results, and empowering trafficked CYP through a strength-based approach is key for recovery.

(c) For TIC to be effective the whole system needs to be trauma-informed as currently the system causes a lot of retraumatisation. A trauma-informed system would work collaboratively and training would need to be an integral part of that system.

(d) The foundations of TIC already exist in current care practice. It is a model of care that is CYP-centred, holistic, and compassionate. Creating TIC structures also helps decrease vicarious trauma for providers.

Conclusions This study has suggested a trauma-informed model of care for trafficked CYP that puts the provider-CYP relationship at its heart with a foundational basis of knowledge and understanding of trauma and its manifestations in CYP. It suggested a universal trauma-informed system with effective collaboration between professional groups to better address the complex needs of trafficked CYP. Finally, this study found that the foundations of TIC already exist in current practice and that, while TIC structures are in place, vicarious trauma can be reduced for providers. Further research is needed, particularly with CYP themselves, to further develop and adapt that model of care to best address trafficked CYP's needs.

Association of Paediatric Palliative Medicine

DEVELOPMENT OF A PARTNERSHIP TO IMPROVE PALLIATIVE CARE SERVICES FOR CHILDREN IN THE GAMBIA

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Prevalence, Risk Factors and Outcome of Acute Kidney Injury in Hospitalised Children at the Jos University Teaching Hospital, Plateau State, Nigeria

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Background Acute Kidney Injury (AKI) is a disease of global importance, contributing to high childhood morbidity and mortality. It is a preventable and treatable disease. Early identification of risk factors can prevent disease initiation and enhance prompt diagnosis and treatment.

There are limited data regarding the risk factors and outcome on the disease in Nigeria especially in Jos, Plateau state, and its neighbouring states.

Objectives The objectives of the study was as follows

(1) to determine the prevalence of AKI in hospitalised children at the Jos University Teaching Hospital (JUTH).
(2) To determine the risk factors among hospitalised children with AKI at JUTH.
(3) To determine the outcome of AKI in hospitalised children at JUTH.
(4) To determine the association of the risk factors with the outcome of acute kidney injury in hospitalised children at JUTH.