serious developmental problems and comorbid disorders. The project Live!® aims at establishing a psychosocial care for liver-transplanted children and their families.

Methods: Assessment of 169 families included: quality of life (KIDSCREEN-52), cognitive abilities (WISC), attention and executive functions (Test Battery for Attentional Performance, TAP), psychopathology (K-SADS-PL), and psychosocial burden in the families (Impact-on-Family Scale). At the time of transplantation, the mean age of children was 2.1 (SD 3.0) years. On average, they were examined 5.8 (SD 3.7) years after transplantation. Forty percent of children received a living donation.

Results: Quality of life in children after transplantation is inside the normal range. However, 40% of the sample showed psychiatric disorders. Cognitive abilities and several attention and executive function scales were significantly below average. Families with liver-transplanted children reported high psychological strain. Cognitive test performance was negatively correlated with the pre-operative duration of illness. Children who had received a living donation performed better in cognitive ability measures. Compliance problems were reported by 18% of the parents and 45% reported problems in Kindergarten or School. 51% of the families requested for (psychotherapeutic) support.

Conclusions: The results demonstrate that liver-transplanted children are in urgent need for an early developmental screening after transplantation to prevent developmental deficits and to ensure children's social integration and mental well-being. Psychological support should be included in the standard routine of pre- and postoperative medical care of liver transplanted children and their families.

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KNOWLEDGE ABOUT CAR SAFETY SEAT USAGE IN FEMALE POPULATION IN ESKISEHIR CITY CENTER, TURKEY

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Objective of the study is to get data about mothers' knowledge on car-safety seat usage with a detailed

questionnaire.

Methods: A total of 1270 questionnaires were obtained from female population aged between 18 and 45 years in Eskisehir city center.

Results: 982 of them have ≥ 1 child and 645 out of them have ≥ 1 car. 24% of the participants' education levels are higher than high school. Only 65 participants have had a car-safety seat in their car when their child was born. However all of the participants have an idea about the results and number of deaths/year in our country due to car accidents. 1216 participants thought that the correct position is semi fowler. Only 76 out of 986 mothers have correct knowledge about the placement of car-safety seat and were not related with educational level ($p > 0.05$). Mothers between 25-35 years of age have more accurate knowledge according to the mothers ages between 18-25 and 35-45 years ($p < 0.01$). 60 out of 104 participants who have still a car-safety seat, can correctly use it. 18 of total participants know the rule that all infants should always ride rear-facing under one year of age. 794 of the mother thought that feeding is possible while their children travel on the car-safety seat.

Conclusion: Traffic accidents are the leading cause of death and serious injury for children and adults in Turkey and car-safety seat usage is not a legitimate obligation. The results of this study can be used as a guide for law-makers and educational program directors about safe child travel.

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QUALITY OF LIFE, SELF-CONCEPT AND LOCUS OF CONTROL IN PAEDIATRIC HEART TRANSPLANT RECIPIENTS

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Background and aims: Quality of life (QoL) is increasingly considered to be an essential health outcome measure in heart transplantation but few studies have addressed the relationship between QoL and psychological factors such as self-concept and locus of control. The aim of this study was to evaluate these factors in a group of heart transplant recipients and to compare them with scores of healthy children.

Method: Fifty-two children and adolescents (26 females) aged 9.0-18.0 years (median: 14.0 years) completed validated measures of QoL, locus of control and self-concept 12-192 months after heart transplantation for cardiomyopathy (n=38) or congenital heart disease (n=14).

Results: QoL scores for the total transplant group were lower than those of healthy norms ($t=3.45$, $p=.001$) but those transplanted for cardiomyopathy did not differ from the healthy population and had better perceived QoL than those with a pre-transplant diagnosis of congenital heart disease ($p=.003$). There were no differences in self-concept or locus of control between these two groups but transplanted children had a more positive self-concept than healthy children ($t=2.079$; $p=.043$). Higher QoL scores were correlated with positive self-concept ($r=.583$; $p<.001$), an internal locus of control ($r=.560$; $p=.003$) and older age ($r=.506$; $p<.001$) but there was no relationship between time since transplant and QoL.

Conclusion: Many children and adolescents have an excellent QoL after transplant, particularly those transplanted for cardiomyopathy. The relationship between QoL, self-concept and locus of control requires further investigation longitudinally to determine causality and to inform interventions to maximise QoL for all patients.

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ON YOUR OWN FEET AHEAD: INNOVATIONS IN DUTCH TRANSITIONAL CARE FOR ADOLESCENTS WITH CHRONIC CONDITIONS

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Background: In the Netherlands, adolescents with chronic conditions are often ill prepared for their transition to adult care. Research revealed that services are not geared toward adolescents' needs and preferences. To bridge these gaps, a four-year innovation programme, On Your Own Feet Ahead, was started in 2008.

Aims:

1) To develop and execute a national programme aimed at providing more integrative health care services and appropriate transitional care to adolescents (12 -25 years) with somatic chronic conditions in the Netherlands.

2) To monitor the changes by an independent evaluation study.

Methods: Using the Breakthrough method, multidisciplinary pilot teams from hospitals and rehabilitation centres in the Netherlands implement a number of interventions and policy changes to improve transitional care. Effects are evaluated on team, parent and patient level.

Results: The programme focuses on the establishment of independent health behaviours, increase self-management skills and improvement of the organisation of transitional care. Interventions include developing a joint policy and protocol for care transfers, appointing a transition coordinator and setting up joint clinics between paediatric and adult care. To enhance self-management and self-reliance, most teams have started implementing the newly developed Individual Transition Plan (ITP).

Conclusions: The evaluation study demonstrated that after a year most teams reported that the programme has helped them to improve on the major goals they had set to achieve. They are making progress in making care more patient-centred. A Toolkit of suitable interventions was developed and the programme will be disseminated nation-wide in the coming years.

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TRANSITION FROM CHILD TO ADULT CARE FOR YOUNG PEOPLE WITH MENTAL HEALTH PROBLEMS: A PROCESS OF TRANSITION

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The transition of young people from child to adult healthcare services has become increasingly important. Evidence suggests that the process is often poorly managed and many young people with mental health problems experience abrupt ad hoc transitions from child to adult healthcare services. A well planned transition is viewed as leading to improved clinical, educational and social outcomes