JUSTSWIM SINGAPORE · MAY 2026

Singapore Swim Safety Index *2026*

The first independent review of swim ability, drowning risk, and pool safety in Singapore.

99%

of Singapore's swimming pools have no required lifeguard.

JUSTSWIM SINGAPORE

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FOREWORD

A picture of how Singapore swims

In April 2026, the State Coroner delivered findings on the death of a one-year-eight-month-old boy. He had drowned in his family's home pool in June 2024. The Coroner ruled the death a tragic accident.

That is the kind of news Singapore reads with quiet sympathy, then turns the page. There is no annual report that would have placed this child within a wider picture. There is no national figure for how many Singapore adults can swim. There is no public dataset on which pools see the most incidents, no readily citable count of how many migrant workers in Singapore can swim. We do not, as a country, write down what we know about water safety. We respond to each tragedy on its own terms.

This report is an attempt to write some of it down.

We are a swim school. That is the conflict of interest, declared upfront. But the questions this report asks are questions we have wanted answered for years, and could not find answers to. So we pulled together every public dataset we could verify, cross-referenced them, and put the whole picture on the page. The numbers in here are not ours. They belong to Singapore's hospitals, parliament, and people. We have done the work of putting them in one place.

Our hope is that next year somebody else publishes this report, and the year after, and the year after that, and that one day a parent reading the news about a child in a home pool can also read what their country knows about why.

Diong Kah Kien
Founder & Head Coach, Justswim Singapore

EXECUTIVE SUMMARY

Five findings

The numbers below are sourced from the most authoritative public dataset available for each finding. Every source is cited in full on the back cover.

~99%

of Singapore's swimming pools have no required lifeguard.

Of an estimated 2,700 swimming pools licensed by the National Environment Agency, only the 27 operated by ActiveSG are required to deploy lifeguards. Condominium pools, club pools, hotel pools, and home pools have no such requirement.

Source: Ministry of Culture, Community and Youth, parliamentary reply, 3 August 2021.

83%

of child drownings in Singapore happened in swimming pools, not open water.

Of 361 child drowning admissions to KK Women's and Children's Hospital over twelve years, 301 occurred in swimming pools. The popular image of reservoir and beach drownings is true for adults. For children, the threat is the pool.

Source: KKH Child Injury Surveillance Report, 2024, covering 2012–2023.

86%

of child drowning victims at KKH were aged seven or under.

309 of 361 cases involved a child under the age of eight. The risk profile is concentrated in the early years, when a child's swim ability is still developing and adult supervision is the only line of defence.

Source: KKH Child Injury Surveillance Report, 2024.

72%

of pool drownings in Singapore happened in private pools, not public ones.

Of 107 pool drownings reviewed in a Singapore Medical Journal study, 77 occurred in condominium, club, hotel, or home pools. The 27 ActiveSG public pools (the only ones with required lifeguards) accounted for 28%.

Source: Singapore Medical Journal, drowning study covering State Coroner data 2012–2014.

No annual report

Singapore does not publish a national drowning report.

Australia has published one annually since 2003. The United Kingdom, the United States, and Hong Kong each publish an equivalent. Singapore's drowning data lives in fragments across five disconnected sources.

Source: Cross-checked against Singapore Civil Defence Force, Ministry of Home Affairs, Sport Singapore public reporting; comparison to Royal Life Saving Australia, Swim England, US CDC, Hong Kong CHP.

INTRODUCTION

Why this report exists

Singapore does not publish a national drowning report. This is unusual.

Australia has published the *National Drowning Report* through Royal Life Saving Australia every year since 2003. The United Kingdom publishes equivalent figures through Swim England. The United States Centers for Disease Control publish drowning fatalities by age, location and demographic, refreshed annually. Hong Kong's Department of Health publishes a *Drowning Report* with coronial-level detail.

In Singapore, drowning data lives across at least five disconnected places:

The **State Coroner's Court** rules on individual deaths and publishes inquiry findings. The **Singapore Civil Defence Force** records emergency medical service calls, but does not separate drowning from a broader category in its annual statistics. **KK Women's and Children's Hospital** publishes a child injury surveillance report from time to time, covering paediatric submersion cases. The **Singapore Life Saving Society** has historically aggregated coronial drowning data in its own reports. The **Ministry of Home Affairs**, the **Ministry of Education**, the **Ministry of Culture, Community and Youth**, and **Sport Singapore** each publish water-safety-related data inside parliamentary replies or programme materials, often only in response to a question filed by a Member of Parliament.

None of these sources cross-reference each other. None of them publish on a fixed schedule. None of them publish in a way that allows a journalist, a parent, or a policymaker to ask a simple question, *how well does Singapore swim?*, and get an answer.

This report does not solve that. We are a private company. We do not have access to coronial records, hospital admission datasets, or SCDF call logs. What we have done is collect every figure that has been published, verify each against its primary source, and present the whole picture in a single document.

Our hope is that Singapore will eventually publish a better version of this. Until then, we will publish this one each year.

CHAPTER 01

How well does Singapore swim?

Singapore does not publish a national figure for adult swim ability. The United Kingdom does. Swim England's *Adult Swimming Report* establishes that 31% of adults in England cannot swim a single length of a 25-metre pool. Royal Life Saving Australia's research finds that approximately one in four Australians describe themselves as weak swimmers or non-swimmers. Singapore has no equivalent measurement.

What Singapore *does* publish gives a partial answer.

Swimming participation, when it happens

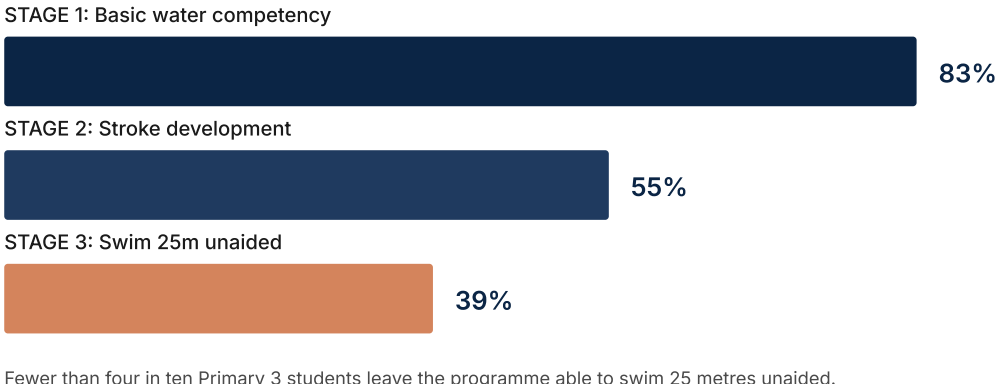
The Sport Singapore National Sports Participation Survey 2022 found that swimming was the fifth-most-popular sport or exercise activity in Singapore, with a 9% participation share, behind walking (40%), jogging (29%), calisthenics (15%), and cycling (11%). This measures recent participation, not ability. A person who has swum once in the past twelve months counts; ability to swim 25 metres unaided does not factor into the survey design.

SwimSafer, the national curriculum

The SwimSafer programme has been Singapore's national water-safety curriculum since its launch on 5 July 2010. It is mandatory for all Primary 3 students in mainstream schools, fully funded by the Ministry of Education, and delivered during curriculum time. In 2019, 83% of participants met at least Stage 1 of the six-stage progression, 55% met Stage 2, and 39% reached Stage 3. Stage 3 corresponds roughly to the ability to swim 25 metres unaided.

SwimSafer attainment by stage (2019 cohort)

Percentage of Primary 3 students reaching each stage of the six-stage SwimSafer programme.



Fewer than four in ten Primary 3 students leave the programme able to swim 25 metres unaided.

Source: Sport Singapore SwimSafer Open Water Module release, citing 2019 attainment data.

The implication is that, of the Singaporeans who have passed through the modern SwimSafer programme, fewer than four in ten leave Primary 3 able to swim 25 metres unaided. The remainder continue lessons privately, continue in school co-curricular activities, or do not progress further.

The cohort effect

SwimSafer applies to Singaporeans born from roughly 2002 onwards, who reached Primary 3 after the 2010 rollout. Singaporeans born before 2002 (currently aged 24 and above) were schooled under inconsistent or absent swimming curricula. Their swim ability depends on the individual school they attended, parental investment in private lessons, and their own subsequent effort. No national measurement exists for this cohort.

The SwimSafer enrolment figures suggest the programme is reaching the children it should. More than 50,000 participants completed at least one stage within the first year of launch. By 2017, more than 68,000 children passed through SwimSafer in a single year. Approximately 170 of 178 primary schools participated in 2011. From 1 July 2025, all SwimSafer assessment was transferred to a Centralised Assessment Management System operated by Singapore Aquatics, replacing the previous model.

What is not measured

Adult swim ability. Senior swim ability. Swim ability among Singapore's approximately 286,000 foreign domestic workers. Swim access among children with special needs. Each of these populations is materially exposed to water and unmeasured by any public dataset we could locate.

A useful comparison: Swim England's adult figure is generated through the *Active Lives* survey, an annual instrument run by Sport England since 2015. The cost to add a swim-ability question to an existing population survey is marginal. The cost of *not* knowing (when nineteen children have died at KKH alone over twelve years, and one in three British adults cannot swim a length of a pool) is harder to quantify.

CHAPTER 02

Where Singapore actually drowns

There is a public image of where drownings in Singapore happen. Most people, if asked, will name the reservoir, the sea, or East Coast Park.

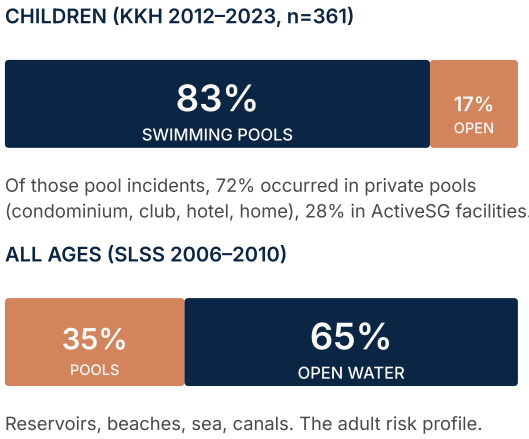
The data tells a more complicated story. The risk profile is sharply different for children and adults, and conflating the two has shaped public perception in a misleading way.

For children, the threat is the pool. The KKH Child Injury Surveillance Report 2024, which examined 361 paediatric drowning admissions to the hospital between 2012 and 2023, found that 83% of cases (301 of 361) occurred in swimming pools. Reservoirs, beaches and other open-water locations together accounted for the remaining 17%. Within the pool figure, private and condominium pools dominate. A study published in the *Singapore Medical Journal*, examining 107 pool drowning cases reviewed by the State Coroner between 2012 and 2014, found that 72% occurred in private pools (defined as condominium, club, hotel or home pools) and 28% at public ActiveSG facilities.

For adults, the picture is closer to public perception. Singapore Life Saving Society data cited by Sport Singapore found that approximately 65% of all drowning cases in Singapore between 2006 and 2010 occurred in open water. This figure aggregates across all ages, but because adult cases dominate the all-age total, the pattern reflects adult drownings more than child drownings.

Drowning location: an inversion by age

Children drown in pools. All-age drownings happen in open water. The two cohorts have opposite risk profiles.



Sources: KK Women's and Children's Hospital Child Injury Surveillance Report 2024; Sport Singapore citing Singapore Life Saving Society 2006–2010 coronial data.

The inversion matters because it shapes where parental attention should sit. The condominium pool, a familiar and supervised-feeling chlorinated environment, is statistically the highest-risk location for a child under eight. The reservoir is the highest-risk location for adults, particularly young adult males.

Recent incidents reinforce the pattern. In May 2025, a 74-year-old woman drowned after slipping in a River Valley condominium pool. In October 2024, a 37-year-old Malaysian woman drowned at the Fernwood Towers condominium pool in Siglap. In June 2024, the one-year-eight-month-old toddler whose case opened this report drowned in a home pool. Each of these locations would, in the public imagination, rank below the reservoir as a place of concern. The data suggests otherwise.

CHAPTER 03

The lifeguard gap

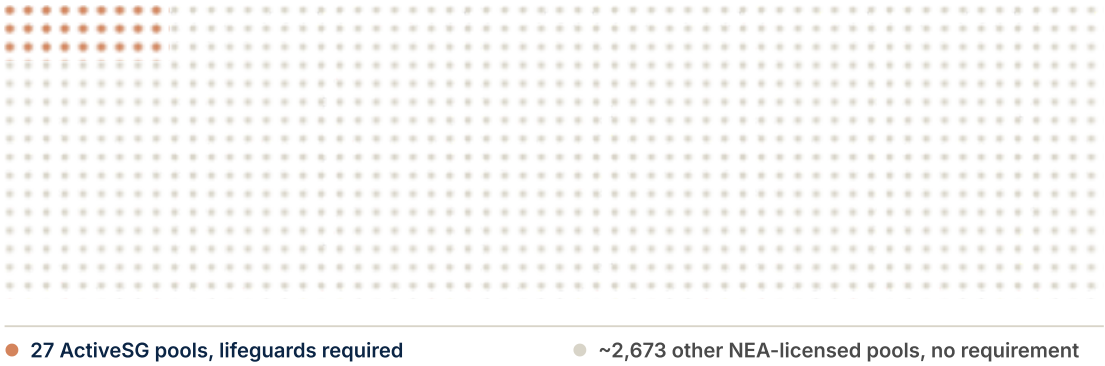
The most consequential single number in this report is found in a parliamentary reply dated 3 August 2021.

In response to a written question, then-Minister for Culture, Community and Youth Edwin Tong confirmed two figures. First, ActiveSG operated 27 public swimming pools. Second, the National Environment Agency licensed approximately 2,700 swimming pools across Singapore, ranging from residential developments to clubs and hotels. The implication, made explicit later in the reply, was that only the 27 ActiveSG pools were required to deploy lifeguards.

> *Approximately 99% of the swimming pools that Singaporeans actually swim in have no required lifeguard.*

Singapore swimming pools: with vs without required lifeguards

Each square represents one swimming pool. 27 ActiveSG pools are required to deploy lifeguards. The other ~2,673 NEA-licensed pools are not.



Source: Ministry of Culture, Community and Youth parliamentary reply, 3 August 2021.

The NEA's *Code of Practice on Environmental Health* does set minimum safety equipment standards for the non-ActiveSG pools. A first-aid box. A lifebuoy. A

printed resuscitation illustration. These are useful items. They are not a lifeguard.

The policy stance has not been revisited publicly since the 2021 reply. The position then was that mandating lifeguards at private pools would significantly raise operating costs for managing agents and could discourage smaller developments from maintaining pools at all. The position assumed that pool users would exercise their own supervision, and that visible safety equipment was a sufficient backstop.

The data this report compiles complicates that assumption. Of pool drowning cases reviewed by the State Coroner in 2012–2014, 72% occurred in the private pools the policy stance covers. Of child drownings recorded at KKH in 2012–2023, the overwhelming majority happened in pools where no lifeguard was on duty, because in most pools in Singapore, none is required.

This report does not lobby for a policy change. We are a swim school. The decision belongs to Parliament, the NEA, the Ministry of Culture, Community and Youth, and the Ministry of National Development, which together hold the relevant levers. What this report does is surface the policy gap, the underlying data, and the absence of a public review since 2021, so that those who choose to act on it can.

CHAPTER 04

The under-seven crisis

Of the 361 child drowning admissions to KK Women's and Children's Hospital between 2012 and 2023, 309 (86%) involved children aged seven or under.

Nineteen of those cases were fatal. Seventy-four required high-acuity care, with 37 admitted to intensive care and 37 to high dependency.

Age distribution of child drowning admissions, KKH 2012–2023

Of 361 paediatric drowning admissions, 309 involved children aged seven or under.

Age 0–7: 309 cases · 19 fatal · 74 high-acuity care

The under-seven cohort accounts for 86% of all paediatric drowning admissions at KKH over twelve years.

ANNUAL ADMISSIONS

23 cases (2012) → 48 cases (2017) → plateau through 2023

Source: KKH Child Injury Surveillance Report 2024.

The under-seven concentration is not unique to Singapore. The United States CDC reports drowning as the leading cause of death among American children aged one to four, with a 28% rise in 2022 fatalities versus 2019. Royal Life Saving Australia consistently finds the zero-to-four age band over-represented in its annual drowning report. What the KKH data adds for Singapore is granular evidence on *how* these incidents unfold.

In private-pool cases (condominium, club, hotel, home), 61% of incidents were first discovered by a family member. 2% were discovered by a lifeguard, almost none, because almost none of these pools have one. 34% of cases received bystander CPR before paramedics arrived.

In public-pool cases (ActiveSG facilities), 31% were first discovered by family, 20% by lifeguards, and 41% received bystander CPR.

Two patterns emerge. First, lifeguards do detect incidents, they are present in roughly one in five public-pool detections. They cannot detect what they are not staffed to watch, and this is the under-explored consequence of the policy gap described in Chapter 3. Second, bystander CPR rates are low everywhere. Only one in three private-pool incidents received bystander CPR. In a setting where the first minutes determine survival, this is the gap parents can close fastest, by being trained, themselves, in infant and child CPR.

Annual incidence at KKH rose from 23 cases in 2012 to 48 in 2017, before plateauing. The Covid years showed a brief dip consistent with reduced pool usage during restriction periods, then a return to trend. No published figure for 2023–2025 is yet available; the KKH 2024 report is the most current point in the time series.

CHAPTER 05

The data Singapore doesn't have

Five gaps in Singapore's water safety evidence base were identified in the course of preparing this report. Each is presented here as a constructive observation, not a criticism.

There is no annual national drowning report

Australia, the United Kingdom, the United States, and Hong Kong each publish one. Singapore does not. The closest equivalent is the SCDF's *Annual Statistics*, which records emergency medical service calls but does not separate drowning as a distinct category. A consolidated annual report would not require new data collection. Only the publication, in one document, of figures already held across SCDF, the Coroner's Court, KKH, and the Singapore Life Saving Society.

There is no published figure on adult swim ability

The United Kingdom publishes that 31% of adults cannot swim 25 metres. Australia publishes that approximately one in four adults are weak or non-swimmers. Singapore has no equivalent national measurement. Adding a swim-ability question to the National Sports Participation Survey would close this gap at marginal cost.

There is no published figure on swim ability among foreign domestic workers

As of 2024, approximately 286,000 foreign domestic workers were employed in Singapore. They form a significant share of the residents who take groups of children to beaches and reservoirs on off-days. Their own swim ability is not measured by any public dataset we could locate. A small primary survey of 200–500 foreign domestic workers, run by an NGO or academic team, would close it inexpensively.

There is no published cumulative SwimSafer enrolment figure

The programme has been running since 2010. Anchor points exist (more than 50,000 participants in its first year, more than 68,000 in 2017), but no published total since

launch. This is a small gap and would be straightforward to close.

There is no published swim-access data for children with special needs

Children with autism spectrum conditions, developmental coordination disorders, and physical disabilities face higher water-safety risk than the general paediatric population. Singapore's data on this is absent.

These are not arguments against Singapore's water-safety infrastructure. They are arguments for measurement. The country's drowning rate is low by international standards (see Chapter 6). The country's investment in SwimSafer is substantial. What is missing is the connective tissue that would let parents, journalists, and Parliament see the full picture without filing five separate questions.

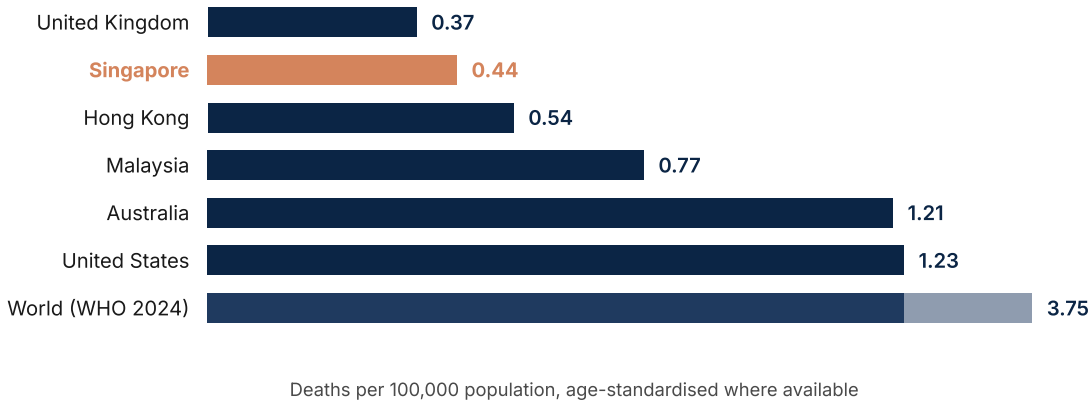
CHAPTER 06

International benchmarks

Singapore's registered drowning rate is approximately 0.44 deaths per 100,000 population, based on WHO age-standardised data. This is among the lowest globally and substantially below regional and developed-economy peers.

Registered drowning rate per 100,000 population

Singapore's rate is among the lowest globally, though comparison must be read with care (see commentary).



Sources: WHO Mortality Database / Royal Life Saving Australia 2024 / US CDC 2012–2021 average / HK Centre for Health Protection / Malaysia Fire & Rescue / WHO Global Status Report on Drowning Prevention 2024.

The numerical comparison must be read with care. A low registered rate is not the same as a low risk for any given individual; it reflects national infrastructure, hospital capacity, lifeguard presence at high-traffic locations, and the comparatively small share of Singapore's population that engages with open water frequently. Australia's higher rate is driven in part by its much larger share of population living near coastlines, rivers, and remote inland waterways. The United Kingdom's near-parity with Singapore on rate, despite very different geography and very different adult swim

ability (31% of UK adults cannot swim 25 metres), tells a more complicated story about exposure versus skill.

The more actionable benchmark for Singapore is not the per-capita drowning rate. It is the per-capita publication rate of water-safety data. By that measure, Singapore is well behind.

The World Health Organization's first-ever *Global Status Report on Drowning Prevention*, published December 2024, found that approximately 300,000 people die from drowning globally each year. Ninety-two per cent of these deaths occur in low- and middle-income countries. Singapore is not in that group, and the per-capita rate reflects it. But the global report's emphasis on national surveillance systems (its first of ten priority recommendations) is one Singapore could meet faster than most.

RECOMMENDATIONS

What this report supports

The findings in this report support specific recommendations to three audiences.

FOR POLICYMAKERS

01 **Publish an annual Singapore Drowning Report**, modelled on Australia's RLSSA report or Hong Kong's CHP report. Single annual publication, single agency coordinating, single citable document. The underlying data already exists across SCDF, the Coroner's Court, KKH, and the Singapore Life Saving Society.

02 **Measure adult swim ability.** Adding a single question to the National Sports Participation Survey ("Can you swim a length of a 25-metre pool unaided?") would close one of the largest evidence gaps identified in this report at near-zero marginal cost.

03 **Review the 2021 lifeguard policy stance.** The policy has not been publicly reconsidered in five years. A parliamentary question seeking an updated rationale, in light of the KKH and Singapore Medical Journal data summarised in this report, would establish whether the country's position has evolved.

FOR PARENTS

01 **Treat your own condominium pool with the same caution you give a reservoir.** The data does not support the intuition that the closer pool is the safer one.

02 **Enrol children in formal swim lessons by age four.** The under-seven concentration of incidents is the report's clearest empirical signal.

03 **Refresh your CPR knowledge.** Only one in three private-pool incidents received bystander CPR. This is the gap closest to your control.

FOR THE SWIM INDUSTRY

01 **Expand adult learner programmes.** The international benchmarks suggest a meaningful proportion of Singapore adults cannot swim 25 metres, and the safety case for closing the gap is direct.

02 **Develop curricula for under-served cohorts**, such as seniors, children with special needs, foreign domestic workers. Each cohort has a measurable risk profile and no provider currently serves it well.

03 **Publish your own data.** Enrolment numbers, completion rates, age-banded outcomes. The country's water-safety evidence base is weak partly because private providers do not contribute to it.

METHODOLOGY & ABOUT

Methodology

This report is a synthesis of publicly available data on water safety, swim ability, and drowning incidents in Singapore. No primary research was commissioned. Every figure cited has been traced to its primary source and the source URL is printed in the bibliography on the back cover.

Where two sources cited different figures for the same metric, the more recent or methodologically stronger source was preferred. Where a figure could only be located through a secondary source, that secondary source is named explicitly in the text.

Limitations

KKH child injury data covers admissions to one hospital and may under-represent fatal incidents that did not result in hospital transport. The State Coroner's Court data cited via the Singapore Medical Journal covers 2012–2014 only. The Singapore Life Saving Society aggregate data cited via Sport Singapore covers 2006–2010 only. The MCCY parliamentary reply on lifeguard policy dates from August 2021 and has not been publicly updated since. International benchmark figures are drawn from each country's most recently published annual statistics, with publication years ranging from 2022 to 2024.

The single largest gap in this report is the absence of a current Singapore adult swim-ability figure. Internationally comparable data exists for the UK and Australia; not for Singapore. Future editions of this report will close that gap if a primary survey is commissioned.

Citation format

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About Justswim Singapore

Justswim is a Singapore swim school. We teach children, adults, and learners with special needs across multiple locations. We have no connection to Sport Singapore, the Ministry of Health, or any government body. This report is published as a contribution to the country's water-safety evidence base, free of charge, under a Creative Commons BY-NC-ND 4.0 licence. Journalists are free to quote any figure in this report with attribution. Commercial reuse requires written permission.

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Underlying source links: justswim.com.sg/swim-safety-report-2026

SOURCES

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