usually based on where the child lived, and the location of the drowning may not have occurred in this region.

6. Deprivation and area measures are derived from the child's postcode of residence.

Number of child deaths as a result of drowning between 1 April 2019 and 31 March 2025, by location and whether the death occurred abroad, by 3-year period

	Number of deaths due to drowning in the years ending 31 March		
Location of drowning	2020-2022	2023-2025	Total
Bath	26	25	51
Hot Tub	2	3	5
Coastal	6	8	14
Sea	5	5	10
Other coastal areas	1	3	4
Inland	33	62	95
River	15	23	38
Lake	7	17	24
Canal / Aqueduct	6	9	15
Other inland areas	5	13	18
Swimming pool	12	10	22
Other	5	4	9
Abroad	9	15	24
Not abroad	75	97	172
Total	84	112	196

Source: NCMD

1. A child for these purposes is defined as a child aged 0 up to their 18th birthday, excluding stillbirths and planned terminations of pregnancy carried out within the law.

2. Data here include the number of death notifications submitted to NCMD where the CDOP intended to complete a child death review.

Number of child deaths as a result of drowning between 1 April 2019 and 31 March 2025, and reviewed by a CDOP before 31 March 2026, by household violence, abuse or neglect concerns, and social care status of the child.

	Number of deaths due to drowning	Proportion of deaths due to drowning
Household violence		
Yes	39	29%
No	97	71%
Not known	7	-
Abuse or neglect concerns		
Yes	27	20%
No	108	80%
Not known	8	-
Known to social care		
Yes	21	15%
Previously, but not at time of death	79	56%
Not at all	40	29%
Not known/not stated	3	-
Total deaths	143	

Source: NCMD

1. A child for these purposes is defined as a child aged 0 up to their 18th birthday, excluding stillbirths and planned terminations of pregnancy carried out within the law.

Number of child deaths as a result of drowning between 1 April 2019 and 31 March 2025, and reviewed by a CDOP before 31 March 2026, by the most common modifiable factors.

	Number of deaths due to drowning	Proportion of deaths due to drowning
Total deaths	143	
Number of deaths where the review identified modifiable factors	124	87%
Reviews with information available on modifiable factors	94	
Lack of appropriate supervision	38	40%
Absent/non-visible warning signs	20	21%
Accessible water	19	20%
Availability of safety equipment	17	18%
Unsafe appliances/environment	14	15%

Source: NCMD

1. A child for these purposes is defined as a child aged 0 up to their 18th birthday, excluding stillbirths and planned terminations of pregnancy carried out within the law.

2. Most common modifiable factors are reported where the factor was identified for at least 10 deaths.

Methodology notes

For further technical information on the National Child Mortality Database's methodology, please visit Child death data release 2025 | National Child Mortality Database for child deaths overall, or Child drowning deaths 2019-2025 for children who died from drowning.

Where percentages have been calculated to show distributions in all child deaths and children who died from drowning, the 6-year sum of mortalities for each category was used as the denominator.

When calculating percentages in all child deaths, we used the number of child death notifications received where the death occurred in the years ending 31 March.

In both child drowning and all child deaths, we used data on children aged 0-17.

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RLSS UK, Red Hill House, 227 London Road, Worcestershire WR5 2JG
rlss.org.uk | info@rlss.org.uk | 0300 3230 096

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