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Ministry of Housing, Communities & Local Government

The Housing Health and Safety Rating System (HHSRS): Operating Guidance (Part 1): An Introductory Guide

March 2026

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The Housing Health and Safety Rating System (HHSRS): Operating Guidance (Part 1): An Introductory Guide

Presented to Parliament pursuant to section 9 of the Housing Act 2004

March 2026

This publication is available at https://www.gov.uk/official-documents.

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The Housing Health and Safety Rating System
Operating Guidance (Part 1): An Introductory Guide

This guidance (Part 1) provides an introduction to the Housing Health and Safety Rating System (HHSRS) inspection and assessment process. Part 1 must be read in conjunction with the accompanying guidance listed below:

- *"The Housing Health and Safety Rating System Operating Guidance (Part 2): A Technical Guide for Assessors" which provides technical information to support the HHSRS inspection and assessment process, including associated baseline indicators.*
- *"The Housing Health and Safety Rating System Operating Guidance (Part 3): A Supplementary Guide to the Hazard of Fire and Explosions" which provides additional technical information to support the HHSRS specifically in relation to the hazard of Fire and Explosions.*

Housing Act 2004 - Guidance about inspections and assessment of hazards given under Section 9

Contents

Introduction and background

Housing is a key factor of both physical and mental health and the impact of deficiencies in a person's living environment has been subject to a great deal of research. People should not have to live in homes that injure them or make them ill.

The connection between housing and health involves a range of factors originating from the area in which a dwelling is situated (e.g., noise or air pollution from traffic and industrial activities) as well as aspects associated with the individual dwelling itself (e.g. Electricity and falls hazards). The Housing Health and Safety Rating System (HHSRS) was devised to evaluate the level of risk an individual dwelling posed to its occupiers and their visitors.

This Operating Guidance sets out how to conduct an assessment under the HHSRS. This part of the guidance sets out the theory and principles behind the HHSRS and the process an assessor must follow to determine what risk a dwelling poses to its inhabitants. It can be read by itself, but if it is used to undertake a full property inspection it should be used in conjunction with the Housing Health and Safety Rating System Operating Guidance (Part 2): Technical Guide for Assessors and The Housing Health and Safety Rating System Operating Guidance (part 3): A Supplementary Guide for the Hazard of Fire and Explosions.

The HHSRS process is based on a substantial review of the literature around housing and health, comprehensive statistical analysis of national data on housing and health and a set of case studies to inform a risk assessment of any residential premises. Assessment involves an inspection of a dwelling to identify deficiencies within the dwelling. The deficiencies are then linked to numerical scores for both the likelihood of harm occurring within the dwelling and the severity of that harm when it occurs. The final output is an overall risk score. The size of the score is used to show the level of risk the dwelling poses to health over the next 12-month period, with higher scores indicating greater risk.

The HHSRS considers the fabric of the whole property and any outbuildings, gardens, driveways, staircases, etc. that an occupier can use while living in the dwelling. It rarely considers issues of comfort, quality or convenience, so aspects such as the decorative condition of the property are not generally considered during assessments, unless they have a direct impact on the hazard and are the responsibility of the owner of the dwelling. For instance, the wallpaper used to decorate a wall, or a rug brought into the dwelling by a tenant would not be considered as part of the assessment, but a fixed carpet provided by the owner to cover the staircase would be considered, particularly if it had become loose, increasing the risk of a fall.

The HHSRS was brought into widespread use by its incorporation in the Housing Act 2004 (as amended). In June 2026 the regulations outlining the HHSRS were updated as part of the overhaul of the assessment process and associated resources. In response to the findings of a comprehensive stakeholder engagement exercise the following changes were made:

- Several hazard categories were amalgamated, reducing the overall number of hazard categories covered by the HHSRS from 29 to 21.
    - Collision and Entrapment and Position and Operability of Amenities were combined.
    - Uncombusted Fuel Gas, Biocides, Carbon Monoxide and Fuel Combustion Products and Volatile Organic Compounds were combined.
    - Fire and Explosions were combined.
    - Falls on Level Surfaces Etc. and Falls Associated with Baths Etc. were combined.
    - Food Safety, Domestic Hygiene, Pests and Refuse and Personal Hygiene, Sanitation and Drainage were combined.

- The scoring system has been changed to make it more intuitive, and a standard assessment report template has been produced. New scoring bar values have been used, descriptor terms and colour coding have been incorporated to reduce the focus on numbers, and the number of bands has been reduced from ten to three (referred to as High, Medium or Low).
- Under the Housing Act 2004 local housing authorities have a duty to take action if they find a hazard at the most dangerous 'Category 1' level and the option to take action if they find a hazard at the lower 'Category 2' level when inspecting a dwelling under the HHSRS. This has not changed.
- A new set of case studies has been developed to replace the worked examples and provide more guidance on scoring.
- Baseline indicators have been produced in order to give examples of best practice.
    - A list of the baseline indicators has been included as an appendix in Part 2 of this Guidance. These can be used by those who have not yet completed formal training in the HHSRS, to check elements of a dwelling which are relevant to the health and safety of the occupiers.
    - These are not minimum standards and do not replace the risk assessment aspect of the HHSRS. Where the baseline indicators are not met, it should be noted as a deficiency. If this is applicable to the dwelling and hazard in question it should be risk assessed.
- The Operating Guidance has been broken into three parts. The first (this part) provides general guidance on the assessment process for those wanting an introduction to the HHSRS. The second provides more in-depth technical information for assessors, to support the inspection process itself. Further guidance on fire safety assessment has been included in Part 3.
- The Landlord and Agent Guidance, and the Enforcement Guidance have all been redrafted and updated.
- A new Tenant Guidance document has been introduced.
- Training requirements for assessors have been updated.

Full assessments involving scoring should only be carried out by those trained in the HHSRS assessment process, however, preliminary property safety assessments can be completed using the HHSRS baseline indicators checklist (provided in Part 2 of this guidance). These indicators can give an impression of the types of problems a property has which may impact on the health of occupiers and help owners/occupiers/property managers to decide if a full HHSRS assessment by a qualified assessor is required.

The HHSRS can also be used for owner-occupied properties to determine where maintenance and improvement measures may be best directed, to maintain and improve the health and safety of the occupiers.

The principles underlying the HHSRS

Any residential premises should provide a safe and healthy environment for any potential occupier or visitor. Hazards will always be present in the home environment, but the risk posed by those hazards should be removed or kept as low as possible. The dwelling should provide protection from the external environment, including situations where it is situated in a larger structure (e.g. a block of flats).

The HHSRS assesses the risk from 21 dwelling hazards resulting in a comparable hazard score. The score is based on the risk to the health and safety of occupiers and visitors over a 12-month period.

The dwelling assessment and hazard score can be used to judge whether the level of risk requires remedial action to protect the safety of the occupiers and visitors.

Feasibility, cost of remedial action and societal expectations are irrelevant to an assessment using the HHSRS. For example, societal tolerance for risk varies across the 21 hazards but HHSRS decisions are evidence based and should be independent of such influences.

Overview of assessment process

The HHSRS starts with an inspection of all parts of the building including all surrounding grounds and structures accessible to the resident and within the grounds of the property. During this inspection, the assessor should identify anything to do with the immediate location, the building design and layout, maintenance, structural elements and fixtures, fittings and fixed appliances that are the responsibility of the owner.

Assessors are expected to undertake continuing professional development, including updating their knowledge of the baseline indicators and optimum condition of residential buildings to minimise risk to health, as these will vary over time.

Once these deficiencies have been identified they should be allocated to one or more of the 21 hazards found in residential dwellings. If the deficiencies suggest a significant risk to health an assessment of the risk should be carried out. Where the conditions at a dwelling mean that there is a small increase in risk from multiple hazards whose combined effect represents a significant risk to health, then all those hazards should be assessed. Assessors may not be aware if a hazard will present a significant risk to health and may choose to use the assessment process to determine if this is the case. When assessments are carried out the assessment process should be documented in an assessment report.

When scoring the risk to health from a hazard, the assessor starts by summarising the aggravating and mitigating factors contributing to the hazard (e.g., rising damp and levels of ventilation). Guidance on these factors can be found in the Housing Health and Safety Rating System Operating Guidance (Part 2). The situation at the property is then compared to average property scores in this Guidance.

The Housing Health and Safety Rating System Operating Guidance is provided under section 9 of the Housing Act 2004 and a local housing authority is required to have regard to it when assessing hazards. In addition to this guidance a range of case studies showing other properties affected by HHSRS hazards have been created, but these are not statutory guidance. They provide the assessor with useful points of reference to help them decide on their hazard scoring.

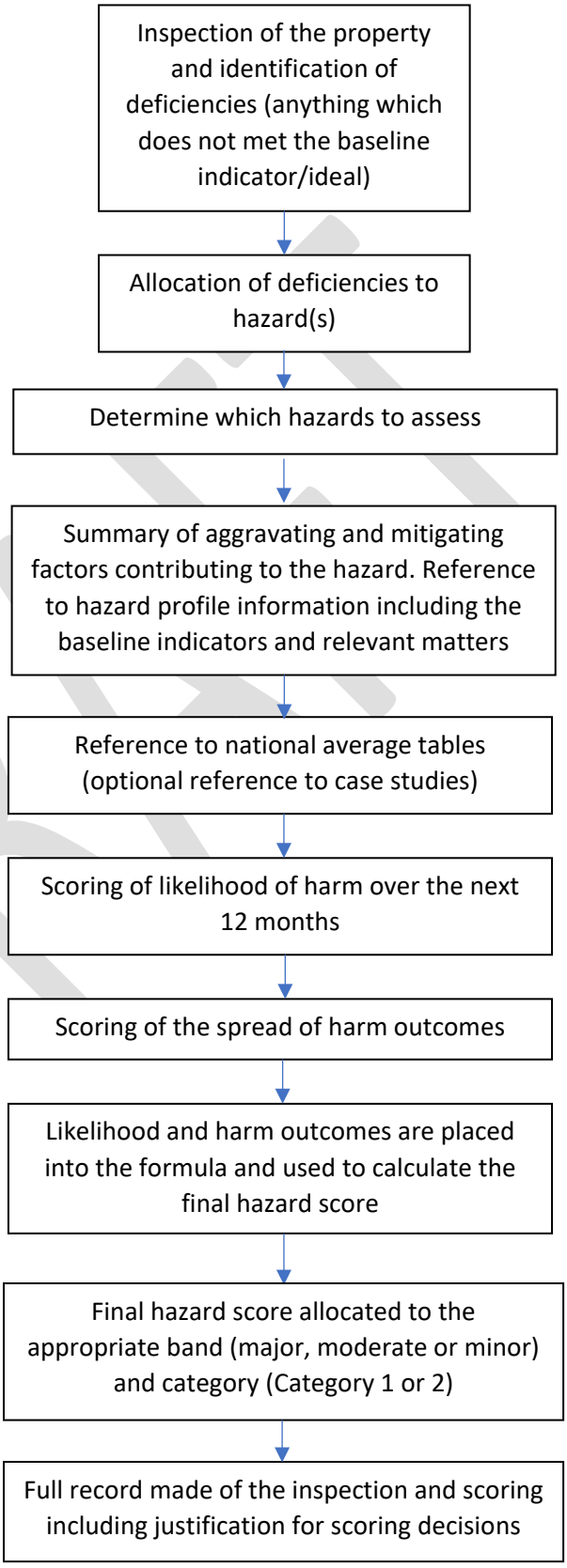
The assessor selects a score indicating the likelihood of harms which would require medical attention occurring from that hazard over the next 12 months, to a person living in or visiting the dwelling who is from the age group most vulnerable to harm from that hazard. This can be chronic or short-term harm and involve physical or mental health effects. The actual occupants of the dwelling are disregarded for the purposes of the assessment. This means the assessment will not be affected by a change of occupier and that an unoccupied dwelling can be assessed.

The assessor must also determine how severe any harmful effects would be by deciding the spread of likely harms at four different levels (extreme harms [e.g. death], severe harms [e.g. myocardial infarction], serious harms [e.g. chronic severe stress] and moderate harms [e.g. broken finger]). The assessor then allocates scores showing the percentage of harms across each of the four levels.

The scores for likelihood and harm outcomes are then placed into a formula which provides a final hazard score for that hazard. The score indicates the severity of the hazard (the higher the score the higher the risk). Final hazard scores are grouped into three different bands to indicate if the risk arising

from the deficiencies in the property is High, Medium or Low for the hazard in question. Decisions around levels of risk posed by a hazard and the remedial action required to reduce the level of risk are specific to the property being inspected.

How to conduct an HHSRS assessment



The HHSRS process

The HHSRS is a risk assessment process that relies on the professional judgement of a qualified assessor. This opinion is informed by the assessor's initial training and ongoing professional development, including benchmarking exercises with other assessors. It is also informed by the inspection of the property, the use of national average data and the contents of Part 2 of the Operating Guidance with the baseline indicators checklist. Assessors also have the option of referring to a collection of case studies, with all of these providing reference points when assessing hazards.

The HHSRS is a thorough assessment process and uses guided decision-making to arrive at a final hazard score. Assessors will make judgements about levels of risk at a residential property. Risk perception is influenced by a range of factors (for instance, previous exposure to harms from a hazard may increase a person's perception of the risk associated with that hazard). Qualified assessor's judgements on levels of risk and remedial actions required to reduce that risk may be subject to challenge by owners or tenants, as they do not reflect how society perceives risk or personal perceptions of risk amongst dwelling occupiers, owners, and managers. Assessors should keep clear records of the property inspection and the HHSRS process. Those records should detail the reasons for their scoring decisions. Such justifications provide an important written explanation for owners and tenants, property professionals and fellow assessors of why decisions were made, and the subsequent actions that are taken. They may also be relied upon in formal proceedings (e.g., a court of law).

Identifying deficiencies

Deficiencies refers to any element of the dwelling which does not meet the ideal (optimum condition), whether that be through design, construction, maintenance, or some other matter and will have an impact on the health of the occupiers. Failure to meet any of the relevant baseline indicators can also be deemed to be a deficiency. Assessors are expected to maintain their awareness of what represents the ideal in residential property of different types and ages.

The HHSRS inspection is a whole dwelling assessment. The HHSRS assessment should start with a thorough inspection of all parts of the dwelling. Where that dwelling is part of a larger structure (e.g., a block of flats) the assessor should inspect all parts of the building relevant to the dwelling. They should inspect the common parts, surroundings, and outbuildings which the occupier of the dwelling being assessed would reasonably be expected to have access to.

Inspections should consider the grounds of the dwelling. An inspection of a house with a garden would usually start by viewing the front of the property and then considering everything the assessor encountered after they had passed from the public pavement, into the garden and then into the dwelling. An assessment of a flat within a block of flats would consider everything the assessor encountered from the point where the assessor entered the shared external entrance of the block of flats, or its external forecourt/car park from the public pavement outside.

An assessor should look for deficiencies relevant to all 21 hazards. Whilst most HHSRS inspections will not normally involve destructive analysis of the property, this may sometimes be helpful in assessing a hazard (e.g. taking samples when testing for asbestos). Assessors may not be in a position to carry out destructive investigations. Assessors may also need to install monitoring equipment or bring along others with specific expertise to perform a full assessment of a given hazard (e.g. when testing for radon gas). In these cases, a preliminary assessment should be made, with the proviso that verification by measurement or further investigation will be necessary.

Reports such as electrical and Gas Safe inspection reports may be used to inform the findings of the inspection. Assessors using such reports should have sufficient expertise to be able to judge their suitability for the risk assessment.

Assessors should record all deficiencies relating to a hazard, throughout the building and its grounds. One deficiency may contribute to more than one hazard. For example, a leaking roof would contribute to Damp and Mould Growth but would also contribute to Excess Cold as it would soak loft insulation making it less effective.

The cumulative impact of all the deficiencies relevant to a given hazard should be assessed. Commonly, several deficiencies will contribute to a given hazard, but that dwelling will receive a single dwelling assessment for that hazard, considering all the relevant deficiencies in one scoring exercise (rather than scoring the impact of each deficiency individually). An example of this is provided in Box 1.

Box 1 - Example – Assessing the hazard of Falling on Stairs etc.

A three-storey house on a hill built in the 1990s contains two internal staircases. It also has a front garden on two levels, with a flight of eight steps leading between the levels.

To assess the risk from Falling on Stairs etc. at this property the assessor must record any deficiencies on the two internal staircases and the external flight of steps in the garden. Assessors would not rate each flight individually. Instead, the hazard scoring would be based upon the cumulative effect of all deficiencies on all flights of steps, producing a single score showing the risk to health for an occupier using all stairs and steps serving the dwelling.

The extent of the impacts of deficiencies will vary. For instance, when assessing an Excess Cold hazard in a 1950s detached house lack of loft insulation, lack of cavity wall insulation and the presence of single glazing would all contribute to the hazard, but if the dwelling required gas central heating to provide safe internal temperatures and that heating was seriously defective, the impact on internal living temperatures due to the defective heating may be far greater than that caused by the lack of insulation. Assessors should consider the effect of each of the deficiencies.

It would not be practical to score all 21 hazards on every inspection, so an assessor must review the list of deficiencies they have noted at the dwelling and select which hazards merit further attention and scoring, then assess each in turn. Assessors should at least score each hazard which is obviously worse than the national average for that type and age of property. However, for some hazards the average dwelling will score highly (e.g. Falls on Level Surfaces). For these hazards the dwelling should be assessed where it is average or below average. Part 2 of the Operating Guidance provides hazard profiles for all 21 hazards. These should be referred to when undertaking this stage of the assessment.

When assessing (scoring) the risk from a hazard, the assessor must note what the vulnerable age group is for that hazard and must assess the property assuming it is occupied by the vulnerable age group (e.g. over 65s for Excess Cold or under 5s for the Electricity hazard). The actual occupants should be disregarded.

All aggravating factors which may increase the likelihood of harm to an occupier from the vulnerable age group, or the severity of that harm when it occurs should be recorded, considering conditions at

the property over a 12-month period, including variation in weather conditions, predictable deterioration and longer term, more insidious impacts on health. This will include:

- Failures of the property to meet relevant baseline indicators.
- Deficiencies under the list of relevant matters in the hazard profile.
- High HHSRS scores for other hazards which may exacerbate the risk from the hazard being assessed (for instance Damp and Mould Growth scores will be increased by a high scoring Excess Cold hazard in the same dwelling).
- Any other matters relevant to the dwelling being assessed.

Any mitigating factors should also be considered when scoring the likelihood and harm outcomes. For instance, if there is damp and mould in a dwelling, but only in a bathroom, the assessor would not increase the likelihood score for the hazard of Damp and Mould Growth as much as if the damp and mould were located in a bedroom or living room. Occupiers from the vulnerable age group would have limited exposure to the source of harm, as the bathroom is only used for short periods of the day.

Assessors should consider typical and foreseeable occupier behaviour at the dwelling (e.g. carrying hot liquids in a kitchen or allowing young children to play unsupervised) and how their interaction with the dwelling's structure, fixtures, fittings, and appliances could reasonably be expected to affect their health and safety whilst living at the dwelling. They should not consider exceptional or unreasonable behaviour by occupiers which would put them at undue risk from a hazard (e.g. hoarding). Occupiers should be expected to use safety measures provided in the dwelling where they are convenient and accessible. For example, extraction fans and locks on windows and doors.

Scoring the likelihood

When assessing a hazard, the assessor must judge the probability of a harmful occurrence which could require medical attention, affecting the health of an occupier from the vulnerable age group, over the next 12 months. The HHSRS only considers harms which may prove fatal or would reasonably be expected to require medical attention (e.g. a visit to the doctor or hospital) as it is these harms which are recorded in the national statistics upon which the scoring system is based, such as, hospital admissions and mortality data.

The assessor must make a balanced judgement on what the likelihood of harm would be from exposure of an occupier of the vulnerable age group for that hazard, to all aggravating and mitigating factors across the dwelling, over the 12-month period. This includes both short and long-term impacts on health.

Assessors can use any source of information deemed to be of adequate quality to help them understand the hazard and make a judgement about its risk to health. Some reference points are provided as part of the HHSRS to help inform their judgement. The first is the hazard profile and the accompanying national average scores table, provided in Part 2 of the Operating Guidance. The assessor must use the national average likelihood score for that property type and age, as a reference point when scoring the hazard.

When considering the age of dwelling for the national average score, the original date of construction should be used rather than the date of any subsequent refurbishment/conversion of the dwelling. Assessors are expected to undertake sufficient professional development to be aware of what an average dwelling would look like for each of the hazards, considering the age and type of dwelling, its maintenance, design, construction, location, etc.

An optional second reference point is a range of case studies showing assessments of hazards whose scores have been agreed upon through a structured and thorough process. The case studies are not statutory guidance and should not be treated as such. An assessor has the option to view the range of case studies for the hazard being assessed to find one which is similar, or with a slightly higher or lower likelihood and similar deficiencies. Where there is a relevant case study, the assessor may take into account the score from the case study as a second reference point to help in their scoring decisions.

These reference point(s) will reduce the number of scale points the assessor needs to choose from when deciding on the final hazard score (see Box 2). The scoring bar showing the scale points available for scoring likelihood is displayed below:

Very unlikely				Unlikely				Likely				Very likely			
<1 in 5000	1 in 3000	1 in 2000	1 in 1000	1 in 500	1 in 300	1 in 200	1 in 100	1 in 50	1 in 30	1 in 20	1 in 10	1 in 5	1 in 3	1 in 2	1 in 1

Scoring bar for likelihood

Box 2 (example continued from Box 1) – Assessing the likelihood score for Falling on Stairs etc.

In the example dwelling in Box 1 there were two internal staircases and one external set of steps. The internal staircases were straight flights and complied with the most recent building regulations requirements for staircases. They were well lit, well-maintained, and covered with a well secured carpet finish. They presented no additional risk of falls. However, the flight of steps in the garden had no handrail and the steps had been poorly constructed. The steps had broken up over time, resulting in the surface of the treads becoming loose and uneven. Water pooled on the treads and froze in cold weather making the surface of the treads very slippery in the winter months. The steps were needed to access the front door of the dwelling so were used regularly.

The national average likelihood score for Falling on Stairs etc. in a post-1979 house is 1 in 200. An average post-1979 dwelling would be unlikely to have the loose, uneven, and poorly drained external steps. When scoring the likelihood for Falling on Stairs etc. the assessor determined that the dwelling had a higher likelihood of harm from Falling on Stairs etc. than an average post-1979 house.

The assessor referred to the hazard profile and national average scores in Part 2 of this Operating Guidance and opted to use the case studies to help with their scoring decisions. They found a case study which closely resembled the situation at the house but was in worse condition and had more deficiencies than the house being assessed. The case study had a likelihood score of 1 in 30.

When judging the likelihood score the assessor decided that the dwelling had a greater likelihood of a harmful event for Falling on Stairs etc. than the national average of 1 in 200 but a lower likelihood of a harmful occurrence than the case study. This helped the assessor to reduce the number of scale points they would consider when determining the likelihood score.

The assessor used their judgement, informed by the Operating Guidance, to decide which of the two remaining scale points would be most appropriate for the likelihood of a harmful event affecting someone from the vulnerable group living at the house, over the next 12 months. The garden steps would not be used as often as internal staircases, so the exposure to the risk of falls from the deficiencies with the garden steps would be less than it would be for an internal staircase. To reflect this the assessor judged the likelihood score to be the lower of the two likelihood scores, giving the dwelling a likelihood score of 1 in 100.

Note - In the example used in boxes 1 and 2 the likelihood score was 1 in 100. . By scoring the likelihood of harm from this hazard over the next 12 months as 1 in 100 the assessor is effectively saying that if there were 100 houses identical to the example property and they monitored all of them for 12 months, then they could be confident that one of them would have a harmful occurrence from a slip, trip or fall associated with stairs and steps, which could require medical attention.

Judging the spread of harm outcomes

The assessor now knows the probability of a harmful occurrence over the next 12 months. The next step of the assessment is to determine what the spread of possible harm outcomes from that occurrence will be.

When there is a harmful occurrence resulting from a hazard in the home, the event does not always result in the most serious harm possible for that hazard. Using the example in Boxes 1 and 2 above, a person from the vulnerable age group (over 60s) falling on stairs or steps in that dwelling would be most likely to suffer minor injuries such as bruising and lacerations (Moderate harms). There is some potential that they could fall badly resulting in a broken arm (Serious harms). However, it would be very unlikely that they would suffer more severe injuries such as a serious fracture from the way they fell, or death from a head injury due to striking the hard surface of the stairs/steps as they fell (Severe or Extreme harms).

The HHSRS is an advanced risk assessment process. When assessing a hazard, HHSRS considers the spread of possible harm outcomes from a harmful occurrence. The system classifies these into four classes, based on the severity of the harm. These classes of harm are shown in Box 3 below, along with examples of those harms. The HHSRS captures the distribution of possible harm outcomes across the four different levels of severity using percentages. When assessing the severity of the expected harmful occurrence(s) each class of harm outcome is allocated a percentage score based on distribution of expected impacts of one or more harmful occurrences from the hazard affecting an occupier from the vulnerable age group, over the next 12 months.

Box 3 – Examples of the different classes of harm outcomes

- **Extreme harms** - e.g. death, lung cancer, mesothelioma and other malignant lung tumours, permanent paralysis below the neck, regular severe pneumonia, permanent loss of consciousness, 80% burn injuries.
- **Severe harms** – e.g. cardio-respiratory disease such as asthma and non-malignant respiratory diseases, lead poisoning, anaphylactic shock, cryptosporidiosis, legionnaires disease, myocardial infarction, mild stroke, chronic confusion, regular severe fever, loss of a hand or foot, serious fractures, serious burns, loss of consciousness for days.
- **Serious harms** – e.g. eye disorders, rhinitis, hypertension, sleep disturbance, neuro-psychological impairment, sick building syndrome, regular and persistent dermatitis including contact dermatitis, allergy, gastro-enteritis, diarrhoea, vomiting, chronic severe stress, mild heart attack, malignant but treatable skin cancer, loss of a finger, fractured skull, severe concussion, serious puncture wounds to head or body, severe burns to hands, serious strain or sprain injuries, regular severe migraine.
- **Moderate harms** – e.g. pleural plaques, occasional severe discomfort, benign tumours, occasional mild pneumonia, broken finger, slight concussion, moderate cuts to face or body, severe bruising to body, regular serious coughs, or colds.

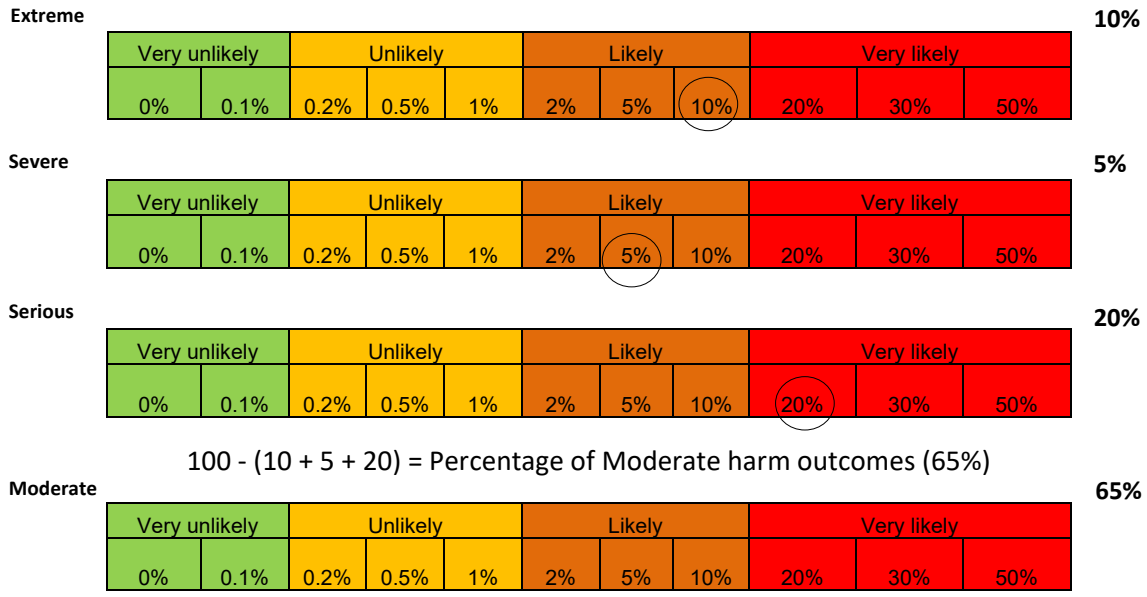
NB – A medical condition may occupy more than one class depending on the level of severity of the condition (e.g. depression).

The classes of harm outcomes have been retained from the previous version of the HHSRS, but the numbering of the classes of harm outcome has been removed from this updated version of

the HHSRS. Using the descriptive titles of the different classes of harm outcomes (e.g. Serious harms) helps to make assessments clearer to those who have not received formal training in the HHSRS.

As with likelihood, the assessor uses scoring bars to provide values for the spread of harm outcomes. There are four scoring bars, one for each class of harm outcomes. The spread of harm outcomes across all four classes must add up to 100%. When judging what percentage to allocate to each class of harm outcome, the assessor selects scale point scores for three harm outcome classes. The figures are then added up and because the system splits the harm outcomes across the four classes using percentages, the sum is then subtracted from 100 and that value is allocated to the remaining class of harm outcome (see Box 4 below. This is usually done by choosing scale points for the Extreme, Severe and Serious classes of harm outcomes first, then allocating any remaining percentage of harm outcomes to the Moderate class of harm outcomes. However, the assessor has the discretion to do this in any order.

Box 4 – Calculating the spread of harm outcomes using the scoring bars



Note - The scale point values used in the previous version of HHSRS have been altered to simplify the scoring interface.

To help those without formal training in the HHSRS to understand outcome scores, in this guidance they are accompanied by the descriptor terms very unlikely, unlikely, likely, and very likely.

As with likelihood scoring the assessor has reference points, they can use to help them decide the spread of harm outcomes. Part 2 of the Operating Guidance contains the hazard profile which provides the national average harm outcome spread for a property of that type and age. As the Operating Guidance is statutory guidance, it must be referred to. Assessors also have the option to refer to the

case studies. The assessor will compare the situation in the property being assessed to an average property of that age and type and can look for the closest case studies. The assessor can then decide to either leave the spread of harm outcomes at the national averages or change them to reflect the situation in the assessed property.

For many hazards the harm outcomes should rarely or never be moved. For example, for physiological hazards such as Excess Cold the likelihood of harm from cold may change depending on the severity and duration of the cold, etc. but the mechanisms of injury from cold temperatures are similar for an average person in the vulnerable age group wherever cold conditions are found. However, with accident-related hazards it is more common to change the spread of harm outcomes as each situation will be unique to the dwelling being inspected. See Box 5.

Box 5 – Example – Similar hazards with differing outcomes

There is a large side-hung window with a low internal sill which a child could easily climb onto. The window latch is loose. A child from the vulnerable age group for Falls Between Levels (<5 years) could easily open the window and fall out. The likelihood score is 1 in 100.

If the window was on the ground floor with grass below, the outcomes would be relatively minor (0% Extreme, 0% Severe, 1% serious, 99% moderate).

If the window was on the third floor with paving below, the outcomes would be major (10% Extreme, 80% Severe, 10% Serious, 0% Moderate)

When judging whether to make changes to the spread of harm outcomes assessors must take care to differentiate between factors which would make a harmful event more likely and factors which would increase the magnitude of the harms when they occur. For example, some decking in a garden might be so slippery that a fall over the next 12 months would be highly likely (e.g. 1 in 2 or 1 in 3 for likelihood). However, the spread of harm outcomes would be determined not by the slipperiness of the surface, but by the nature of the fall when it occurred. The hard surfaces found around the decking and any projections a person from the vulnerable age group could strike when they fell would increase the severity of the potential harm outcomes. Judging the severity of the harm outcomes is a separate stage of the assessment to that of judging likelihood and assessors will need to be mindful of this.

Generating the final hazard score

The HHSRS uses a formula to generate the final hazard score using the likelihood expressed as a fraction (e.g. 1 in 100 becomes 1/100 or 0.01), the harm outcome scores expressed as percentages (e.g. 50% not 0.5) and four weighting scores which are constant and never change. These weighting scores are used to illustrate the impact each of the different harm outcome classes has on the level of risk. Box 6 shows the formula and hazard scoring calculation. The formula and weighting scores remain unchanged from the previous version of the HHSRS.

Box 6 – The HHSRS formula and calculation of the final hazard score using example values

Class of harm outcome	Weighting		Likelihood		Spread of harm (%)		
Extreme	10,000	X	1/20	X	5	=	2,500
Severe	1,000	X	1/20	X	10	=	500
Serious	300	X	1/20	X	20	=	300
Moderate	10	X	1/20	X	65	=	32.5

Overall hazard score = 2,500 + 500 + 300 + 32.5 = 3,333

Note - The tables of national average scores for hazards shown in Part 2 of this Guidance have used the same HHSRS formula to provide the national average hazard scores.

Hazard scores and banding

The size of the final hazard score gives an indication of the level of risk posed by the hazard. When compared to the national average scores in Part 2 of this Guidance it also indicates how far removed the property being assessed is from an average property of its type and age.

To reduce the emphasis on numbers and to help translate the figure from the overall hazard score into common language, three hazard bands are used to classify the overall hazard score. These provide the final rating of the hazard. The number of bands has been changed from the original HHSRS (which used ten bands titled with the letters A-J) to make the scoring system easier to use. Descriptive titles have been added which are easier to understand for those with no formal training in the HHSRS.

Hazards scoring below 100 are banded as 'Low,' those scoring between 100 and 999 are banded as 'Medium and those scoring 1000 or more are banded as 'High.'

Low	Medium	High
Category 2 - Discretion to take action		Category 1 - Legal duty to take action

Banding of the overall hazard score

Under the Housing Act 2004 hazards are split into two categories for enforcement action. These are referred to as Categories 1 and 2. Regulations made under the Housing Act 2004 state that hazards scoring under 1000 are classified as Category 2 hazards, those scoring 1000 or over are Category 1 hazards. If an enforcement body assesses a dwelling and scores a hazard as a Category 2 hazard, they have discretion to take action to reduce the risk to health from that hazard, if their assessment scores a hazard as a Category 1 hazard, they have a duty to take action.

If actions to reduce the risk from a hazard are proposed, assessors can repeat the assessment process to consider the impact of any remedial works on the risk to health from that hazard. The Enforcement Guidance provides further advice on the legal duties around HHSRS.

Recording the inspection and scoring

Inspections and scoring should be a thorough process. The HHSRS deals with more than a living environment, assessors are inspecting a home which belongs to somebody, and the process should be conducted with this in mind. Records must be kept of the inspection and scoring process with clear justification for scoring decisions. Photographs, notes, measurements and sometimes video footage will be captured during an inspection. These should be detailed enough to be referred to at a later date. They may be required to substantiate judgements for remedial works or to defend/justify actions which are then challenged through the appropriate legal processes.

Assessing Crowding and Space

Although some properties may be considered too small to be inhabited by any number of people without significant risk to health, crowding is usually assessed based on the actual level of occupation of the property and is the only HHSRS hazard which considers the actual occupation of the property as part of the assessment process. The Crowding and Space hazard involves two assessments of the property (see Box 7):

1. An assessment of the dwelling based on how many people can reasonably live there.
2. An assessment of the dwelling based on the actual level of occupation.

Box 7 – Example – Assessing Crowding and Space

A two storey pre-1920 house with a bathroom/WC and open-plan kitchen diner and living room on the ground floor, and two 11m^2 bedrooms on the first floor is assessed as being able to accommodate four occupiers (two in each bedroom) with a HHSRS score at the national average (23 or Low Risk, Category 2 hazard). The dwelling is housing two adults living as a couple and four children sharing the other bedroom (two girls aged 12 and 13 years and two boys aged 9 and 11 years). When the dwelling is assessed for occupation by this group of people the score from Crowding and Space is increased to 2,291 (High Risk, Category 1 hazard).

The hazard profile for Crowding and Space in Part 2 of this Guidance provides further detail on assessing this hazard.

Assessing flats and multiple occupancy dwellings

A dwelling would typically be expected to contain sleeping facilities and facilities for food preparation, bathing, and sanitation. Where these facilities are shared (e.g., in bedsits or a shared house/flat) the whole of that building or section of the building would be considered as a shared dwelling.

When inspecting a dwelling, assessors must conduct a 'whole dwelling assessment.' They must consider all structures, grounds or facilities which are associated with or give access to the dwelling, those which are considered to be part of the dwelling, those which are shared with other dwellings and any rights of way, services, structures, and foundations (e.g. the roof and foundations of a block of flats), etc. Assessors should consider how the sharing of facilities may impact on the risk to health.

Where there are shared basic amenities (bathroom, WC, kitchen) such as when a building is split into bedsits, assessors should consider each of the private bedsits alongside shared parts of the building

structure, corridors, kitchen, WC and bathing facilities and outside areas. If a property is occupied as a flat or house shared by unrelated people (referred to as a House in Multiple Occupation [HMO]) assessors should consider each private bedroom alongside shared parts of the dwelling. Rather than assessing each private bedsit or bedroom individually, assessors should carry out a single assessment for the building or part of a building containing the shared accommodation. The same approach should be used for premises with dormitory accommodation.

When inspecting a building broken up into self-contained flats (each with its own sleeping, bathing, WC, and kitchen facilities which are not shared with any other flats) the usual practice is for assessors to treat each flat as a separate address and conduct HHSRS risk assessments for each flat in turn, considering any relevant deficiencies in the overall building and its common parts, as part of that dwelling assessment. However, assessors do have the ability to carry out a separate assessment of the common parts. It should not be necessary to duplicate the inspection of shared areas, structural elements, etc. but the assessment should consider how the location of the individual flat in the building and any characteristics particular to that flat influence the level of risk from the hazard.

In a large building containing multiple flats with similar layouts and construction, a sampling approach may be taken where an assessor conducts their risk assessment for one or more flats considered by virtue of their location and circumstances to be at greatest risk for the hazard being assessed. The results of this assessment can be used to determine if the other flats in the building present sufficient risk to health for that hazard to merit a HHSRS risk assessment. Where enforcement action is being carried out, further assessments of individual flats, if not previously inspected, will be required to inform those enforcement decisions.

Assessors should note that in mixed business and residential premises and buildings broken up into self-contained flats other legislation may apply to the parts of the structure which are outside the units of living accommodation. These may be considered as non-residential premises or workplaces. For instance, when assessing a flat in a block of flats for the Fire and Explosions hazard, the HHSRS assessor would consider (amongst other things) all parts of the individual flat. They would also consider the common gardens, lifts, staircases, escape routes and corridors shared with other flats, the building itself (including the impact of the position of the flat in relation to any other flats) and any services within the building for the detection, separation and fighting of fire and smoke. However, when determining remedial measures to reduce the risk to health for the occupiers of that individual flat, those remedial measures may require fire safety measures which cover the whole building (e.g. an interlinked fire detection system). Enforcement action to require those remedial measures may need to be split between the Local Housing Authority and the Fire and Rescue Service, depending on which parts of the structure it relates to (see Part 3 of this Guidance for more information on assessing the Fire and Explosions hazard).

Assessments should consider areas of a property occupiers have access to, all constituent parts, facilities and amenities which are relevant to the dwelling being assessed and all parts of the dwelling and its contents which the owner of the property has a responsibility to maintain, either individually or in collaboration with others.

The HHSRS hazards

The HHSRS considers a range of 21 hazards that may threaten the health or safety of occupiers in an individual residential dwelling. These may be added to over time as research and data improves our awareness of the world around us. The hazards consider basic health requirements, as shown in the list below.

The range of ages and designs of property mean that different hazards will present differing levels of risk to the health of dwelling occupiers across the country. When the HHSRS is used across the national housing stock some hazards will be more likely to result in higher scores than others (e.g. Excess Cold and Falls on Level Surfaces). Some hazards may also score highly in certain geographical areas, due to the styles and ages of residential buildings found in those areas. The HHSRS scoring process allows the relative risk to health from different hazards to be compared in an individual dwelling, but the scores across large numbers of inspections can also be used to help focus efforts to improve housing and health on a national or regional basis.

The following list sets out all 21 hazard categories considered by the HHSRS. The list has been ordered to reflect the basic health requirements in dwellings.

The hazards covered by the HHSRS

These have been arranged into four main groups reflecting basic health requirements. These groups have been retained from the original version of the HHSRS. The updated list of hazards is set out below.

Protection against accidents

1. *Falls on the level*
2. *Falling on stairs etc.*
3. *Falling between levels*
4. *Fire and explosions*
5. *Flames, hot surfaces, etc.*
6. *Collisions, entrapment and ergonomics*
7. *Structural collapse and falling elements*
8. *Electrical hazards*

Physiological requirements

9. *Excess cold*
10. *Radiation*
11. *Damp and mould growth*
12. *Lead*
13. *Indoor air pollutants*
14. *Excess heat*
15. *Asbestos and MMF*

Protection against infection

16. *Domestic hygiene*
17. *Water supply*

Psychological requirements

18. *Crowding and space*
19. *Entry by intruders*
20. *Noise*
21. *Lighting and obstructed views*

Glossary

Although attempts have been made to minimise the use of jargon, the HHSRS does use some words or phrases in a particular way. Assessors should be aware of these interpretations when completing their assessments. This section provides the key terms which are used for the purpose of an HHSRS assessment and some information about how they are used.

Dwelling – Any structure or part of a structure used or intended to be used as living accommodation. This would typically be expected to contain provision for sleeping and facilities for food preparation, bathing, and sanitation. Where these facilities are shared (e.g. in bedsits) the whole of that building or section of the building would be considered as a shared dwelling.

A dwelling includes all fixtures, fittings and appliances which are the responsibility of the building owner or manager. It also includes any structures, grounds or facilities which are associated with or give access to the dwelling, those which are considered to be part of the dwelling, those which are

shared with other dwellings and any rights of way, services, structures, and foundations (e.g. the roof and foundations of a block of flats).

When inspecting a dwelling, assessors must conduct a 'whole dwelling assessment' considering the internal parts of the structure which are private to the dwelling occupier(s), alongside external grounds, and any of the above elements. For example, an assessment of a flat above a shop would consider the external envelope of the building (the walls, roof and foundations), elements of the building with relevance to the flat being assessed (e.g. any fire detection system), access doors, corridors and stairs to reach the flat and any external balconies or yards the occupiers of the flat have access to (including those shared with other users of the building).

Baseline indicators – Baseline indicators provide a prescriptive but non-exhaustive list of proportionate building measures designed to protect the health, safety, and wellbeing of occupiers. While they cannot eliminate risk, they are designed to address common health related housing deficiencies found across the housing stock. Baseline indicators can be used alongside other relevant matters, to provide an indicative summary of aggravating and mitigating factors related to the hazard being assessed. Anything regarded as less than the baseline indicator (or optimum condition for any matter relevant to that hazard) should be regarded as a deficiency. Baseline indicators are not indented as a 'minimum standard', however, and do not in any way replace the risk assessment aspect of the HHSRS. Assessors should consider the impact of those deficiencies on the health of occupiers from the vulnerable age group. The baseline indicators are set out in a table in Appendix 1 in Part 2 of this Guidance, which can be used by those who have not yet completed formal training in the HHSRS, to check elements of a dwelling which are relevant to the health and safety of the occupiers.

The baseline indicators can be applied to all types of properties, but it may not always be feasible to meet all, or part, of the baseline indicators. The indicators may not in themselves reduce the risk from a hazard to an acceptable level, or the indicators may not reasonably apply to the dwelling being assessed. In these circumstances, alternative or additional works may be necessary to reduce the risk from the hazard to an acceptable level. These will be informed by the HHSRS, and judgements made by the assessor.

Deficiency – A deficiency occurs when any element of the building fabric fails to meet the optimum condition or baseline indicator for that element to prevent, avoid or minimise risk the from a hazard. What is the optimum will vary over time.

Deficiencies may occur with fixed internal finishes, where they are directly relevant to the hazard (e.g. a carpet coming loose on a flight of stairs). Deficiencies may also occur with any element of the surrounding building fabric, when the dwelling is part of a larger structure, such as a block of flats.

Deficiencies may be due to the design or construction of the building, its age, modification, or lack of maintenance over time. Assessors should consider any essential constituent parts, facilities, and amenities relevant to the property dwelling being assessed (e.g. windows, staircases, electrical installations, and space heating).

The HHSRS is concerned with those matters which can be considered the responsibility of the owner or manager of the property. Assessors must consider how these would affect an occupier from the vulnerable age group in their day-to-day occupation of the dwelling ('the effect of the defect').

Failure of the dwelling to meet any of the relevant baseline indicators will also be deemed as a deficiency.

Hazard – Any risk of harm to the health or safety of a current or potential occupier that arises from a deficiency.

In some cases, as well as being a hazard in its own right, a hazard may increase the likelihood of an occurrence of, or the severity of harm likely to result from another hazard.

Likelihood – This is the probability of harm occurring as a result of the hazard being assessed, over a period of 12 months following the inspection of the dwelling.

Likelihood is expressed as a ratio (e.g. 1 in 10). To help those without formal training in the HHSRS to understand likelihood scores, in this guidance they are accompanied by the descriptor terms very unlikely, unlikely, likely, and very likely. See the scoring bar below for the representative scale point of the percentage range of each descriptor term.

Very unlikely				Unlikely				Likely				Very likely			
<1 in 5000	1 in 3000	1 in 2000	1 in 1000	1 in 500	1 in 300	1 in 200	1 in 100	1 in 50	1 in 30	1 in 20	1 in 10	1 in 5	1 in 3	1 in 2	1 in 1

Example - Scoring bar for likelihood

Harm and classes of harm – Harm is any adverse physical or mental effect on the health of a person. It includes short and long-term health effects. The HHSRS only considers harms which may prove fatal or require medical attention as it is these harms which are recorded in the national statistics upon which the scoring system is based.

Harms are categorised into four classes which are: Extreme, Severe, Serious, and Moderate**.** When there is a harmful occurrence from a hazard, assessors must determine what the expected spread of likely harm outcomes will be across the four classes of harm. Further detail on class of harm outcomes is provided later in this part of the Guidance.

Hazard score/rating – The hazard score is a numerical score, from 0 to 5000, which represents the overall risk from the particular hazard being assessed. The score is calculated from the likelihood and spread of harm outcomes using a formula.

The hazard rating is the band into which the hazard score falls. There are three bands: High, Medium and Low. These have been changed from the original HHSRS (which used ten bands titled with the letters A-J) to make the scoring system more intuitive to use and provide descriptive titles which are easier to understand for those with no formal training in the HHSRS.

Category 1 or 2 – When hazards in a dwelling are scored below 1,000, they are referred to as Category 2 hazards. When they are scored at 1,000 or above, they are referred to as Category 1 hazards. Under the Housing Act 2004 local housing authorities have a duty to take action if they find a Category 1 hazard when inspecting a dwelling under the HHSRS. They have the option to take action if they find a Category 2 hazard when inspecting a dwelling under the HHSRS.

Further guidance on actions following the scoring of a hazard is provided in the HHSRS Enforcement Guidance.

Vulnerable age group – Rather than considering the risk to the actual occupiers, the HHSRS assumes for the purposes of assessing a hazard that the property is occupied by someone from the age group which is most vulnerable to that hazard. Where there is no particular group which is more vulnerable to that hazard the population is taken as a whole.

Vulnerability to particular hazards is restricted to age groups. It does not extend to vulnerability for other reasons.

Health – the HHSRS definition of health encompasses both physical and psychological factors.

Scale points/scoring bars – The HHSRS uses scoring bars consisting of a set of fixed scale points from which assessors must select their scores. There are 16 scale points on the likelihood scoring bar and 11 on the harm outcomes scoring bar. Each scale point represents a range of scores with the scale point value at its centre. For instance, on the scoring bar for likelihood displayed below, the scale point of 1 in 50 is used to represent any likelihood score from 1 in 37 to 1 in 70. Scoring bars with fixed scale points are used to simplify HHSRS scoring and capture the very wide range of scores available for likelihood and harm outcomes, in a way which is appropriate for input into the HHSRS formula. The scale point values used in the previous version of HHSRS have been altered to simplify the scoring interface.

Risk – Represented both as an absolute score and a band (referred to as the Hazard Score or Hazard Rating) risk is determined from the likelihood of a harmful occurrence over the next 12 months and the spread of harm outcomes showing the severity of likely harms from that hazard, in that situation. Values for likelihood and harm outcomes are entered into a formula to give a score, the numerical size of which indicates the level of risk from that hazard.

March 2026

Ministry of Housing, Communities and Local Government