**Contact details**

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**1. Name of the practice:** Creation of therapeutic environment in nursing houses

**2. Area concerned:**

 Discrimination (e.g. legal/institutional framework, access to facilities and services, etc.)

 Violence and abuse

 Adequate standard of living (e.g. resource availability, housing, etc.)

 Independence and autonomy (e.g. legal guardianship, accessibility, etc.)

 Participation

 Social protection (e.g. social security, incl. pension)

 Education, training and lifelong learning

 Care (home, family or institutional care, long-term care, palliative care, geriatric services, quality of care and availability of services, care workers, etc.)

**3. Type of practice:**

 Legal (Constitution, law, etc.)

 Policy/Programme/Strategy/Action Plan on Ageing

 Institution

 Regulation

 Administrative practice

 Case law/jurisprudence

 Disaggregated statistical data by age/gender

 Training programme

 Other (please specify):....................................

**4. Level of implementation:**

 National

 Local (Sub-national, community, urban/rural area)

 Other (please specify):....................................

**5. Please describe the practice, including a) its purpose; b) when and how it was adopted; c) how long it has been used/implemented; and d) its geographic scope.**

Belarusian republican gerontological public association worked out the national recommendations for nursing houses concerning the implementation the therapeutic environment which promotes independency and dignity of elders. ***Main purpose*** – to realize multidisciplinary holistic approach to elderly people with high risk of development or developed geriatric syndromes with significant decreasing of quality of life in nursing houses. Project includes developing of evidence-based methods of maintenance of intrinsic capacity in different diseases in nursing houses by the creation convenient surrounding environment for supporting the individually possible level of functional ability.

***When and how it was adopted –*** in 2014 – 2015 in nursing houses of Vitebsk region of the Republic of Belarus. The special instruction was worked out, which included the differentiation of all patients of nursing houses in 3 groups – fit, vulnerable with cognitive impairment/impairment of mobility, frail with partial/total decreasing of independency. For these groups it was created differentiated therapeutic environment - non-barrier environment in nursing houses, organization of free time, ergotherapy, using of computer devices, methods of moral supporting, education of patients, supporting of communication, memory schools ets.

***How long it has been used/implemented, geographic scope –*** it was used for one year (2015), geographically – in one administrative region (Vitebsk region) of the Republic of Belarus.

**6. Which actors are involved in the development and implementation of such practice?** Local authorities (social ministry of Vitebsk region), administration of nursing houses of Vitebsk region, regional brunch of Belarusian republican gerontological public association (IAGG member), older persons themselves, medical service of nursing houses, relatives of elders, volunteers.

**7. Which rights of older persons does the practice promote and protect?** Healthy aging, autonomy, dignity, high level quality of life in nursing houses, high quality end-of-life planning.

**8. How does the practice promote or protect such rights?** Healthy aging, autonomy, dignity, high level quality of life in nursing houses increased in elders with low intrinsic capacity by creation of convenient surrounding environment which supports individually possible level of functional ability.

**9. What groups of older persons** (for instance, older women, persons with disabilities, persons of African descent, individuals belonging to indigenous peoples, persons belonging to national or ethnic, religious and linguistic minorities, rural persons, persons living on the streets, and refugees, among other groups), **if any, particularly benefit from the practice?** Elders in nursing houses.

**10. How has the practice been assessed and monitored? Please provide specific information on the impact of the practice, with data, indicators, among others, if any.** It was used original computer program “Comprehensive Geriatric Assessment” as an important diagnostic instrument which gives possibility to evaluate functional ability of elders according to their intrinsic capacity interacting with environment. It was evaluated that such health indicators as moral status, nutrition and cognitive status, Barthel Index and Quality of life became better after implementation of therapeutic environment and better than in control group.

**11. What lessons do you believe could be learnt from this practice? How could it be improved?** Some nursing houses faced with problem of resources’ deficit, so it is necessary to make financial planning for creation of therapeutic environment.

**12. How could this practice be a model for other countries?** It may bemodel of healthy aging in nursing houses according to WHOs global strategy.