

Bennachie Horizon CIC

Same Label, Different Lives

Why One-Size Placements Don't Work

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Introduction

In learning disability services, it's surprisingly common to find individuals with vastly different needs, personalities, and interests grouped together under a single service model, not because it works well, but because it's convenient. Councils often categorise people using four broad labels (mild, moderate, severe, profound), usually linked to IQ and general functioning. These categories help determine funding, but they rarely guide where or how someone is actually placed. The result? A person needing 1:1 support might attend the same service, with the same fee, as someone thriving in a larger group setting, even if neither environment is truly right for them. And even people within the same category might prefer very different things: some want structure and quiet; others love energy and social buzz. Some like work-based routines, others find joy in crafting or nature. It's not that people should be separated by label, it's that their individual fit should matter more than any label at all.

Behind all this sits a deeper challenge: the economics of social care. Services are under pressure to stretch limited budgets, and that pressure can quietly distort placement decisions. It's nobody's fault at an individual level, but it raises difficult questions about fairness, value, and whether we're really meeting people where they are.

Understanding the Categories

What Are They Really For?

Local authorities across Scotland, including Aberdeenshire, tend to classify individuals with learning disabilities into four broad categories: **mild**, **moderate**, **severe**, and **profound**. These categories are usually based on general cognitive assessments (such as IQ scores) and levels of independence in daily life; though in practice, there's often a wide range of functioning and support needs within each group.

Across Scotland (and the UK), learning disabilities are commonly grouped into four recognised categories:

- ⦿ Mild learning disability = IQ roughly 50–69
- ⦿ Moderate learning disability = IQ roughly 35–49
- ⦿ Severe learning disability = IQ roughly 20–34
- ⦿ Profound learning disability = IQ below 20 (often with multiple support needs)

These categories are used in health and social care data collection and underpin eligibility and reporting frameworks in Scotland.

While IQ is one component of assessment, actual support needs also depend heavily on adaptive behaviour, communication ability, and co-existing conditions (e.g., sensory impairment, physical disabilities, mental health).

At their core, these categories are designed to help assess a person's overall level of support need, and they play a role in determining what kind of care package a person might receive. Someone with a profound learning disability, for example, may qualify for full-time 1:1 or even 2:1 support, while someone classed as mild may only be entitled to a few hours of community support per week.

In terms of funding, this system provides a kind of tiered logic: the higher the assessed need, the more funding allocated. At least, that's the theory.

But in reality, the labels can be misleading. They don't capture things like social confidence, sensory needs, emotional triggers, or how well someone copes in a group setting. They also don't tell you anything about what someone actually enjoys, or where they'd thrive. And that's where things start to break down, because funding may be based on one thing, but placement decisions are often based on what's available, what's cheapest, or what's easiest to manage.

The Mismatch

When Funding and Fit Don't Line Up

In theory, a person's funding package should reflect the level of support they genuinely need. But in practice, the way that funding is used (particularly in day services) often has little to do with that original assessment.

One of the clearest examples of this is when someone with high support needs, possibly requiring 1:1 staffing, is placed in a large group-based service, but without the additional funding to match. Instead, the service absorbs the cost difference, stretching staff across more people than intended. This might happen because there's pressure to keep costs down, or because the council has limited placement options, or because the service has been told, quietly or otherwise, to "make it work."



At the same time, another person in that same group may only need light-touch support, but they're paying the same placement fee. That means two people with very different needs are receiving very different experiences, at the same cost, in the same setting. One may be overwhelmed. The other may be bored. And neither is truly getting what they need.

This is not to say that the two different care approaches and needs can't co-exist at the same service. However, over time, this kind of mismatched placement doesn't just affect outcomes for individuals, it affects staff morale, resource allocation, and the overall effectiveness of the service. It creates an environment where the support becomes reactive rather than intentional, and where some people's needs inevitably take priority over others.

Why “Same Category” Doesn’t Mean “Same Needs”

The four-category system — mild, moderate, severe, profound — might look tidy on paper, but the people within those categories are anything but uniform. Two individuals with the same “label” might have completely different personalities, coping strategies, attention spans, support networks, and daily rhythms. One might thrive in a lively group setting with peer interaction and shared tasks; the other might need calm, space, and quiet reassurance to feel safe.

These variations aren’t a fault of the system; they’re a reflection of real life. People are complex. But when services rely too heavily on funding bands or diagnostic categories to make placement decisions, they risk ignoring the nuance that actually matters. You end up with groupings based on shared labels rather than shared needs or preferences.

It’s not uncommon to see someone who’s easily overwhelmed sharing a space with someone who craves stimulation and attention. Or someone who benefits from task-based activity being placed alongside someone who prefers relaxed, unstructured time. This creates tension, not because anyone is doing anything wrong, but because the setting isn’t designed for both of them at once.



What if this kind of system was applied to other areas of life? Let’s take schools, for example. Technically, all pupils fall under the category of “children,” but we wouldn’t dream of teaching a five-year-old and a sixteen-year-old in the same classroom, using the same resources, and expecting the same results. We recognise that age, stage, and subject matter actually matter. As students grow and discover their strengths, they’re encouraged to choose the subjects that suit their interests and learning styles (art, history, sciences, physical education), each taught by teachers who specialise in that particular area. And while they’re all still “children,” we don’t expect them to learn everything in one room, from one person, in one generic lesson plan. So why do we take that approach in so many learning disability services?

At its heart, this isn’t about labels being bad. It’s about labels being too broad to drive meaningful, person-centred placements. They should be a starting point, and not a blueprint.

The Impact

When Everyone’s Needs Are Too Different

When individuals with very different needs are grouped into the same setting, it’s not just the trainees who struggle, it’s also the staff supporting them. The wider the range of need, behaviour, and personality in a group, the more hats a support worker is expected to wear. One minute they’re a teacher, the next a behaviour specialist, the next a mental health coach, then a life skills trainer; and they’re still meant to run a group activity, keep everyone safe, and manage the room. It’s an impossible ask.

Even the most passionate, skilled care workers can find themselves burning out when they’re stretched across too many roles without the tools, support, or consistency they need. And it’s not about people lacking ability, it’s about a system that constantly asks people to be everything, all at once, to everyone.

There's also a particular challenge when it comes to supporting individuals who present with high levels of distress or challenging behaviour. Making real progress often means understanding why those behaviours happen, building trust, and *staying consistent*, even when the behaviour is hard to witness or manage. It requires calm, clarity, and confidence, which are incredibly difficult to maintain when others in the group also need attention, or when staff are worried about triggering distress in others nearby.



Avoidance becomes the default. Not because people don't care, but because the stress response kicks in, and the safest route feels like keeping things calm, even if it means stepping back from a breakthrough. And who could blame anyone? The stakes are high. When it's your fifth hour on shift, you're short-staffed, someone's trying to throw a chair, and someone else is crying in the corner, there's no time for strategy, just survival.

What this creates is a group where no one is quite getting what they need, and the staff feel more like firefighters than facilitators. And in the long run, that's exhausting for everyone.

A Niche Approach

Services That Play to Their Strengths

Not every service should try to be everything to everyone. In fact, the most effective support often comes from services that know exactly who they're for, what kind of environment they offer, and what type of progress they help people make.

At Bennachie Horizon, we've built our model around this idea. Our training service is designed with a specific ability level, support ratio, and activity style in mind, and that means it won't be right for everyone. Some people need quieter, low-stimulation spaces. Others might need more clinical support, or thrive in a highly social environment. That's okay. In fact, that's the point! When a service plays to its strengths, it gives the people who *do* fit the space the very best chance to grow, connect, and feel safe.

We also believe that no single service should be expected to meet every need forever. That's why we fully support individuals attending more than one setting, and we're just as passionate about helping people transition *into* our service as we are about supporting them to move *on* when they've outgrown it. For some, Bennachie Horizon may be the next step in developing confidence, independence, or work-based skills. For others, we may be a stepping stone toward something new. Either way, we see that as success.

By being clear about what we offer and who it's designed for, we hope to work alongside other services in the community, not in competition with them. The goal isn't to "win" more placements, it's to help each person land where they'll do best. And for that to happen, services need to "own their niche," not dilute it.

Let's Work Together

Matching People to Services, Not Services to Budgets

Too often, decisions about placements are shaped more by what's available or affordable than by what's right. It's an uncomfortable truth, but a familiar one, especially in a climate where funding is tight, demand is high, and choice is limited. But what if we could shift the question from "Where can we place this person?" to "Where will they truly thrive?"

At Bennachie Horizon CIC, we want to be part of a local network of services that complement one another, not compete. We recognise that every setting has its own strengths, culture, and character. Some people may find their ideal placement with us. Others may be far better suited to a different environment, and when that's the case, we'll say so. We're equally happy to welcome people from other services who are ready for a new challenge, as we are to support someone moving on from us when they're ready for their next step.

This isn't just about doing the right thing, it's about making services more sustainable. When placements are better matched, staff are more confident, trainees are more engaged, and the day-to-day pressure eases. Everyone benefits!

So, to other providers in the area: if you're working with someone who fits our model, get in touch. If you think one of our trainees might be a better fit for your setting, let's have that conversation too. We believe that collaboration leads to better care and that only by working together can we build the kind of landscape our community really needs.

Final Thoughts

It's Time to Match People, Not Paperwork

Every person deserves to be in a place where they feel understood, supported, and able to grow. That won't happen if we keep squeezing people into placements that weren't built for them, or expecting staff to meet every need with limited tools and unrealistic expectations.

We're not here to replace what already exists. We're here to offer something specific, and to work with others who are doing the same in their own way. If we can be honest about our strengths, our limits, and our values, then maybe we can stop matching people to whatever space is left, and start matching them to where they'll really belong.

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