HKDSE Health Management and Social Care Mock Paper (2027) — Questions, Model Answers and Marking Scheme

TutorZone（www.tutorzone.com.hk）原創模擬試題 · 非考評局官方試題

Quick answer: HKDSE Health Management and Social Care (HMSC) is assessed by **80% public examination + 20% school-based assessment**. Paper 1 is worth 46% of the subject and lasts 2 hours, covering the Compulsory Part with **all** short questions and structured questions being compulsory; Paper 2 is worth 34% and lasts 1 hour 45 minutes, covering the Compulsory and Elective Parts, with compulsory short questions and an essay section where you **answer two of three** questions; the 20% SBA is **one field learning task** (field learning plan and notes 4% + reflective journal 16%). Private candidates do not take the SBA and are graded entirely on the public examination. Below is an original TutorZone mock paper for the 2027 exam, with model answers and a marking scheme.

In HMSC half the marks come from the written papers and half from how you plan and reflect on the field learning task.

01

The 2027 assessment framework at a glance

Component	Content	Weighting	Time
Public exam (Paper 1)	Compulsory Part: Part A short questions (all compulsory) + Part B structured questions (all compulsory)	**46%**	2 hours
Public exam (Paper 2)	Compulsory and Elective Parts: Part A short questions (all compulsory) + Part B essay questions (answer 2 of 3)	**34%**	1 hour 45 minutes
School-based assessment	One field learning task: field learning plan and notes 4% + reflective journal 16%	**20%**	Completed in S5 or S6

The public examination therefore carries 80% and the SBA 20%. Private candidates are exempt from the SBA and are graded wholly on the public examination, with Papers 1 and 2 re-weighted in the ratio 46:34.

> **Important:** for the 2027 examination, teaching and assessment still follow the current "Compulsory Part + Elective Part" framework. The Education Bureau released an optimisation proposal in July 2026 which, if implemented from the 2028/29 school year at S4, would replace it with "Core Learning (about 80% of lesson time) + Extended Learning (one elective unit)" — see section 04.

02

How this mock paper was designed, and its copyright status

The questions below were written by TutorZone tutors from the assessment objectives set out in the HKEAA *2027 HKDSE Health Management and Social Care Assessment Framework* and the EDB *Health Management and Social Care Curriculum and Assessment Guide (S4–S6)*. They are **not past HKEAA questions and not official examination material**, and no copyright-protected paper has been reproduced. The question types, paper split and answering requirements follow the official framework; the mark allocations, however, are this mock paper's own and are intended for practice and self-assessment only. In the real examination, follow the instructions printed on the question paper.

03

Curriculum content: five compulsory topics + three elective units

Under the framework examined in 2027, every candidate studies the whole Compulsory Part and chooses **two** of the three elective units (about 40% of lesson time):

Part	Content
Compulsory Part (about 60% of lesson time)	1. Personal development, social care and health across life stages 2. Local and global contexts of health and social care 3. Responding to needs in the domains of health (nursing, health promotion and health care) and social care 4. Promoting and sustaining health and social care in the community 5. Personal commitment — health promotion, health care and social care

Part	Content
Elective Part (about 40% of lesson time, choose two)	1. Extended study in health promotion and health care services 2. Extended study in community and social care services 3. Current issues in health and social care

Paper 1 (46%) examines the Compulsory Part only; Paper 2 (34%) examines both the Compulsory and the Elective Parts, so differences between elective units show up most clearly in the Paper 2 essays.

04

Key change ahead: the optimised curriculum from 2028/29 (S4)

In July 2026 the Education Bureau published its *Proposal for the Optimisation of the Health Management and Social Care (S4–S6) Curriculum and Assessment Framework*. The revised curriculum would be introduced **progressively from S4 in the 2028/29 school year** (that cohort would sit the examination around 2031). Candidates and parents should keep the two frameworks apart:

	Current framework (2027 and 2028 exams)	Optimised framework (S4 from 2028/29, first exam around 2031)
Structure	Compulsory Part (about 60% of lesson time) + Elective Part (choose 2 of 3, about 40%)	Core Learning (about 80%, five topics) + Extended Learning (choose 1 of 3, about 20%)
Topic names	Personal development, social care and health across life stages; local and global contexts; responding to needs in health and social care; promoting and sustaining health and social care in the community; personal commitment	Health and well-being; health promotion and disease prevention; medical care and the health care system; social care and the social welfare system; current issues in health and social care
Extended units	Extended study in health promotion and health care services / community and social care services / current issues in health and social care	Health promotion and health services; community care and social services; integrated health and social services
Examples of new content	—	Disaster management cycle (mitigation, preparedness, response, recovery), the rainbow model of health determinants, Bronfenbrenner's ecological systems theory, the four principles of medical ethics, health equity, gerontech, social innovation and social enterprise, addiction (including gaming and gambling behaviour), poverty and the Gini coefficient, the three levels of prevention applied to domestic violence
Assessment weighting	Paper 1 46% / Paper 2 34% / SBA 20%	Paper 1 46% (short questions, data-response questions) / Paper 2 34% (scenario-based questions, essay questions) / SBA 20%

In short: **the weightings and the paper structure stay the same, but the content and the wording of questions change**. Candidates sitting in 2027 and 2028 should prepare against the left-hand column; students now in S4 and S5 should watch for their schools moving to the new topic names.

05

Paper 1 Part A: short questions (all compulsory)

Eight short questions, 4 marks each, 32 marks in total (this mock paper's own scheme). Short questions do not need long essays, but they do require precise use of HMSC concepts and terminology.

1. State and explain the uses and the limitations of both body mass index (BMI) and the waist-to-hip ratio when assessing an individual's health risk. (4 marks)

2. Distinguish between social loneliness and emotional loneliness, giving one example of each that is common among Hong Kong adolescents. (4 marks)

3. List three infection control measures a government can use to limit the spread of a communicable disease in the community, and explain how one of them works. (4 marks)

4. What is herd immunity? State one ethical controversy that may arise in a society trying to achieve it. (4 marks)

5. Across the life span, state one major health care need for infancy, one for adolescence and one for old age. (4 marks)

6. Explain what "ageing in place" means and identify two support services that make it possible for older people to remain in the community. (4 marks)

7. In health and social care practice, why are informed consent and confidentiality equally important? Illustrate with one service scenario. (4 marks)

8. Explain one major difference between communicable and chronic diseases in terms of prevention strategy, giving one example of each. (4 marks)

06

Paper 1 Part B: structured questions (all compulsory) with model answers

Structured questions require layered answers: definition/concept → analysis → application to a Hong Kong context → recommendation and evaluation. Two questions are modelled in full below.

9. "An ageing population places major pressure on Hong Kong's health and social care systems."
(a) Describe **two** pressures that population ageing places on Hong Kong's health care system. (4 marks)
(b) Analyse, from the **personal, family, community and societal** levels, the difficulties involved in caring for older people. (8 marks)
(c) Suggest **two** concrete measures to help older people remain in the community, and evaluate their feasibility. (8 marks)

Model answer (20 marks)

(a) Two pressures (2 marks each: concept 1 + explanation 1)
(i) Chronic illness and multimorbidity: older people often live with several chronic conditions at once, driving up hospital admissions and specialist outpatient demand, keeping medical and geriatric bed occupancy high and lengthening waiting times.
(ii) Long-term care and manpower: as the number needing long-term care grows, residential places and community care quotas fail to keep pace with demand while care staff turnover remains high — pushing the caring burden back onto families.

(b) Difficulties at four levels (2 marks each, 8 marks)
(i) Personal: declining physical function, chronic illness and cognitive impairment reduce self-care ability; retirement lowers income, making private care or treatment unaffordable; limited health literacy delays help-seeking.
(ii) Family: smaller households and working adult children mean carers face physical and psychological strain; the "sandwich generation" cares for both children and parents and is prone to anxiety and depression; without professional skills, risks such as falls and medication errors rise.
(iii) Community: day care and home support places are insufficient and unevenly distributed; older buildings lack barrier-free access so older people struggle to go out; weak neighbourly ties mean an older person living alone may not be noticed in time.
(iv) Societal: health and welfare spending takes a growing share of public finances and competes with other social needs; the care sector faces labour shortages and unattractive pay and image; there is ongoing debate over how responsibility should be shared between government, market and family.

(c) Two measures + feasibility (4 marks each: measure 2 + evaluation 2)
(i) Expand community care service vouchers and home support — a "money follows the person" model that lets older people choose services, combined with gerontech (remote health monitoring, smart-home sensors) to relieve manpower pressure. Feasibility: built on an existing voucher scheme and falling technology costs; however, it still depends on a sufficient trained frontline workforce, which caps short-term expansion.
(ii) Build age-friendly communities and neighbourhood networks — retrofit barrier-free access in older districts and use elderly centres, social enterprises and volunteer networks for regular visits and health screening. Feasibility: district organisations and NGOs already have the networks, and it costs far less and works faster than building new residential care homes; but results depend on sustained funding and cross-departmental coordination, and are harder to quantify immediately.

07

Paper 2 Part A: short questions (Compulsory + Elective)

Paper 2 Part A short questions reach into the elective units. The five below (4 marks each, this paper's own scheme) cover health promotion, social care services and current issues.

10. From a health promotion perspective, identify the elements a school-based programme on adolescent mental health should include. (4 marks)

11. Explain two ways in which a social enterprise differs from an ordinary charity in responding to social needs. (4 marks)

12. State one limitation of using the Gini coefficient to measure poverty, and name one indicator that can be used alongside it. (4 marks)

13. State the aim of secondary prevention within the three levels of prevention, and illustrate with one specific measure in the context of domestic violence. (4 marks)

14. Identify two symptoms of gaming disorder common among adolescents, and explain one effect it can have on family relationships. (4 marks)

08

Paper 2 Part B: essay questions (answer 2 of 3) and how to plan them

Essay marks come from a clear stance, layered argument, concrete examples and genuine counter-argument. The three questions below (20 marks each in this paper) show how to produce two strong essays in 105 minutes.

15. "Providing free mental health screening for adolescents is a more effective response to the mental health needs of Hong Kong's young people than treatment after the event." Do you agree? Justify your answer. (20 marks)

16. "In delivering health and social care services, technology can only assist — it cannot replace the care of one person for another." Comment on this statement. (20 marks)

17. "Strengthening social security is more effective than promoting employment in tackling poverty in Hong Kong." Do you agree? Justify your answer. (20 marks)

Planning frame for question 15 (20 marks)

1. Stance (1–2 marks): agree that prevention and screening are an essential part of responding to adolescent mental health, but they cannot replace treatment services — the two are complementary, not substitutes.

2. Supporting arguments (3 marks each, up to four)
(i) Early identification: adolescence is the peak onset period for conditions such as depression, phobias and post-traumatic stress disorder; screening allows intervention before symptoms escalate, reducing dropout and self-harm risk.
(ii) Cost-effectiveness: early intervention costs society far less than long-term treatment and hospitalisation, and school-based screening reaches students who would never refer themselves.
(iii) Reducing stigma: a universal, whole-school approach lowers the "seeking help means being ill" stigma that stops teenagers from coming forward.
(iv) Data and policy: screening data help government plan service quotas and allocate resources for youth mental health.

3. Counter-arguments (3 marks each)
(i) Screening is only a starting point: without adequate follow-up (clinical psychology, psychiatric appointments), a positive result creates anxiety rather than help.
(ii) Privacy and labelling risk: mishandled data can label students and even affect their progression; strict confidentiality and communication with parents are essential.
(iii) Opportunity cost: universal screening consumes substantial professional manpower and may squeeze existing treatment services.

4. Conclusion and recommendation (2–3 marks): adopt a tiered model — universal education and low-intensity screening, plus referral for high-risk cases, plus secure treatment capacity — supported by clear in-school referral and confidentiality procedures.

09

Where HMSC candidates lose marks

- **Stating a view without levels of analysis:** essays are marked on personal / family / community / societal analysis. One level, however long, will not reach the top bands.
- **Concepts detached from examples:** discussing poverty without distinguishing absolute poverty, relative poverty, poverty lines and the Gini coefficient leaves the answer descriptive rather than analytical.
- **Ignoring the data:** both parts of the paper can carry charts and tables; answers must quote specific figures or trends from them and draw comparisons, not generalise.
- **Unfeasible recommendations:** each recommendation needs an agent (government, NGO, school, family), a resource source and acknowledged limits. "The government should give more resources" scores nothing.
- **Neglecting the elective units:** Paper 2 covers the Elective Part, so revising only the compulsory topics narrows the evidence available in essays.

10

The 20% SBA: how to handle the field learning task

The HMSC SBA is not a supplement to the written papers — it is an independent 20% of the subject grade, split into two parts:

Task	Assessment criteria	Weighting
Field learning plan and notes	Feasibility of the field learning plan; experience of compiling field learning notes	4%
Reflective journal	Subject knowledge; use and accuracy of information; relevance of reflection and suggestions for improvement; structure of the reflection	16%

Suggested timeline: *complete the field learning activity in the second term of S5 and write up the notes immediately, while the experience is fresh; finish a first draft of the reflective journal before the summer; revise in S6 Term 1 on your teacher's feedback so it does not collide with the mock exams and the public examination.*

> **Three fatal errors:** (i) turning the reflective journal into a trip report — describing what you did without explaining what you learned and why it matters; (ii) citing sources without attribution or using outdated data, when the criteria explicitly assess the use and accuracy of information; (iii) writing a plan too ambitious to complete within the time and resources available, which loses the feasibility marks outright.

11

Timing: 3 hours 45 minutes across the two papers

Paper	Time	Suggested split
Paper 1 (46%)	2 hours	About 40 minutes on Part A short questions (read the command words: state / explain / compare); about 75 minutes on Part B structured questions; a final 5 minutes to check units, figures and spelling
Paper 2 (34%)	1 hour 45 minutes	About 30 minutes on Part A; choose the two essays you can answer best and allow about 35 minutes each (5 of them for an outline); a final 5 minutes to confirm that your conclusion answers your stated stance

12

FAQ

Is Paper 2 really two essays out of three?
Yes. Under the HKEAA 2027 assessment framework, Paper 2 Part B consists of essay questions and you answer two of the three; the Part A short questions are all compulsory.

Does HMSC have an SBA? What about private candidates?
Yes — 20%, in the form of one field learning task (plan and notes 4% + reflective journal 16%), completed in S5 or S6. Private candidates do not take the SBA and are graded entirely on the public examination.

Will the 2027 examination test the new curriculum?
No. The optimised curriculum would begin with S4 in 2028/29, so the 2027 and 2028 examinations still follow the current Compulsory + Elective framework. That said, new concepts such as disaster management and the determinants of health can be useful supporting material in essays.

How long should short-question answers be?
Short questions are usually worth 4 to 6 marks; concept + explanation + example in three to five sentences is normally enough. Precision in using subject terminology matters far more than length.

Do I need strong maths for HMSC?
The subject involves calculating and interpreting health indicators (BMI, smoking rates, poverty rates), but the arithmetic itself is simple. What is assessed is understanding what each indicator means and what it cannot tell you, and using data to support an argument.

13

Official sources to check against

Source	What to use it for
HKEAA — 2027 HKDSE Health Management and Social Care Assessment Framework	Confirming paper weightings, examination time, question types and SBA arrangements
EDB — Proposal for the Optimisation of the HMSC (S4–S6) Curriculum and Assessment Framework	Understanding the new curriculum structure, added concepts and proposed assessment changes from 2028/29
EDB — Health Management and Social Care learning and teaching resources	Curriculum guides, teaching resources and professional development material

See more papers in this series: Exam practice questions. For individual coaching on Paper 2 essays or the SBA, start with the HMSC subject guide and then get matched with a tutor.