and social care system implications worldwide. Evidence and Gap Maps are used to highlight gaps in research and inform strategic health and social policy, program and research priorities. The objective of this Campbell Evidence and Gap Map is to identify health and social support services as well as mobility devices that support functional ability among older adults in the home.

Methods We developed our intervention-outcome framework and defined the scope by adapting the WHO International Classification of Functioning, Disability and Health framework and consulting with our stakeholders. We systematically searched MEDLINE, EMBASE, Cochrane Database of Systematic Reviews, PsycINFO, AgeLine, Campbell Library and other databases. We conducted a focused search for grey literature and protocols of studies. Studies were selected for inclusion based on study design, setting and population. We assessed methodological quality of systematic reviews using the AMSTAR II. To assess health inequalities, we coded whether studies measured effects of interventions across the PROGRESS framework (i.e. place of residence, race/ethnicity, occupation, gender/sex, religion, education, socioeconomic status, and social capital).

Results We retrieved 16,083 records and included 548 studies, (120 reviews and 428 randomized trials) in this map. Most studies (56%, n=310) were focused on health services. Only 23 studies focused on general social support services. Nine studies focused on personal indoor and outdoor mobility and transportation, and 15 studies focused on design, construction and building products and technology. Most studies were from high income countries (n=532 out of 548). Of the 120 included systematic reviews, 46% of reviews were critically low quality (n=55), and only 11% of reviews were high quality. No studies assessed effects of interventions on health inequalities.

Conclusion There is a gap in the evidence-base on studies of effectiveness focused on general social support services and design, construction and building products and technology. The lack of evidence from low and lower-middle income countries points to the need for more high-quality reviews and trials in these settings. This is particularly important since these regions are experiencing a quicker growth in population ageing compared to high income countries.

Friday 11 September

Health Policy II

OP83 | **SOCIAL PRESCRIBING AND CLASSED INEQUALITIES IN HEALTH: EXPLORING A COMPLEX RELATIONSHIP USING ETHNOGRAPHIC METHODS**

[1]K Gibson*, [2]T Pollard, [1]S Moffatt. [1]*Population Health Sciences Institute, Newcastle University, Newcastle upon Tyne, UK*; [2]*Department of Anthropology, Durham University, Durham, UK*

Background Social prescribing involves non-medical link workers addressing patients' personalised support needs, largely by connecting them with relevant voluntary and community sector services. Such schemes are particularly aimed at people with long-term health conditions, mental health issues, and other social needs which affect their health and wellbeing.

Recently identified in the NHS Long Term Plan (2019) as a means by which to address health inequalities, social prescribing is currently being implemented on a large scale in the UK. Yet evidence of its effectiveness, how it is delivered and how it is received is scant. The qualitative study reported here is part of a larger mixed methods study, funded by the National Institute of Health Research (PHR Project: 16/122/33 https://research.ncl.ac.uk/nuspe/), evaluating the impact of link worker social prescribing on people with type 2 diabetes living in an area of high socio-economic deprivation.

Methods Ethnographic methods comprising observation of 19 services-users, two waves of semi-structured interviews at the start and end of fieldwork (n=33), photo-elicitation interviews (n=9), and interviews with family members (n=7) were undertaken. The ethnography was conducted over 16 months (November 2018-March 2020) in a range of contexts enabling access to the daily practices of participants. Purposive sampling was used to ensure a sample of maximal variation. Data were thematically coded.

Results The research illuminates the nuanced ways in which broader inequalities shape participants experience of both type 2 diabetes and social prescribing. Some participants responded to the intervention as anticipated, changed their behaviours and engaged in health-generating practices with positive results. In contrast, participants most affected by inequalities and the effects of factors such as changes to the benefits system, other long term health conditions, and poor housing, experienced multiple setbacks. Their very challenging immediate social circumstances took priority over the intervention. Importantly, while inequalities shaped participants' *capacity* to engage with the intervention, all participants recognised the value of the health capital offered by the intervention.

Conclusion In a socio-political climate where significant 'upstream' changes continue to increase inequalities, our detailed observations reveal how such inequalities shape participants' priorities to engage with health and how social class features in this process. Our findings suggest that, despite aiming to address the effects of the wide range of social and economic factors that influence health, social prescribing operates as a 'downstream' intervention and, as such, has a limited impact on the health of the most disadvantaged.

OP84 | **STRENGTHENING THE INFERENCE FROM AN INTERRUPTED TIME SERIES ANALYSIS: EVALUATION OF THE EFFECTIVENESS OF HEALTH IN PREGNANCY GRANTS IN SCOTLAND USING ROUTINE DATA**

[1]R Dundas*, [2]S Ouedraogo, [1]AH Leyland. [1]*MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow, UK*; [2]*CIHR-INSPQ, McGill University, Montreal, Canada*

Background Natural experiments are used to evaluate population health interventions when exposure to the intervention has not been manipulated by the researchers. As an example, the interrupted time series (ITS) is a strong natural experimental design. However, the weakness of ITS is the inability to determine whether effects are attributable to something other than the intervention which affects the outcome and occurs at the same time. We used the ITS technique to evaluate the effectiveness of the Health in Pregnancy (HiP) grant, a universal unconditional cash transfer of £190 It was introduced in the UK in April 2009 and withdrawn in April 2011. We