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Simple Guide to HHSRS

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This guide does not replace formal HHSRS guidance or professional judgement.

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Introduction — Why this guide exists

HHSRS causes far more confusion than it should.

Not because surveyors don't understand housing.
Not because people don't care about safety.

But because HHSRS is often taught as guidance to follow — rather than a way of thinking about risk.

In practice, this leads to:

- different scores for the same property
- over-use of Cat 1 hazards
- confusion around vulnerable groups
- fear-based decisions
- inconsistent repair priorities

None of this protects residents better.

It just creates inconsistency.

This guide strips HHSRS back to what it actually is.

Not the wording.
Not the tables.
Not the theory.

But the **real-world logic behind it**.

You won't find copied operating guidance here.

You will find:

- plain-English explanations
- realistic housing scenarios
- common mistakes called out directly
- simple decision logic you can use on site

This is HHSRS as it works in real homes — not just in manuals.

This guide doesn't replace professional judgement.

It structures it.

So decisions become:

- clearer
- calmer
- more consistent
- easier to defend

If you apply the thinking in this guide, you'll find HHSRS stops feeling subjective and starts feeling logical.

And once that happens, scoring becomes far more consistent — across individuals, teams, and organisations.

Now let's start with the most important reset of all:

HHSRS is about risk — not condition.

(Which is exactly where Section 1 begins.)

1. Why HHSRS exists (in plain English)

Most people misunderstand HHSRS from the start.

They treat it like a condition survey.

It isn’t.

HHSRS is about **risk to people**, not how poor a building looks.

A property can be old, worn, and scruffy — and still not present a serious hazard.
A property can look fine — and hide a high-risk situation.

What matters is one thing:

How likely someone is to be harmed, and how bad that harm could be.

It’s about risk — not defects

A defect is something wrong with a building.

A hazard is the **chance that defect will injure someone.**

Examples:

- Peeling paint is a defect.
- Lead exposure risk is a hazard.
- A steep stair is a defect.
- Falling and breaking bones is the hazard.

If there is little realistic chance of harm, the hazard score stays low — even if the defect looks poor.

HHSRS doesn’t exist to make homes perfect.

It exists to reduce **real danger.**

It’s about likelihood × harm

Every hazard comes down to two questions:

1. How likely is an accident or illness to happen?
2. If it happens, how serious would the outcome be?

High likelihood + serious injury = high hazard.

Low likelihood + minor injury = low hazard.

Most scoring problems come from forgetting one of these.

Surveyors often focus only on how bad something looks, not how likely it is to actually cause harm.

HHSRS forces you to think in risk terms — not visual condition.

It’s not a condition survey

This is where most confusion starts.

HHSRS is not there to record:

- worn carpets
- dated kitchens
- cracked plaster
- tired bathrooms

Unless those things create a **real risk of harm**, they are not HHSRS issues.

That's what stock condition surveys and planned works are for.

HHSRS sits in a different lane.

It asks:

"Could this realistically hurt someone — and how badly?"

If the answer is no or very unlikely, it shouldn't be driving hazard decisions.

The key takeaway

If you remember nothing else, remember this:

HHSRS is a risk assessment system — not a building quality system.

Once you think this way, the rest of HHSRS becomes far clearer and far more consistent.

Section 2 — The parts everyone struggles with (made simple)

This section deals with the hazards that cause the most disagreement, over-scoring, and inconsistency.

These hazards sit right on the edge between **defect** and **risk**.

Every chapter follows the same structure so the thinking stays consistent.

No jumping between styles.
No changing rules halfway through.

How to read these chapters

Each hazard is broken down into:

The hazard
What HHSRS is actually concerned with — not the defect list.

What actually causes harm
The injury pathway. This is the most important part.

How to think about likelihood
How often harm could realistically occur.

How to think about severity
What type of injury is most likely — not the worst imaginable one.

Common mistakes
Where scoring usually goes wrong.

Real-world examples
So this stays grounded in actual homes, not theory.

Falls on stairs & guarding

The hazard

This hazard is about **people falling and being injured on stairs or stair-related guarding**.

Not about whether the stairs meet current Building Regulations.
Not about whether they look dated.
Not about whether you personally feel uncomfortable walking up them.

The focus is simple:

Could someone realistically fall — and what would happen if they did?

What actually causes harm

People are injured on stairs because of:

- loss of balance
- mis-stepping
- tripping
- over-reaching
- slipping

Guarding becomes dangerous when it allows:

- falls through
- falls over
- climbing followed by a fall

The classic injury pathway is:
fall → impact → broken bones / head injury

Everything else is secondary.

How to think about likelihood

Ask yourself:

- Is the stair used daily?
- Is it narrow, steep, uneven, or poorly lit?
- Is there a handrail where people would naturally need support?
- Is the guarding climbable in a way that a person could realistically use?

Likelihood increases when:

- stairs are the only route
- residents are expected to use them frequently
- defects directly affect balance or grip

Likelihood does **not** automatically increase just because:

- the stair is old

- it doesn’t meet modern standards
- it “feels unsafe” without evidence of a realistic fall mechanism

How to think about severity

Be honest and proportionate.

Most stair falls result in:

- bruising
- sprains
- fractures

Serious head injuries are possible — but they are not the **most likely** outcome in normal domestic settings.

Severity should reflect:

- height of fall
- landing surface
- typical user

A short internal stair is very different from a fall between levels.

Common mistakes

This is where things usually go wrong:

- Scoring the defect instead of the risk
- Treating non-compliance as automatic high hazard
- Assuming “ladder effect” always equals Cat 1
- Ignoring the hazard’s built-in vulnerable group
- Jumping straight to worst-case injury

A climbable balustrade is not automatically dangerous.

It becomes dangerous when:

- the fall height is significant
- access is realistic
- injury outcome would likely be serious

Real-world examples

Example 1 — Missing handrail, otherwise sound stair

- Used daily
- No alternative route
- Increased likelihood of loss of balance

Likely outcome: fall down steps, fracture risk
→ Often Cat 2, sometimes Cat 1 depending on context

Example 2 — Ladder-effect balustrade, low height

- First-floor landing
- Low fall height
- Access present but injury outcome likely moderate

Fall possible but serious harm unlikely

→ Usually Cat 2

Example 3 — Open guarding with significant drop

- Fall between levels
- Serious injury likely
- Realistic access

→ High severity + realistic likelihood
→ Cat 1

Key takeaway

Stair hazards are about **how people actually fall**, not how the stair looks on paper.

If you can clearly explain:

- how someone would fall
- how often it could happen
- what injury is most likely

your scoring will be consistent and defensible.

Falls between levels (windows, landings, balconies)

The hazard

This hazard is about **people falling from a height and suffering serious injury or death**.

Not about poor design.
Not about old buildings.
Not about whether it meets today's standards.

It's about whether someone could realistically fall from one level to another.

What actually causes harm

Serious injuries happen when:

- someone falls from height
- there is nothing to break the fall
- the landing surface is hard

Common pathways:

- leaning out of low windows
- climbing over low or open guarding
- slipping on balconies or landings
- children climbing furniture near windows

The danger increases sharply with height.

A fall from a few steps is not the same as a fall from a first floor or higher.

How to think about likelihood

Ask:

- Is the opening or edge easily accessible?
- Is guarding low, missing, or climbable?
- Is furniture commonly placed nearby?
- Is the space used regularly?

Likelihood increases when:

- windows are low level
- guarding is below waist height
- gaps allow a person to pass through
- balconies are narrow or slippery

Likelihood does **not** automatically increase just because:

- the building is old
- the design is unconventional
- regulations have changed

There must be a realistic route to a fall.

How to think about severity

Falls between levels usually involve:

- major fractures
- spinal injuries
- head injuries
- risk of death

This is one of the few hazards where **serious harm is genuinely likely**.

Because of the height involved, severity is normally high.

This is why many of these hazards justifiably become Cat 1.

Common mistakes

- Treating every low window as automatic Cat 1

- Ignoring whether a fall route is realistic
- Forgetting about furniture access
- Over-focusing on technical non-compliance

If someone cannot realistically fall, the hazard score should reflect that.

Real-world examples

Example 1 — Low first-floor window above hard ground

- Easily opened
- No guarding
- Furniture below

→ Realistic fall route + serious injury likely
→ Usually Cat 1

Example 2 — Low balustrade but wide landing

- Height present
- But no realistic climbing route
- Used calmly, no crowding

→ Often Cat 2

Example 3 — Narrow balcony with low rail

- Regular use
- High drop
- Slipping risk

→ High likelihood + high severity
→ Cat 1

Key takeaway

Falls between levels are about **height + access**.

When both exist together, risk is usually serious.

When one is missing, scores should drop.

Damp & mould (with vulnerable groups and real-world reality)

This is currently the most misunderstood hazard.

And the one most influenced by fear of getting it wrong.

The hazard

Damp and mould become a hazard when they:

- affect health
- worsen existing conditions
- create respiratory illness

It is not about cosmetic staining.

It is about **exposure and health impact**.

What actually causes harm

Harm comes from:

- breathing in mould spores
- prolonged moisture
- cold damp environments

This can lead to:

- asthma flare-ups
- chest infections
- allergies
- weakened immune response

Risk increases with:

- time of exposure
- room type (bedrooms, living spaces)
- intensity of damp and mould

How to think about likelihood

Ask:

- Is mould present now — not historic?
- Is it in rooms people spend long periods in?
- Is it ongoing or seasonal?
- Is the environment consistently damp?

Likelihood increases when:

- mould is heavy and spreading
- ventilation is poor
- heating is inadequate
- it returns after cleaning

A single small patch that is easily managed is very different from persistent growth.

How to think about severity

Severity depends heavily on:

- duration of exposure
- amount of mould
- health impact potential

For healthy adults, mild mould may lead to minor illness.
For people with respiratory conditions, weakened immunity, or young age, the same exposure can be serious.

This is **individual vulnerability**, not a change in the hazard's built-in vulnerable group and would affect the repair response time not the HHSRS score.

Vulnerability in damp & mould — the correct way to think about it

Under HHSRS, the hazard has its own vulnerable group defined in the guidance.

However, damp and mould severity is heavily influenced by **health susceptibility**.

So you assess:

• the hazard using normal HHSRS risk logic to achieve category, band and score.
• then recognise when individual health factors increase seriousness of harm for repair response time.

This does **not** automatically make every case severe.

Exposure level still matters most.

Awaab's Law — urgency vs hazard scoring

Where mould is significant and health-sensitive occupants are present:
• response times must be rapid
• investigation and repairs are urgent

But:

legal urgency is not the same as hazard severity scoring

The risk logic stays the same.
The response timeframe tightens.

This is where many people unintentionally inflate Cat 1 scores.

Common mistakes

- Treating any mould as immediate Cat 1
- Ignoring exposure levels
- Confusing legal urgency with hazard severity
- Scoring on fear rather than risk

Real-world examples

Example 1 — Heavy mould in bedroom, prolonged exposure, respiratory illness

- Ongoing
    - High exposure

- Serious health impact likely

→ High likelihood + serious harm
→ Often Cat 1

Example 2 — Small mould patch in bathroom with extractor

- Limited exposure
- Easily controlled

→ Usually low Cat 2

Example 3 — Widespread mould across living areas

- Persistent damp
- Daily exposure

→ Often Cat 1 even without individual health vulnerability

Key takeaway

Damp and mould is about:

exposure + health impact + persistence

Not panic.
Not appearances.

When you separate hazard scoring from response urgency, decisions become far clearer.

Excess cold

The hazard

Excess cold is about **health harm caused by living in a cold home**.

It is not about:

- energy efficiency ratings
- outdated heating systems
- whether the boiler is old

It’s about whether occupants are **unable to keep warm enough** for normal living.

What actually causes harm

Cold homes contribute to:

- respiratory illness
- cardiovascular strain
- weakened immune response

Harm usually comes from:

- long-term exposure

- under-heating
    - cold living and sleeping areas

This is not about a single cold night.

How to think about likelihood

Ask:

- Can the property be reasonably heated?
- Is there a fixed heating system?
- Are key rooms consistently cold?

Likelihood increases when:

- there is no effective heating
- heating is unaffordable or inadequate
    - insulation is very poor

Likelihood does **not** increase just because:

- the EPC is low
- the system is old but works

How to think about severity

Severity depends on:

- duration of cold
- the hazard’s vulnerable group and health susceptibility
- overall living conditions

For healthy adults, short-term cold may cause discomfort.

For older people, young children, or those with illness, cold can be serious.

Common mistakes

- Using EPC as a proxy for risk
- Scoring age of boiler instead of heating effectiveness
- Ignoring whether occupants can actually heat the home

Real-world examples

Example 1 — No fixed heating, portable heaters only

→ High likelihood of cold exposure
→ Often Cat 1

Example 2 — Old boiler but home heats adequately

→ Usually Cat 2 or lower

Key takeaway

Excess cold is about **ability to stay warm**, not modern standards.

Electrical hazards

The hazard

Electrical hazards are about **risk of electric shock, burns, or fire**.

Not about:

- untidy wiring
- lack of modern certification
- age of installation alone

What actually causes harm

Injuries happen due to:

- exposed live parts
- damaged accessories
- unsafe temporary wiring

- overheating

Danger comes from **contact or ignition**, not appearance.

How to think about likelihood

Ask:

- Are live parts accessible?
- Are fittings damaged or unsafe?
- Is the system obviously overloaded?

Likelihood increases when:

- there is visible damage
- DIY wiring is present
- protective devices are missing

How to think about severity

Electric shock can cause:

- burns
- cardiac issues
- fatal injury

Severity is high when contact is likely.

Common mistakes

- Scoring lack of Electrical Installation Condition Report as a hazard
- Treating age alone as high risk
- Ignoring visible condition

Real-world examples

Example 1 — Exposed live wiring

→ High likelihood + high severity
→ Cat 1

Example 2 — Old but intact system

→ Often Cat 2

Key takeaway

Electrical hazards are about **contact risk**, not paperwork.

Fire risks in normal housing

The hazard

Fire hazards are about **risk of injury or death from fire or smoke**.

This applies to normal houses — not just HMOs.

What actually causes harm

Fire-related harm comes from:

- ignition sources
- fuel load
- poor detection
- blocked escape routes

Smoke inhalation causes most fatalities.

How to think about likelihood

Ask:

- Are ignition sources present?
- Is there working detection?
- Can people escape easily?

Likelihood increases when:

- no smoke alarms are present

- escape routes are compromised
- unsafe heating or cooking exists

How to think about severity

Fire injuries are usually severe.

Even small fires can be fatal without early warning.

Common mistakes

- Treating all fire risks as HMO-level
- Over-scoring minor issues
- Ignoring escape and detection

Real-world examples

Example 1 — No smoke alarms in a house

→ Increased likelihood + severe outcome
→ Often Cat 1

Example 2 — One smoke alarm downstairs only, no detection near bedrooms

→ Usually Cat 2

Key takeaway

Fire risk in houses is about **detection and escape**, not HMO standards.

Structural instability

The hazard

Structural instability is about **risk of collapse or falling structural elements**.

Not about:

- cracks alone
- cosmetic movement
- age of building

What actually causes harm

Harm occurs when:

- parts of a building fail
- collapse happens suddenly
- people are struck or trapped

How to think about likelihood

Ask:

- Is movement ongoing?
- Is there visible failure?
- Is collapse realistic?

Likelihood increases when:

- deformation is active
- elements are visibly unstable

How to think about severity

Structural failure can cause:

- serious injury
- fatalities

Severity is usually high when collapse is realistic.

Common mistakes

- Treating all cracking as instability
- Using age as a risk factor
- Confusing survey referral with hazard scoring

Real-world examples

Example 1 — Bulging wall, active movement

→ High risk
→ Cat 1

Example 2 — Historic settlement cracks

→ Usually low Cat 2

Key takeaway

Structural instability is about **failure risk**, not imperfections.

Crowding & space

The hazard

Crowding & space is about **health and safety risks caused by insufficient space**.

Not about comfort.
Not about personal lifestyle choices.

What actually causes harm

Harm comes from:

- restricted movement
- increased accident risk
- stress and poor mental health

How to think about likelihood

Ask:

- Is the space genuinely insufficient?
- Does it affect daily living?

Likelihood increases when:

- rooms are severely undersized
- circulation is compromised

How to think about severity

Severity is usually moderate.

It increases with:

- duration
- vulnerability

Common mistakes

- Using room standards mechanically
- Scoring mild overcrowding too highly
- Ignoring how the space is actually used

Real-world examples

Example 1 — Severe overcrowding, restricted movement

→ Often Cat 1

Example 2 — Bedrooms shared beyond comfortable capacity, circulation tight but usable

→ Usually Cat 2

Key takeaway

Crowding & space is about **real impact on living**, not numbers alone.

Final note for Section 2

If surveyors think in terms of:

- realistic harm
- likelihood

- proportionate severity

HHSRS becomes consistent, defensible, and calm.

This is the core thinking your app will later automate.

Section 3 — Vulnerable groups (how HHSRS really uses them)

Vulnerable groups are one of the most misunderstood parts of HHSRS.

They are not chosen based on who currently lives in the property.

They are built into each hazard type and are used to assess risk to the group most likely to suffer harm from that hazard.

Used properly, they create consistency.

Used incorrectly, they lead to under-scoring or false reassurance.

What vulnerable groups actually are

Under HHSRS, each hazard has a defined most vulnerable age group.

This group:

• is set by the guidance

• reflects national injury and harm data

• is used regardless of current occupancy (with limited exceptions such as crowding)

Vulnerable groups:

✔ anchor the likelihood and severity model

✔ ensure hazards are scored consistently across properties

They do NOT:

❌ change depending on who lives there

❌ rely on occasional visitors

❌ represent “worst case imagination”

HHSRS is based on the hazard itself, not today’s household.

The core principle

HHSRS assessments are made:

disregarding the current occupiers and against the hazard’s relevant vulnerable age group This is deliberate.

It prevents dangerous defects being ignored simply because the current tenant is low risk.

What this means in practice

You don’t change the hazard’s vulnerable group based on tenancy, but you still consider how the dwelling is used when judging likelihood.

You do not start by asking:

“Who lives here now?”

You ask:

“Which group is most vulnerable to this type of hazard?”

Then you assess the likelihood and harm using that group.

Common examples

Falls between levels (ladder-effect balustrades, climbable guarding, large drops)

→ vulnerable group typically young children

→ assessed even in elderly-only households

Falls on stairs and steps

→ vulnerable group typically older people

Hot surfaces, open fires, accessible electrics

→ vulnerable group typically young children

Excess cold

→ vulnerable group often older people

The hazard determines the group — not the tenancy.

The “grandchildren visit” misunderstanding

This question comes up constantly:

“But children don’t live here — only visit occasionally.”

Under HHSRS, this does not remove child vulnerability where the hazard itself targets children.

If the hazard is one where children are the most vulnerable group (for example, ladder-effect guarding with a significant drop), it is still assessed using that vulnerable group.

However, the **likelihood of harm** is judged on realistic access and normal use of the space — not on speculative or rare scenarios.

You do not change the vulnerable group based on visitors.
You judge probability based on how realistically a child could interact with the hazard.

Multiple hazards in one location

Stairs often contain more than one hazard:

• climbable or open guarding → falls between levels (child vulnerability)

• missing handrails, steep pitch, worn treads → falls on stairs (older person vulnerability)

Each hazard is assessed separately using its own vulnerable group.

Where a Category 1 hazard exists, it takes priority — but associated Category 2 hazards should normally be addressed at the same time.

When occupancy does matter

There are limited situations where actual occupancy affects scoring (for example, crowding and space).

But for the vast majority of HHSRS hazards:

vulnerable groups are fixed by hazard type.

Real-world scenarios

Scenario 1 — Elderly household, ladder-effect balustrade, 2m drop onto stairs

Hazard: Falls between levels

Vulnerable group: young children

→ Assessed as child risk regardless of occupancy

→ Commonly Category 1

Scenario 2 — Same stairs with missing handrail and worn treads

Hazard: Falls on stairs

Vulnerable group: older people

→ Often high Category 2 (sometimes Category 1 if severe)

Scenario 3 — Cold property occupied by older resident

Hazard: Excess cold

Vulnerable group already older people

→ Occupancy aligns with the model (often Cat 1)

A simple rule that keeps scoring defensible

Pick the hazard.

Use its vulnerable group.

Score the risk.

Do not substitute vulnerability based on tenancy.

The key takeaway

Vulnerable groups in HHSRS are:

• hazard-specific

• evidence-based

• not occupancy-driven

They exist to ensure dangerous building defects are identified consistently — even where current residents appear low risk.

When you follow this principle, HHSRS stays:

✔ accurate

✔ consistent

✔ legally defensible

And urgent risks are never missed simply because of who happens to live there today.

Section 4 — Cat 1 vs Cat 2 in real life

On paper, Cat 1 and Cat 2 are defined by numerical scores.

In reality, surveyors don’t walk around calculating numbers in their heads.

They make risk judgements.

This section gives you a simple way to think about it that matches how HHSRS actually works.

The simple difference

Cat 1 = a serious risk of harm within the next 12 months.

Cat 2 = a lower risk of harm, within the next 12 months.

Both matter.
But they are not the same level of danger.

Usually Cat 1

These are situations where:

- serious injury or illness is likely if something goes wrong
- exposure is regular or unavoidable
- harm could be life-changing or fatal

Typical examples:

- falls between levels with realistic access
- severe damp and mould with significant health impact and prolonged exposure
- no fixed heating in cold conditions
- exposed live electrics
- serious fire risks with no detection or escape
- unstable structural elements

Think:

High likelihood + high severity

If both are present, it's normally Cat 1.

Usually Cat 2

These are situations where:

- harm is possible
- but injury is usually moderate
- or likelihood is lower

Typical examples:

- missing handrails
- climbable guarding with low fall height
- minor mould in limited areas
- older but functional heating
- outdated but safe electrics

Think:

Either likelihood or severity is moderate — not both high

Borderline — use judgement

These sit in the middle.

They depend heavily on:

- layout
- exposure
    - The hazard's vulnerable group

- frequency of use

Examples:

- steep stairs in small homes
- recurring mould in living areas
- cold homes with partial heating
- fire risks with some but not full protection

Here you should:

- think proportionately
- explain your reasoning
- avoid jumping to worst case

If you can clearly justify either outcome, your decision is probably sound.

A quick decision check that works

Before finalising a Cat 1, ask:

👉 Is serious harm genuinely likely — not just possible?

If yes → Cat 1
If no → probably Cat 2

This one question prevents most over-scoring.

Common reasons Cat 1s get overused

- fear of missing something
- pressure from new legislation
- confusing defects with risk
- assuming worst-case outcomes
- misunderstanding hazard-defined vulnerable groups

Consistency improves when you slow the decision by a few seconds and run the logic.

The key takeaway

Cat 1 is for **serious danger**.
Cat 2 is for **real but lower-level risk**.

Both need action.
Only one usually needs urgency.

When likelihood and severity are both high — Cat 1 is right.

When one is lower — Cat 2 usually fits better.

Section 5 — Consistency (the real problem)

Ask five surveyors to assess the same house and you'll often get five different outcomes.

Not because people are careless.

Because HHSRS leaves a lot of room for interpretation.

This is the real challenge councils and housing associations face — not lack of knowledge, but lack of consistency.

Why two surveyors score the same home differently

Most differences come from:

- personal risk tolerance
- past experiences
- fear of under-scoring
- focusing on defects instead of harm
- imagining worst-case scenarios

One surveyor thinks:

"That could be dangerous."

Another thinks:

"That's unlikely to cause serious harm."

Both are acting in good faith — but outcomes drift.

Where subjectivity creeps in

Subjectivity usually appears when:

- deciding how likely harm is
- choosing most likely injury
- misunderstanding how hazard-defined vulnerable groups work
- judging borderline Cat 1 vs Cat 2

These aren't black and white decisions.

Without structure, people rely on instinct.

Instinct varies.

The problem with free scoring

Traditional HHSRS assessments often involve:

- open judgement
- lots of manual decisions
- personal interpretation

This leads to:

- inconsistent hazard bands

- inconsistent repair urgency
- confusion across teams
- disputes over outcomes

Not because people are wrong — because the system is open-ended.

How to standardise thinking (without removing judgement)

Consistency improves when you:

- break decisions into steps
- ask the same questions every time
- link answers to outcomes logically

Instead of:

“How bad does this feel?”

You ask:

• Is there a realistic route to harm?
• How often is exposure?
• What is the hazard’s vulnerable group?
• What injury is most likely?

When everyone follows the same logic path, results converge.

Why decision trees work better

Decision trees:

- guide thinking step by step
- reduce emotional judgement
- make outcomes repeatable
- show why a result was reached

They don’t remove professional judgement.

They structure it.

Two people answering the same questions usually reach the same conclusion.

That’s the goal.

The real-world impact

When consistency improves:

✔ hazard scoring becomes defensible
✔ repair priorities make sense
✔ teams argue less
✔ tenants get clearer outcomes
✔ councils and housing authorities manage risk better

The key takeaway

HHSRS isn’t inconsistent by design.

It becomes inconsistent when decisions are unstructured.

When you guide the thinking process — outcomes stabilise.

That’s how you get speed, accuracy, and fairness at the same time.

Section 6 — Common myths (and the reality)

HHSRS gets distorted by habit, fear, and misunderstanding.

These are the most common ones — and why they’re wrong.

“If it looks bad it must be Cat 1”

Wrong.

Poor condition does not automatically mean high risk.

A worn stair, old kitchen, or cracked plaster may look serious — but unless it creates a realistic route to harm, it isn’t a high hazard.

HHSRS scores **risk**, not appearance.

Some of the safest homes could look the roughest, and some of the riskiest could look fine.

“Any mould with children is automatically Cat 1”

Not exactly.

Severity depends on exposure level and health impact, not labels alone.

Ask:

- Is mould widespread or minor?
- Is it in living or sleeping areas?
- Is it persistent or occasional?

Heavy, ongoing mould with significant health impact often becomes Cat 1.
Small, controllable patches usually don’t.

Severity comes from exposure — not just who lives there.

“If it’s non-compliant it’s a hazard”

Nope.

Building Regulations and standards change.

HHSRS is about current risk.

Something can be non-compliant and still pose little realistic danger.

And something can be compliant and still be hazardous.

Compliance helps inform judgement — it does not replace it.

“HHSRS replaces professional judgement”

It doesn’t.

HHSRS gives structure to judgement.

It doesn’t remove thinking.

It asks you to:

- consider risk logically
- assess harm realistically
- apply vulnerability proportionately

Good HHSRS relies on clear judgement — just guided rather than instinctive.

Final takeaway

Most HHSRS problems don’t come from lack of care.

They come from shortcuts in thinking.

When you focus on:

✔ real risk
✔ realistic harm
✔ proportionate judgement

HHSRS becomes consistent, calm, and defensible.

Closing — Bringing it all together

HHSRS isn’t complicated.

It becomes complicated when we drift away from what it’s meant to do.

At its core, it asks just a few simple things:

- Is there a realistic risk of harm?
- How likely is it to happen?
- How serious would the outcome be?
- What is the hazard’s vulnerable group?

When those questions guide every decision, hazard scoring becomes clearer, calmer, and more consistent.

Most problems in HHSRS come from:

- focusing on defects instead of risk
- jumping to worst-case outcomes

- misunderstanding hazard-defined vulnerable groups
- treating standards as hazards
- relying on instinct rather than structured thinking

Once those habits are removed, professional judgement improves naturally.

Good HHSRS isn't about being strict or relaxed.

It's about being **proportionate**.

Serious risks deserve urgent action.
Lower risks still matter — but in the right timescale.

That balance is what protects residents properly and keeps systems fair.

The goal is not identical scores from every surveyor.

The goal is **consistent thinking that leads to similar outcomes**.

When surveyors follow the same logic, decisions align.

That's when HHSRS works as it was intended.

If you remember one thing from this guide, make it this:

Assess risk — not condition.
Think likelihood — not fear.
Use judgement — but structure it.

Do that, and HHSRS becomes one of the most effective housing safety tools we have.

Written by Lee Wise, a Principal Building Surveyor with formal HHSRS training and frontline experience applying HHSRS in housing stock.

HHSRS On-Site Thinking Checklist

(Use this before scoring any hazard)

Step 1 — Identify the real hazard (not the defect)

□ What could actually cause harm here?
□ How would someone get injured or become ill?

(If you can't describe a realistic harm pathway, risk is likely low.)

Step 2 — Test likelihood (not just possibility)

Ask:

□ Is this area used regularly?
□ Is exposure daily, frequent, or rare?
□ Is there a realistic route to harm?

High likelihood = regular use + clear risk pathway
Low likelihood = rare exposure or no clear route

Step 3 — Use the hazard's vulnerable group (don't substitute it)
□ Which group is most vulnerable to this hazard type (as defined in HHSRS)?
(Do not substitute the vulnerable group based on the current household. Use actual use/exposure only when judging likelihood in Step 2.)

Step 4 — Judge realistic harm (not worst case)

Ask:

□ What injury or illness is most likely to occur?
□ Is it usually minor, moderate, or serious?

(Use typical outcomes — not extreme scenarios.)

Step 5 — Sense check Cat level

□ Is serious harm genuinely likely if something goes wrong?

If yes → **Cat 1 usually fits**
If no → **Cat 2 usually fits**

Quick reminders

• HHSRS scores risk — not condition
• Non-compliance ≠ automatic hazard
• Vulnerable groups are hazard-defined
• Proportion beats panic every time

Final question (the one that prevents most over-scoring)

👉 **Is this a serious danger — or a real but lower-level risk?**

Rapid HHSRS

About Rapid HHSRS

Rapid HHSRS is a decision-support tool designed to help housing professionals apply HHSRS more consistently, quickly, and defensibly. It does not replace full HHSRS assessments or corporate systems. It standardises the thinking process behind hazard scoring, reducing subjectivity while preserving professional judgement. By guiding users through realistic likelihood, harm pathways, and hazard-defined vulnerable groups, Rapid HHSRS helps teams:

• reach consistent outcomes across surveyors

• reduce over-scoring and under-scoring

• prioritise genuine risk effectively

• complete triage in 60–90 seconds

• create clearer, more defensible decisions

This guide and the Rapid HHSRS tool are built around the same core principle:

Assess risk — not condition.

Structure judgement — don’t replace it.

Who it’s for

• Housing surveyors

• Environmental health officers

• Local authorities

• Housing associations

• Asset management and compliance teams

Access the tool

Rapid HHSRS is available at:

www.rapidhhsrs.com

Final thought

HHSRS works best when decisions are calm, proportionate, and consistent.

When risk is assessed logically — not emotionally — residents are better protected, resources are better targeted, and outcomes are easier to defend.

That is what Rapid HHSRS exists to support.