Research taking place in care homes for older adults has rapidly increased in recent decades, which was seen even more during the COVID-19 pandemic. Challenges in including older adults, particularly those living with a level of cognitive decline, have prevented resident voices being at the forefront of research. Furthermore, lack of resources and time pressures within care homes create barriers to accessing staff and care homes. It is important to consider the whole care context within research, alongside resident voices, to consider lived experiences and provide productive and realistic suggestions for change. Co-production is becoming more common in research, and is committed to facilitating inclusion and overcoming individual, social or contextual barriers to communication and inclusivity. The CHAPPI (Care Home Activity Providers Facilitating Public Involvement in Research as a Meaningful Activity for Care Home Residents) project has collaborated with key stakeholders, including care home managers, activity providers and lived experience experts to ensure gaps in knowledge between academia and industry are bridged from project inception. During this ‘Q&A style’ presentation, we (a care home manager and a researcher) will present our experiences of participating in or conducting research, including during the COVID-19 pandemic. We will also highlight lessons learned within the CHAPPI project so far, to discuss how we (as researchers and industry experts) can creatively proceed together, to improve care home research. Finally, we will explore how we can adapt research to fit with care homes to bring an understanding of what is needed to succeed and how we can do better, even during times of extraordinary measures.

Background
Primary ciliary dyskinesia (PCD) is a rare genetic ciliopathy characterised by recurrent respiratory infections, sinonasal disease, reduced hearing, infertility and situs inversus. It is a chronic condition with no curative therapy. The aim of this research was to understand the experiences of young people with PCD as they transition into adulthood and to adult healthcare services. 

Methods
An interpretative phenomenological analytical method was applied. Semi-structured virtual interviews were conducted with three participants aged 18–24 years who were enrolled via PCD Support UK.

Results
Four interconnected group experiential themes were identified:

- The first theme was ‘Reconceptualising a stigmatised identity’. Participants demonstrated concealment of their condition and experienced both external and internalised stigmatisation. However, PCD was often reconceptualised as positive and contributed to their identities.
- The second theme was ‘Sharing the journey to independence’. Support was sought for and found in family, friends and others with shared experiences.
- The third theme was ‘Entering adulthood with newfound autonomy’. The transition to adulthood was marked by recognition of their own responsibility and the ability to make informed choices about their lives. They sought success in their chosen pathways and mitigated risks arising from their condition in realising these goals.
- The fourth theme was ‘Anticipating an uncertain future’. Participants shared a concerted yearning to succeed against a future that was entangled with uncertainty in view of their health.

Conclusion
Transition for young people with PCD is a complex and dynamic period marked by identity-formation, creating systems of support, and becoming an autonomous adult. They remained committed to their hopes and desires and refused to be ‘held back’. The improved understanding of these experiences can be applied to future practice that eases the process of transition, provides appropriate support, and identifies areas for further qualitative research.