

developed or evaluated. We conducted an evaluation of a home visiting model of early intervention developed by the Illawarra Aboriginal Medical Service as an injury prevention program targeting disadvantaged Aboriginal families with young children aged 0–5 and their families living in an urban region of NSW.

Methods The evaluation conducted between January 2014 and June 2015 included process, impact and outcomes components. Data collection included: routinely collected program data; semi-structured interviews with 35 individuals; and a family worker survey. All data was coded thematically and a framework analysis applied using NVivo software. Capacity building activities were conducted throughout the period.

Results The Program addressed the need for a culturally appropriate safety program delivered by Aboriginal family workers to vulnerable families. Clients expressed a high degree of satisfaction with the family workers' delivery of the program and the holistic model of service provision offered. Key results included: increased engagement in safety programs; improved child safety knowledge and skills; increased accessibility for parents/carers, children and families to services; improved attitudes to home and community safety; changes in the home safety environment. The evaluation provided opportunities for collaboration between researchers and the Aboriginal medical service and capacity building for the Aboriginal family workers.

Conclusions The 'Safe Homes Safe Kids' program offers a promising program for addressing unintentional injury to vulnerable Aboriginal children in urban areas.

236 PROMOTING SAFETY IN THE MOST HAZARDOUS LOCATION THROUGH A HOME SAFETY DEMONSTRATION SITE

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Background More children die from injury than from cancer, asthma and infectious diseases combined and the most common location for injuries to occur are within the home setting. Children, specifically those under five spend majority of their time within the home, it is the place where parents feel comfortable, confident and are aware of all of its features. Kidsafe Western Australia houses a Safety Demonstration House, established in 2006 and provides interactive displays to target injury prevention strategies and approaches to prevent child injury within the home.

Objective This paper will outline the services offered through the safety demonstration house and how it is helping to raise awareness and provide interactive opportunities to see injury prevention in practice. The Kidsafe WA Safety Demonstration house provides a range of services to highlight points of potential injury in the home and methods of injury prevention. The demonstration site provides physical examples of particular home settings, applied safety latches, barriers and child resistant products that participants can view, touch and test. The site also provides photographic and interactive information to align with the displays and products provided.

Results The Kidsafe WA Safety Demonstration House runs services targeting parents and carers, students, professionals and anyone interested in child safety seeing 220 participants specifically utilising the house within the last year. These services include self guided and guided tours, mobile information provided through Quick Response codes and an online safety demonstration house.

This paper will also outline where the safety house started, how it has developed and where it is heading. With a new building to soon house the site a purpose built area will see a new purpose build updated and revamped Kidsafe WA Safety Demonstration House.

Conclusions The aim of the Kidsafe WA Safety Demonstration House is to provide interactive and physical displays and information to increase awareness and knowledge of parents, carers, health professionals and the community in regards to childhood injuries. This is intended to promote child safety measures and to ultimately reduce the incidence of child injuries that occur within the home.

237 THE PREVALENCE OF HOME RELATED INJURIES AMONG CHILDREN UNDER FIVE ATTENDING PRESCHOOL EDUCATION ESTABLISHMENTS IN LITHUANIA

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Background Babies, toddlers and little children spend most of their time at home. Because of undeveloped instinct of self-protection they usually get injured there. Some of the injuries are small and some are serious enough to require a visit to an emergency department. According to the State Deaths and their Causes Register during 2014 due to unintentional accidents (ICD-10-AM) W00-X59) in Lithuania were 10 deaths of children 0–5 years old. During last five years (2010–2014) 68 children 5 years and younger died in Lithuania because of the same reasons. According to the Lithuanian Trauma and Accidents Monitoring System during 2014 were registered 12 043 (22,78/1000 inhabitants) cases of unintentional accidents (ICD-10-AM W00-X59) which required to visit emergency department and 2,571 (4,86/1000 inhabitants) cases then children were hospitalised for the same reason. All those injuries happened at home. Because of that, the aim of this research was to evaluate the prevalence of home related injuries among children under five attending preschool education establishments in Lithuania.

Methods Anonymous questionnaires were given to parents/adopters of children under five who lived in 23 Lithuanian districts municipalities. The final study sample was of 1047 respondents. Methods of the statistical analysis were: descriptive statistics; for hypothesis testing were used Pearson Chi² or Fisher exact tests; odds ratio for evaluation of risk and preventive factors were counted. $p < 0.05$ was considered statistically significant.

Results The prevalence of home injuries was 64.3%; 95% CI: [61.3–67.1]. The most common injuries were fall (59.6%; 95% CI: [55.8–63.2]), cut/prick (41.2%; 95% CI: [37.5–44.9]), burn/scald (24.7%; 95% CI: [21.5–28]), choking/suffocation (15.5%; 95% CI: [13.0–18.4]). Most of the time during the injury child were supervised by an adult (>80% cases). In cases then the parents/adopters let the children play in the yard/playground, without adult supervision, the risk of fall was 1.92 time bigger (95% CI: [1.39–2.61]; $p < 0.0001$), in cases then parents/adopters let the children to use kitchen appliances, without adult supervision, risk of burn/scald was 2,17 time bigger (95% CI: [1.05–4.49]; $p = 0.02$), in cases then parents/adopters let the children play with pet, without supervision of adult, the risk of pet injury was 3,05 time bigger (95% CI: [1.77–5.29]; $p < 0.0001$). The risk of injury is smaller if there is enough