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J.A. SIXSMITH, S.A. KIRKLAND, I. PANEK, L. BATTERSBY. **Participatory working with older people: AGE-WELL and beyond.** *Gerontechnology* 2016;15(suppl):62s; doi:10.4017/gt.2016.15.s.760.00 **Purpose** Recent UK and Canadian government policy has highlighted the value of person centred involvement in the research and development of assistive technologies whereby designing 'with' rather than 'for' Older Adults (OAs) is prioritized¹. The underpinning notion is that older people's involvement will ensure that products and services produced as a result of such research and development will be fit for purpose, accessible and ultimately successful in improving older adult's lives. This philosophy is central to the Canadian AGE-WELL network of centers of excellence which has commissioned a project (OA-INVOLVE) to capture models of good practices and support research and development to integrally involve OAs. This paper overviews the scoping review work of OA-INVOLVE and reports on the value of active participation of older people in the coproduction of technologies through articulating the viable and practical pathways to facilitating participatory research in the development of assistive technology for older adults. **Method** An evidence-based scoping review was undertaken to compare engagement methods for cognitively/physically impaired and intact older adults (OAs) in aging and technology research, design and development. Six databases (Campbell Collaboration, CINAHL, Cochrane Methodology Register, EMBASE, MEDLINE, OpenGrey and PsycInfo) were searched. Articles were independently assessed for inclusion and a data extraction form created. Data collected included: age, cognitive ability, disease/condition, type of technology, method (e.g., interview), who participated (e.g., caregiver, OAs), length of time OAs participated (e.g., 20 minute interview), where method occurred (e.g., home), what participants did (e.g., discussed lived experiences) and how OAs/researchers evaluated the research process, including lessons learned. **Results & Discussion** Sixty-one articles met inclusion criteria and were analyzed. Methods for cognitively/physically impaired OAs included shorter: interviews, home visits and observations of daily activities. Their informal caregivers or relatives often participated in research and participants may become overwhelmed or fatigued. The literature suggests re-consenting cognitively impaired OAs at every engagement and visiting them in their own environment. Methods for intact OAs included focus groups, vignettes, meetings, instruction booklets, schedules, visualizations, testing, questionnaire, workshops, phone calls, storyboards, cartoons and cards to support OAs in visualising new technologies². OAs generally enjoyed the social aspects of research engagement. Both sets of OAs found reviewing previous engagement information helpful. Both groups preferred to have multiple (paper), take-home sources which explain the study and technology. Few studies reported that they involved OAs in advisory or decision making capacities. The results indicate that cognitively/physically impaired OAs involvement in research and development differs from that of intact OAs. To prevent attrition and fatigue, cognitively/physically impaired OAs should be given a choice of methods to select from³. Researchers may need to find different ways to accommodate OAs throughout the research process and ensure authentic, non-tokenistic research partnerships, including OAs advisory input, ideas, motivations and perspectives on the design and development of technology. As such, active participation of OAs in decision making can lead to mutual inspiration and technological solutions grounded in experience.

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