Programme of study for: **Health and Social Care – Level 3 National AAQ – Year 13 (2026-2027)**
AAQ Students complete Units 3 and 5

Autumn (1st term)	Autumn (2nd term)	Spring (1st term)	Spring (2nd Term)	Summer (1st term)	Summer (2nd term)
Other timescale: From: 09/26 To: 10/26	Other timescale: From: 11/26 To: 12/26	Other timescale: From: 01/27 To: 02/27	Other timescale: From: 03/27 To: 04/27	Other timescale: From: 04/27 To: 05/27	Other timescale: From: 06/27 To: 07/27
Topic / Big Question: **Unit 3** – Principles of Health and Social Care Practice Learning Aim A: How do professional values and person-centred approaches support individuals? A1 Values essential to health and social care practice A2 Person-centred care and approaches A3 Communication in health and social care	Topic / Big Question: **Unit 3** – Principles of Health and Social Care Practice Learning Aim A continued / Learning Aim B A4 Confidentiality A5 Duty of care A6 Working with vulnerable children and adults at risk B1 Organisations, legislation and guidance affecting services B2 Organisation of health and social care services	Topic / Big Question: **Unit 3** – Principles of Health and Social Care Practice Learning Aims B and C B3 How health and social care services are organised to benefit the population B4 Critical thinking to draw valid conclusions C1 Effect of social determinants on health status C2 Improving health outcomes in practice C3 Potential barriers to improving health outcomes	Topic / Big Question: **Unit 5** – Promoting Health Education Learning Aim A: Why is health education needed? A1 Purpose of health education A2 Role of health education A3 Organisations influencing health education A4 Legislation and regulations impacting health education A5 Monitoring the health of the nation	Topic / Big Question: **Unit 5** – Promoting Health Education Learning Aim B / Learning Aim C B1 Health issues and priorities B2 Factors affecting health and wellbeing C1 Current and ongoing health education C2 Models and approaches used in health education	Topic / Big Question: **Unit 5** – Promoting Health Education Learning Aim C: How can an effective health education event be planned? C3 Planning a health education event Health Belief Model; Transtheoretical/Stages of Change; Social Cognitive Theory; Theory of Reasoned Action Target audience, aims/objectives, demographic data, resources, ethics, integrated working and evaluation methods.
Skills (students should be able to do): **Unit 3:** Apply NHS Core Values, Skills for Care values and the 6Cs to case studies; explain person-centred care; analyse communication needs and adapt communication to individuals.	Skills (students should be able to do): **Unit 3:** Apply confidentiality, safeguarding and duty of care to scenarios; explain how legislation, guidance, organisations and services shape safe care and support.	Skills (students should be able to do): **Unit 3:** Analyse interagency working; use structured reasoning; examine inequalities, discrimination and barriers; evaluate inclusive practice and strategies that improve health outcomes.	Skills (students should be able to do): **Unit 5:** Research local and national health needs; interpret demographic and health data; explain the role of organisations and legislation; link evidence to health education priorities.	Skills (students should be able to do): **Unit 5:** Analyse a chosen health issue locally and nationally; assess social, economic, environmental, behavioural and educational factors; compare campaigns and behaviour-change models using evidence.	Skills (students should be able to do): **Unit 5:** Plan and justify a small-scale health education event; select an appropriate behaviour-change model; design resources; use data to justify choices; plan methods to measure impact and success.

Key Learning Outcomes (students should know): **Unit 3:** Students understand the values underpinning professional practice, person-centred care and effective communication. They can apply these principles to individuals with different care and support needs.	Key Learning Outcomes (students should know): **Unit 3:** Students understand confidentiality, duty of care and safeguarding, and how organisations, legislation and guidance inform health and social care practice. They can apply these requirements to realistic care situations.	Key Learning Outcomes (students should know): **Unit 3:** Students understand how services work together, how social determinants affect health, and how equality, diversity, inclusion and anti-discriminatory practice can improve outcomes. Students prepare for and complete the Unit 3 Pearson Set Assignment.	Key Learning Outcomes (students should know): **Unit 5:** Students understand the purpose and role of health education, the organisations and legislation influencing it, and how population health is monitored at local and national levels.	Key Learning Outcomes (students should know): **Unit 5:** Students understand key health priorities and the factors affecting holistic health and wider society. They can examine current campaigns and assess models and approaches used to encourage behaviour change.	Key Learning Outcomes (students should know): **Unit 5:** Students can produce and justify a coherent plan for a small-scale health education event for a defined target group, using appropriate evidence, models, resources, ethical considerations and evaluation methods. Students complete the Unit 5 Pearson Set Assignment.
End of term 1 assessment to cover: **Unit 3** – Knowledge and application assessments across Learning Aim A and early Learning Aim B. Case-study responses on values, person-centred care, communication, confidentiality, duty of care, safeguarding, organisations and services. Preparation activities for Pearson Set Assignment requirements.		End of term 2 assessment to cover: **Unit 3** – Complete Learning Aims B and C and the Pearson Set Assignment (PSAB). Pearson states approximately 12 hours supervised assessment time. Internal marking and Pearson standards verification. **Unit 5** – Initial assessment of Learning Aim A: purpose and role of health education, organisations, legislation and monitoring the health of the nation.		End of year assessment to cover: **Unit 5** – Assessment of Learning Aim B and C preparation, followed by planning and justification of a health education event and completion of the Pearson Set Assignment (PSAB). Pearson states approximately 17 hours assessment time. Internal marking and Pearson standards verification.	
Building understanding: Rationale / breakdown for your sequence of lessons: Begin Unit 3 with the professional values and person-centred principles that underpin all later content. Students repeatedly apply learning to realistic service-user case studies, so knowledge becomes vocational and assessment-ready.	**Building understanding: Rationale / breakdown for your sequence of lessons:** Move from individual professional practice into legal, ethical and organisational responsibilities. This enables students to understand why safe practice, safeguarding and coordinated services are essential before analysing wider service provision.	**Building understanding: Rationale / breakdown for your sequence of lessons:** Complete Unit 3 by connecting service organisation to social determinants, inequalities and inclusive practice. The sequence builds towards analysis, evaluation and reasoned conclusions required in the internally assessed PSAB.	**Building understanding: Rationale / breakdown for your sequence of lessons:** Unit 5 starts with the purpose and infrastructure of health education, so students understand why campaigns exist and how priorities are identified through legislation, organisations and population data.	**Building understanding: Rationale / breakdown for your sequence of lessons:** Students then apply the foundations to real health priorities and campaigns. Comparing local/national evidence and behaviour-change models prepares them to make justified decisions when planning their own event.	**Building understanding: Rationale / breakdown for your sequence of lessons:** The final phase is synoptic and practical: students draw together evidence, target-group needs, models, ethics, resources and evaluation into a justified event plan before completing the PSAB.
Home – Learning: **Unit 3** – Read current	Home – Learning: **Unit 3** – Research current	Home – Learning: **Unit 3** – Research health	Home – Learning: **Unit 5** – Research one local	Home – Learning: **Unit 5** – Compare current	Home – Learning: **Unit 5** – Develop event-

NHS/Social Care professional guidance; create revision notes on core values and the 6Cs; complete person-centred care and communication case-study questions.	safeguarding, confidentiality and duty-of-care guidance; build legislation/organisation summary sheets; complete case-study application tasks.	inequalities and social determinants using UK evidence; practise Pass/Merit/Distinction command words and structured conclusions.	and one national health priority; collect reliable statistics and create notes on organisations, legislation and monitoring methods.	health education campaigns; research behaviour-change models; gather evidence on factors affecting the chosen health issue.	planning ideas, audience profile, resources and evaluation methods; independently review all Unit 5 content in preparation for the PSAB.
Reading / literacy: **Unit 3** – Read professional codes, guidance and service-user case studies. Develop accurate use of vocational terminology including person-centred care, autonomy, dignity, empowerment and communication.	Reading / literacy: **Unit 3** – Interpret legislation/guidance summaries and safeguarding scenarios. Practise extended explanations and evidence-based discussion using appropriate professional terminology.	Reading / literacy: **Unit 3** – Read reports on inequalities and social determinants. Develop analytical and evaluative writing, comparing evidence and forming supported conclusions.	Reading / literacy: **Unit 5** – Read public-health reports, NHS/UKHSA information and demographic summaries. Practise referencing reliable sources and explaining patterns in health information.	Reading / literacy: **Unit 5** – Critically read campaign materials and research on health behaviours. Use specialist terminology accurately and develop comparative/assessment writing.	Reading / literacy: **Unit 5** – Produce concise, accessible health-education materials for a defined audience alongside formal justification and reflective/evaluative writing.
Numeracy: **Unit 3** – Interpret simple service-user data and quantitative information within care plans/case studies.	Numeracy: **Unit 3** – Use service data and risk information to support decisions about safe and coordinated care.	Numeracy: **Unit 3** – Interpret health inequality data, prevalence rates, percentages and comparisons between population groups.	Numeracy: **Unit 5** – Interpret incidence/prevalence, demographic trends, percentages and local/national health statistics.	Numeracy: **Unit 5** – Compare campaign data, risk figures and health inequalities; select relevant numerical evidence to support judgements.	Numeracy: **Unit 5** – Use demographic data to define a target group and plan quantitative evaluation methods such as questionnaires, percentages and pre/post measures.
Enrichment / opportunities to develop cultural capital (including careers, WRL and SMSC): **Unit 3** – SMSC is embedded through dignity, compassion, rights, choice, safeguarding, professional responsibility, equality, diversity, inclusion and anti-discriminatory practice. Students examine how poverty, housing, education, culture, discrimination and access to services influence health. Careers links include nursing, social work, care management, allied health professions, safeguarding and support work. **Unit 5** – Students investigate how WHO, NHS England, UKHSA, DHSC, local authorities and integrated care organisations improve population health. They explore health inequalities, culture, socioeconomic factors, media and personal/social responsibility. Careers links include public health, nursing, health promotion and community health. Planning a realistic health education event develops teamwork, communication, creativity and project-planning skills and can link to school Health Science Week or a community health priority.					