

Bennachie Horizon CIC

Increased Prices and Service Reductions

Why Does Care Spending Look to be Out of Control

The information in this document is drawn from public sources, professional experience, and informal cost modelling. Some figures may be estimated averages based on lived experience and are intended for general understanding, not for audit or financial planning. All efforts have been made to ensure transparency and accuracy.

Introduction

Over the past few years, the cost of providing social care has risen sharply. Councils are spending more than ever, yet many families feel their loved ones are getting less support. It's a frustrating and confusing picture, especially when you're trying to navigate the system for someone you care about.

This essay aims to break things down in plain language, without jargon, so you can understand where the money goes, why costs have risen, and how these changes affect the day-to-day support people receive. By sharing real examples and up-to-date information, we hope to give you a clearer view of the challenges facing the system, and help you feel more confident when asking the right questions or pushing for better outcomes.



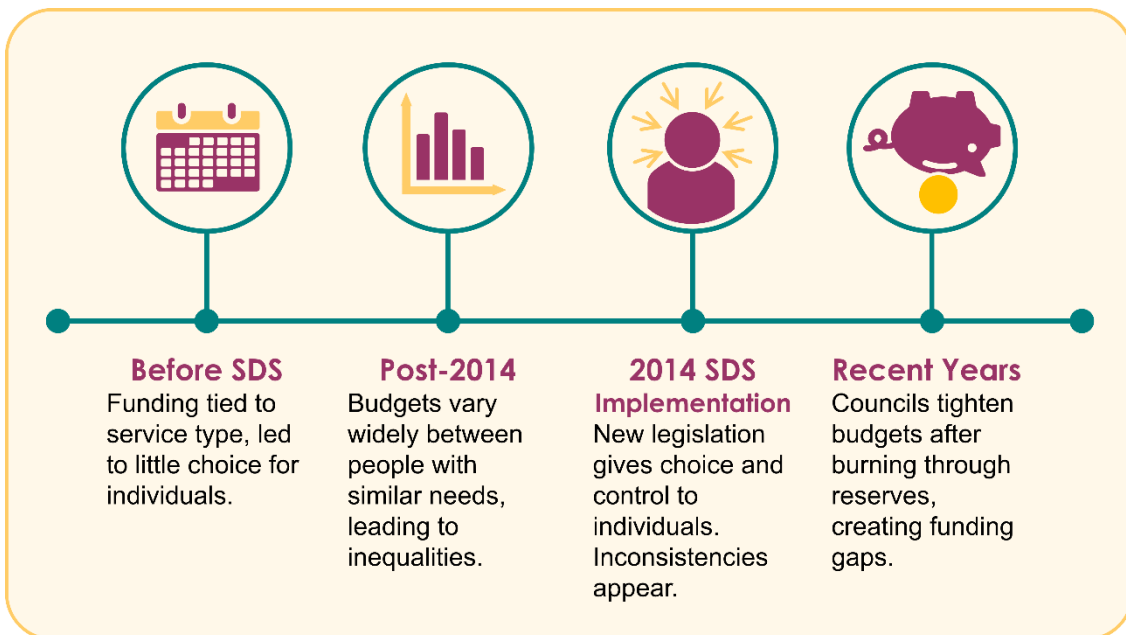
What's Changed in Care Funding

Rising Costs, Tighter Budgets, and a Growing Gap

Over the last decade, the landscape of social care in the UK, and in Scotland in particular, has shifted dramatically. While government and local authority budgets have increased in pounds and pence, the real-world buying power of that money has shrunk. Inflation, higher wages, energy costs, and increased demand have all combined to create a care system under pressure.

It's not just about numbers on a spreadsheet. These financial changes have a direct impact on how many hours of care someone can receive, what activities are possible, and how personalised that support can be. For families, the experience often feels like paying more for less.

We'll start by looking at where the main pressures come from, before exploring how they translate into the kind of services people see today.



The Main Drivers of Rising Costs

Across Scotland, several factors have pushed up the cost of delivering care:

- ◉ **Inflation and living costs** – Everyday essentials, from fuel to food, cost more, and care providers have to cover these increases just like any household.
- ◉ **Wage rises in the care sector** – While fair pay is essential, the move towards paying the Real Living Wage or above has significantly increased staffing costs.
- ◉ **Energy and transport costs** – Rising energy bills affect care facilities, while higher fuel prices impact transport for outreach or day services.
- ◉ **Increased demand** – More people are living longer with complex needs, meaning services are supporting more individuals, often for longer periods.

When these pressures combine, they force local authorities to stretch budgets thinner, often meaning fewer funded hours per person or more shared support arrangements.

The Impact on Service Budgets

When funding doesn't keep pace with rising costs, services are forced to make difficult choices. For local authorities, this might mean:

- Reducing individual budgets so fewer hours or days of support can be offered.
- Merging groups so more people share fewer staff, often at the expense of individual attention.
- Prioritising high-need cases which can leave those with moderate needs overlooked until their situation worsens.

For families, this can mean a noticeable change in the quality, consistency, and flexibility of support. In many cases, the funding gap becomes something parents are asked (directly or indirectly) to fill.

Shifting Responsibilities onto Families

When service budgets tighten, the reality is that much of the gap is bridged by unpaid family support.

Parents often find themselves:

- Covering extra hours when paid support is cut.
- Providing specialised care without proper training or respite.
- Managing complex schedules to fit around reduced service availability.

This shift can create emotional strain, financial pressure, and exhaustion, especially for families already balancing work, other children, and household responsibilities. Over time, it risks eroding the stability that consistent, professional support provides.

How Support is Allocated

Understanding the Rules, the Reality, and the Gaps In Between

Local councils use frameworks and legislation to decide the level of support an individual receives. On paper, these systems aim to be fair, needs-based, and consistent. In practice, they can feel like a maze, especially when each council interprets the rules differently.

Even families who've been in the system for years can be caught off guard when funding is reassessed or reduced. This section explains how the process is *supposed* to work, the common points where it falls short, and what parents can do to navigate it more confidently.

The Legal Framework & Laws that Set the Stage for Support Decisions

In Scotland, the key law that guides how social care support is allocated is the Social Care (Self-directed Support) (Scotland) Act 2013. This gives people the right to have more choice and control over the help they get. It's backed up by other legislation like the Community Care and Health (Scotland) Act 2002 and the Carers (Scotland) Act 2016, which protect the rights of unpaid carers.

In theory, these laws mean that support should be personalised, based on the individual's needs, abilities, and goals, not just their diagnosis. In reality, councils often work within tight budgets and may interpret these laws in a way that prioritises cost savings over flexibility.

For families, knowing the basic legal framework can help you:

- Recognise when decisions don't align with the law's principles
- Use the correct terms when asking for more support
- Understand where you have a right to challenge a decision

The aim here isn't to turn you into a legal expert, but to show that the rules do exist, and they are supposed to work in your child's favour.

The Assessment Process - How Needs Are Translated into Numbers

Every funding decision starts with an assessment, usually carried out by a social worker or care manager. This should be a holistic conversation covering the person's physical health, learning needs, daily living skills, relationships, safety, and long-term goals. In practice, however, assessments can feel more like tick-box exercises that quickly focus on what's "essential" rather than what's truly life-enhancing.

Most councils use a points or banding system to decide the level of support. Higher scores mean higher budgets. The problem is that these scoring tools often miss the nuances of an individual's abilities, someone who appears "independent" in one setting might need significant help in another.

Families can prepare by:

- Gathering real-life examples of daily challenges before the meeting
- Having a clear picture of the outcomes you want for your family member
- Asking to see how your answers are recorded (small wording changes can make a big difference to scoring)

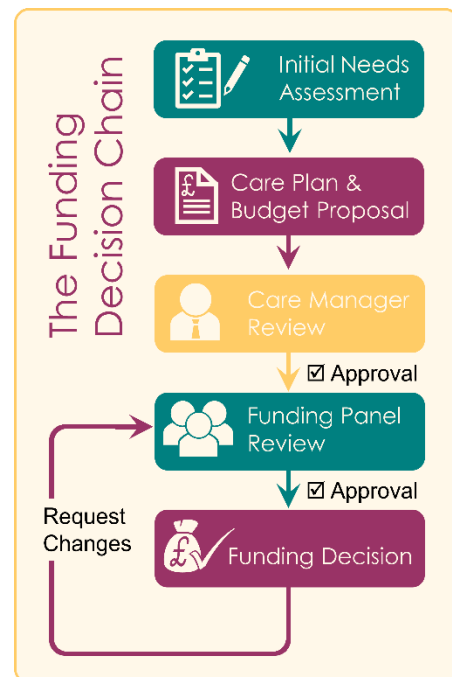
An assessment is not just a formality; it's the starting point of the funding journey. If it's rushed or incomplete, the budget offered will almost certainly be lower than it should be.

Budget Setting and Resource Allocation

Once the assessment is complete, councils translate the identified needs into a monetary value. This is done through a Resource Allocation System (RAS), which takes the assessment scores and applies them to a budget framework.

While the system is meant to ensure fairness and consistency, in reality it can be heavily influenced by local budget pressures. Two people with similar needs might be allocated very different amounts depending on where they live and sometimes depending on which social worker is handling the case.

Budgets are often capped before any discussion takes place, meaning families may never see the “true” amount their assessment points suggest. This is where advocacy becomes important, asking for a breakdown of the calculation and challenging figures that seem too low can prevent a lifetime of underfunded support.



Approval and Panel Review

Once a proposed budget is set, it usually goes to a funding or resource panel for approval. These panels are made up of senior social work managers and finance officers, whose role is to ensure spending stays within the department’s limits.

While this step is intended as a safeguard, it can also act as a second filter and in some cases, budgets are reduced at this stage with little or no further consultation with the family. Decisions may be influenced more by financial constraints than by the actual level of need recorded in the assessment.

It’s important to note that panel meetings often happen without families present, making it essential to have all supporting evidence and justifications submitted beforehand. This ensures the decision is based on a complete and accurate picture rather than assumptions or omissions.

Final Decision and Implementation

Once the panel has approved (or amended) the proposed budget, the decision is communicated to the social worker, who then informs the family. The agreed amount becomes the official support budget for that individual.

From this point, the funding is usually set up for direct payments or managed through the local authority. The implementation process can involve drawing up a Support Plan that details exactly how the money will be spent, ensuring it meets the assessed needs.

It’s important to remember that a budget is not necessarily permanent. Authorities often schedule reviews (sometimes annually, sometimes sooner) to reassess needs and adjust funding up or down. Families should be prepared for these reviews and keep ongoing records of the person’s support requirements and any changes in circumstances.

Common Issues and Inconsistencies

When the System Works Differently than Expected

While the funding process is meant to be clear and consistent, in practice there are often gaps, delays, and variations that can cause confusion or lead to unfair outcomes. These issues are not always due to bad intentions, sometimes they stem from resource constraints, policy interpretation, or local priorities. However, they can have a big impact on the person receiving support.

Delays in Assessment or Approval

One of the most common frustrations for families is how long it can take to move from first contact with Social Work to actually receiving support. Waiting months, sometimes over a year, for a needs assessment or funding review has sadly become commonplace. This isn't simply an administrative frustration; it has a real and lasting effect on the lives of those who require timely support. The period between an individual being referred and actually receiving an assessment can be filled with uncertainty, anxiety, and a gradual decline in wellbeing.

Delays can happen at different stages, waiting for an assessment date, waiting for the written outcome, or waiting for funding approval from a panel. These delays often stem from a combination of factors, including staff shortages in local authority social work teams, an increased demand for assessments, and lingering backlogs from previous years. In some cases, the situation is compounded by a lack of clear timeframes or communication, leaving families unsure whether progress is even being made; the impact on the individual can be serious:

- Support needs may grow worse while waiting.
- Opportunities for activities or placements may be missed.
- Family carers may reach burnout.

Inconsistent communication during these delays can also add to stress, as families are often left unsure of what is happening or when to expect progress. The human cost of such delays can be significant. Without an up-to-date assessment, individuals may miss out on essential services, rehabilitation opportunities, or tailored support that could prevent further deterioration. Carers, often family members, may be pushed to breaking point, as they try to bridge the gap without the resources or respite they desperately need. In effect, what starts as a delay in paperwork becomes a slow erosion of quality of life.



Budgetary Restrictions and Local Authority Policy

Local authorities across the country are under unprecedented financial pressure. Rising operational costs, inflation, and competing demands for limited funds mean that social care budgets are often stretched to breaking point. While councils are legally required to meet assessed needs, the way they interpret and prioritise those needs can vary considerably.

Budgetary constraints can influence both the level and the type of support offered. In practice, this might mean reducing the number of funded hours, restricting access to certain services, or favouring group-based provision over more personalised support. These decisions are frequently guided by internal policies aimed at maximising limited resources, but they can leave individuals feeling that their specific circumstances have been overlooked.

Another common issue is the application of “eligibility thresholds,” which effectively ration access to services. While thresholds are intended to ensure fairness, they can also be used as a tool to limit spending by approving only the most critical needs. This often forces families into a position where they must either accept inadequate provision or launch a time-consuming and stressful appeal.

Ultimately, when financial targets become the primary driver in care planning, the human element, the lived experience of the individual, risks being sidelined.

Inconsistent Application of Guidelines

Even though national frameworks and statutory guidance exist to shape decision-making, their application can be far from uniform. Different local authorities, and even different teams within the same authority, may interpret the same guidelines in varying ways. This can lead to significant disparities in funding and service provision for individuals with similar needs, depending solely on where they live or who conducts their assessment.

Inconsistencies can occur for several reasons. Some stem from the subjective nature of needs assessments, where the outcome depends heavily on the assessor’s professional judgement. Others arise when local policies are layered onto national guidance, creating additional rules or interpretations that are not applied elsewhere. In certain cases, resource pressures can lead to a more restrictive reading of the rules, while better-funded areas may allow for more generous allocations.

The result is a postcode lottery in support, a situation where two people with comparable circumstances might receive vastly different packages of care purely because of location or policy variation. For individuals and families, this unpredictability makes it difficult to plan for the future and undermines confidence in the fairness of the system.

The Role of Assessors and Decision-Makers

The professionals conducting assessments and making funding decisions hold significant influence over the level of support an individual receives. Their role is not only to gather factual information about a person's needs but also to interpret how those needs align with eligibility criteria, local budgets, and service availability.

Assessors are trained to follow structured assessment tools and legislative frameworks, but personal judgement inevitably plays a part. Subtle factors, such as how questions are framed, the weight given to certain types of evidence, or the perceived "reasonableness" of a request, can influence the outcome. In some cases, assessors may be under explicit or implicit pressure to keep recommendations within budget constraints, which can impact the objectivity of their decisions.

Decision-makers, often separate from the assessors, review the assessment reports and determine the final package of support. This separation can help ensure checks and balances, but it can also mean that the nuances of an individual's situation get lost in the process. Without clear communication between assessors and decision-makers, or without the involvement of the person and their family at this stage, important needs may be overlooked or undervalued.

Ultimately, the human element in assessments can either safeguard fairness or contribute to inconsistency, making the skill, empathy, and impartiality of assessors and decision-makers critical to the integrity of the system.

Impact of Limited Local Service Options

Even when funding is approved, the availability of suitable local services can significantly shape the type and quality of support a person receives. In some areas, a shortage of providers means that individuals are offered placements or support packages that meet only part of their assessed needs, simply because no better option exists locally.

This scarcity can lead to a "placement first" mentality, where people are slotted into whatever service has space rather than what is most appropriate for their abilities, preferences, or long-term goals. For families and carers, this often creates a difficult choice between accepting an imperfect option or facing lengthy waiting times for a more suitable service.

Limited choice can also make it harder for people to change providers if they are unhappy with their current support. Without healthy competition and diversity in provision, service quality can stagnate, and individuals may feel trapped in arrangements that are not delivering the best outcomes for them.

Addressing this issue requires more than just increased funding, it demands strategic planning to ensure a variety of high-quality services exist within each local area, giving people genuine choice and the ability to shape their own support.

Common Challenges and Points of Friction?

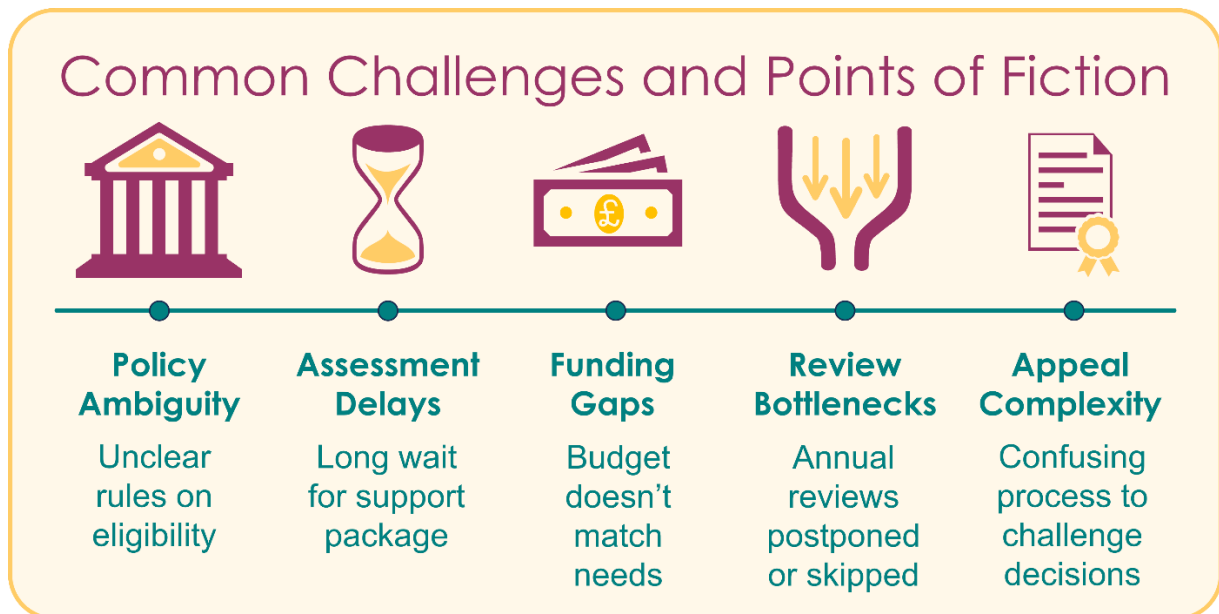
Inconsistent Assessment Practices

One of the most common frustrations for families is the lack of consistency in how assessments are carried out and interpreted. Even within the same local authority, two social workers can arrive at very different conclusions about the level of support a person needs, depending on their professional judgement, experience, and understanding of the guidance.

These inconsistencies are often the result of variations in training, workload pressures, and the subjective nature of needs assessments. While official frameworks exist, they leave room for interpretation, which can work in someone's favour in one case, but against them in another.

For individuals and families, this can make the process feel unpredictable and unfair. A person might be awarded a generous budget one year and see it reduced the next, despite their needs remaining the same. This uncertainty can cause anxiety, undermine trust in the system, and make it harder to plan for the future.

The solution lies in better training, clearer national guidance, and regular quality checks to ensure assessments are applied consistently and transparently across the board.



Lack of Transparency in Decision-Making

Many families feel shut out of the decision-making process when it comes to allocating support funding. Social Work teams often provide only the final budget figure, with little to no explanation of how it was calculated or which factors were most influential.

This lack of openness can leave families questioning whether all relevant information was considered, or whether personal biases or budget pressures played a role. In some cases, the reasoning is hidden behind technical jargon or references to internal panels, making it difficult for non-professionals to follow.

The absence of clear communication not only breeds mistrust but also makes it harder for people to challenge decisions. Without understanding *why* a budget is set at a certain level, families cannot present effective evidence to argue for a fairer outcome.

Greater transparency, such as providing written summaries of the decision-making process, clear criteria, and detailed reasons for budget changes, would empower families and help create a culture of accountability within local authorities.

Limited Opportunities for Appeal

Although there are formal routes to challenge funding decisions, in practice, these options can feel inaccessible or ineffective. Families are often told that an appeal process exists, yet they receive little guidance on how to start, what evidence to provide, or how long it might take.

Some local authorities impose tight time limits for appeals, leaving families scrambling to prepare a case while still managing daily care needs. Others conduct reviews internally, meaning the same people who made the original decision are involved in reconsidering it, a setup that rarely inspires confidence in the fairness of the outcome.

Even when appeals succeed, they can take months to resolve, during which time individuals may be left without essential support. For those with urgent needs, the delay can have a serious impact on health, safety, and wellbeing.

Improving the appeal process, by making it more independent, better supported, and easier to navigate, would give families a genuine means of securing fair funding when initial decisions fall short.

Steps Towards a Fairer Funding System

Creating Transparency, Consistency & Trust in How Support is Allocated

Building a fairer funding system for individuals with learning disabilities will require both policy-level reforms and practical improvements in how decisions are made day to day. The goal should be to ensure that every person receives support tailored to their needs, with clear explanations for how funding levels are determined.

Clear and Accessible Funding Criteria

One of the most important steps is making funding criteria publicly available in plain language. These should explain what factors are considered, how each is weighted, and what the potential funding ranges are. This would allow families, carers, and service providers to understand the rules before an assessment even begins, reducing the sense of “moving goalposts” that currently exists.

Accessible guidance should also cover examples of different scenarios, for instance, how funding might differ for someone with high physical support needs versus someone with primarily social and community engagement needs. By making the process more open, local authorities can help ensure that decisions are not only fair but also seen to be fair.

Consistent Application Across Regions

A major frustration for many families is the “postcode lottery” effect, where two people with identical needs can receive vastly different funding simply because they live in different council areas. While some regional variation is inevitable due to local cost differences, the core assessment process should be standardised nationally.

This means adopting a unified framework for needs assessments, with clear definitions and scoring systems that are applied the same way everywhere. Any local adjustments (such as cost-of-living differences) should be transparent and based on publicly available data, not left to interpretation.

Consistency would help eliminate the perception that outcomes are influenced by the preferences of individual assessors or the budget pressures of a specific council, reinforcing trust in the system.



Independent Review and Appeals Process

For a funding system to be credible, there must be a clear and accessible way to challenge decisions. Many families find that current appeals processes are overly complex, intimidating, or lack true independence from the original decision-makers.

An effective model would include:

- ⦿ A dedicated, impartial review panel separate from the local authority's assessment team.
- ⦿ Clear timescales for submitting appeals and receiving responses.
- ⦿ The option for families to present additional evidence or bring an advocate to speak on their behalf.

By creating a transparent appeals pathway, councils can not only correct mistakes but also demonstrate a commitment to fairness and accountability, two factors essential to maintaining public trust.

Conclusion and Call to Action

Moving Towards a Fairer, Needs-Led System

The way funding is currently allocated for adults with learning disabilities often falls short of the principles of fairness, transparency, and genuine needs-based support. While local authorities face real financial pressures, the solution cannot be to apply blanket categories, outdated assessment models, or cost-driven restrictions that fail to reflect individual realities.

A more equitable system is achievable, one that values lived experience, uses clear evidence, and actively involves families in decision-making. By embracing structured assessments, transparent scoring, and consistent review processes, councils can make better use of resources while ensuring that each person receives the support they truly need.

This is not just about budgets. It's about dignity, opportunity, and the right to live as independently and meaningfully as possible.

Final Reflections

It is important to acknowledge that the current over-spend crisis in learning disability services did not appear suddenly, the warning signs were visible years ago. If those in positions to act had responded sooner, the severity of today's situation could have been drastically reduced. Several longstanding issues have contributed to this point:

Moving Towards a Fairer, Needs-Led System

- **Staff Income and Retention**

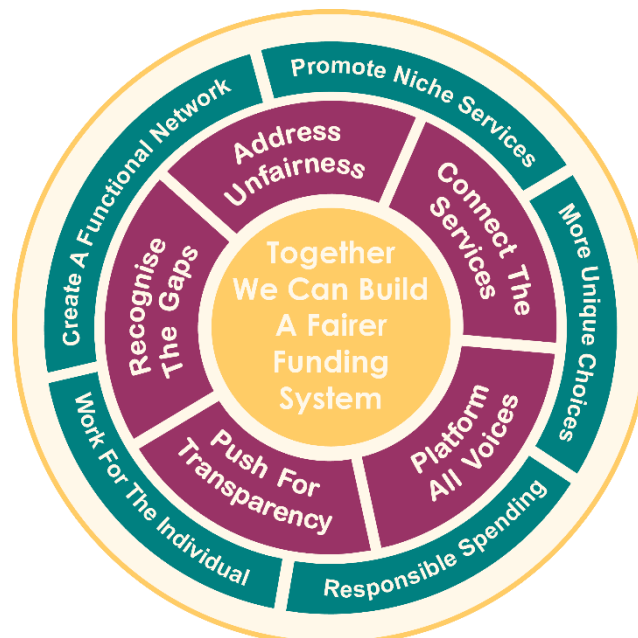
Increasing legislation and operational pressures on residential and day services, without making wages competitive, has driven experienced and competent care workers out of the sector. In their place, many services now rely on inexperienced or disinterested temporary staff, reducing consistency and quality of care.

- **Lack of Service Options**

Establishing a new service is unnecessarily difficult and risky. Providers must already have clients in place to be viable, yet clients are not referred until a service is up and running. Local authority provider lists only open every few years, and there is little practical help for those trying to start up. Affordable, suitable properties are scarce, and community space options are often poor. While authorities complain about the lack of available services, they do little, and sometimes actively make it harder, for new services to begin.

- **Stagnating Prices**

Council-run services held prices below £50 per day for almost a decade, an unsustainable rate. When individuals were moved from council-run to independent services, they faced higher costs without increased funding, meaning they could afford less support than before. A "one price fits all" model also meant people needing 1:1 support paid the same as those in 4:1 groups, with no extra funds available to cover the higher staffing demands.



- **Loss of Purpose-Built Facilities**

In 2017, Inverurie had a dedicated day centre with multiple rooms and open spaces in a central location, allowing complementary groupings of service users and immediate backup if staff issues arose. The council closed it, scattering services across unsuitable and costly community locations (including basements and attics), with reduced quality of provision and higher running costs. The original day centre site remains to this day as an empty, overgrown plot, offering no community benefit.

- **Impact of COVID-19**

Pandemic rules forced services to absorb the cost of thousands of disposable products and comply with impractical restrictions, even while remaining open for certain clients. Many group-support clients never returned, replaced by a small number of individuals needing 1:1 support, yet the fee structure remained unchanged, making this financially unsustainable.

- **Over-Reliance on Systems like CareFirst**

Decision-making driven by rigid, spreadsheet-based systems removes the human judgement needed in budgeting. For example, a person with a £10k annual budget (around £200/week) may be denied a £70-per-day, three-day service (£210/week) unless the system “rounds up” to a higher funding band. This can push unnecessary increases (from three days to five days of support), costing far more overall. Others remain stuck with too little funding because the system fails to account for nuance, creating both inefficiency and unfairness.

These factors, combined with rising needs and stagnant or reduced funding, have steadily eroded the resilience of learning disability services. While there is no denying that more money is required to meet growing demand, the slow reaction of the council and the Aberdeen Health & Social Care Partnership (AHSCP), and in some cases, their counterproductive decisions, have played a significant role in deepening the crisis.

Ultimately, alongside addressing the official findings, it is essential to confront these unreported issues. They represent years of missed opportunities, systemic inflexibility, and decisions that prioritised procedure over people, and they must be addressed if future services are to be sustainable.

However, without substantial financial backing, those who failed in their positions and created the current situation (as we’ve just highlight) will never have to answer for what has happened. And we can’t turn back the clock. But we can learn from these lessons, employ an honest and holistic ethos and ensure that ethos is made clear to those who manage the system. So be vigilant, be savvy and speak-up when things don’t seem to make sense. That’s how we solidify a sustainable system to ensure our services can keep providing for those who need them most!

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Extra Information

Resource Allocation System

Here's what's going on in plain terms

- Resource Allocation System is a social care case management and budgeting system used by many councils to log assessments, packages of care, and associated costs.
- It's designed to be rules-based, meaning support packages have to "fit" certain predefined categories, price bands, or hours.
- Instead of a human saying "*Well, three days at £70 is reasonable for this person,*" the system will check if that £210/week cost matches the pre-approved funding band for the client.
- If it's over the current allocation (say £200/week), it triggers either:
 - A refusal (meaning the service can't be authorised unless it's cheaper or the client gets less), or
 - An automatic jump to the next higher budget band (which might give them way more hours or days than needed).
- This banding system is meant to keep things fair and consistent, but in reality it can:
 - Block reasonable, cost-effective arrangements
 - Approve *more expensive* setups that technically fit the band, even if the extra isn't needed
 - Completely ignore the qualitative value of a specific service match for that individual.

Typical Annual Budget Band Ranges

Although this structure is not exact to all council Resource Allocation Systems (for those who use them), this is a typical structure. So for our previous example, the individual who be in Band 2 and to get that extra £10.00 per week (<£520 per year), they would be bumped up to Band 3. As a result, their budget could be doubled as they can receive the maximum amount for the band. Partly due to rising living cost equating to increased cost of support forcing the maximum amount to be allocated rather as they would require reassessment to increase their band. Partly due to ensuring that individuals receive the maximum they can to give care-givers respite. It also highlights a worrying situation where individuals are categorised rather than treated as individuals.

Band	Annual Budget Range	Typical Support Level
Band 1	£0 – £5,000	Minimal / low-level preventative support
Band 2	£5,001 – £10,000	Low/moderate ongoing support (few hours/week)
Band 3	£10,001 – £20,000	Moderate/high needs (daily support)
Band 4	£20,001 – £35,000	High needs (multiple carers, daily)
Band 5	£35,001 – £50,000+	Complex/high-cost support (e.g., 24/7 care, complex health)

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Extra Information

References & Further Reading

Source / Organisation	Website	What it Relates To
Scottish Government – Social Care & Self-directed Support	www.gov.scot/policies/social-care/self-directed-support/	Overview of self-directed support (SDS) policy in Scotland, including options for individuals and carers.
Self-Directed Support Scotland (SDSS)	www.sdsscotland.org.uk/	National membership organisation providing resources, rights guidance, and case studies about SDS.
Social Care Institute for Excellence (SCIE)	www.scie.org.uk/	Research, best practice, and policy updates relating to adult social care across the UK.
Care Inspectorate Scotland	www.careinspectorate.com/	Regulatory body for registered care services — inspection reports, quality standards, and legislation.
Citizens Advice Scotland	www.citizensadvice.org.uk/scotland/	Guidance on rights, complaints, and financial support for those accessing care or support services.
Scottish Parliament – Social Care Reform	www.parliament.scot/	Official records of debates, bills, and committee reports on adult social care funding.
Disability Rights UK	www.disabilityrightsuk.org/	Advocacy and legal information relating to disabled people's rights, including social care access.
Health and Social Care Alliance Scotland (The ALLIANCE)	www.alliance-scotland.org.uk/	Network and policy influence body focusing on integration of health and social care in Scotland.
Scottish Independent Advocacy Alliance (SIAA)	www.siaa.org.uk/	Information on independent advocacy services and how they support individuals navigating the system.
Social Work Scotland	socialworkscotland.org/	Professional leadership body for social work, including policy papers on funding and eligibility.

Extra Information

Key Document References

Document / Report	From / Who	What It Shows	Link
2024–25 Unaudited Annual Accounts (IJB)	Aberdeenshire IJB Audit Committee (June 2025)	Confirms a £24.4m overspend, depleted reserves, and breakdown by spending area.	aberdeenshire.moderngov.co.uk , aberdeenshire.moderngov.co.uk , aberdeenshire.moderngov.co.uk
IJB Financial Update Report – Feb 2025	Aberdeenshire IJB Board (Feb 2025)	Forecasted overspend of £26.543m , driven by staffing costs; details of underwrite plans.	aberdeenshire.moderngov.co.uk
Self-directed Support (SDS) Update	Aberdeenshire IJB Internal Audit (Dec 2024)	Shows SDS packages exceeding RAS recommendations (e.g. Learning Disability overspend), and establishment of a RAS review group.	aberdeenshire.moderngov.co.uk
2024–25 IJB Revenue Budget Variance Notes	Aberdeenshire IJB (Appendix of Finance Report)	Breaks down staffing overspends (e.g., Residential Care £2.259m ; VSH £1.087m) due to agency/overtime.	aberdeenshire.moderngov.co.uk
Financial Performance Progress Report (Nov 2024)	Aberdeenshire IJB Finance Team	Shows underspend improvement to £6.656m over budget for the year, improving from £10.924m earlier.	aberdeenshire.moderngov.co.uk