Report on the Public Engagement Event for the HIA on the

Core Strategy of the Cork City Development Plan (2022-2028)

By

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Acknowledgements

Health Impact Assessment

Health Impact Assessment (HIA) is an approach and "a process which systematically judges the potential, and sometimes unintended, effects of a project, programme, plan, policy, or strategy on the health of a population and the distribution of those effects within the population" (Winkler et al., 2021: 3). In addressing any potential health impacts, HIA creates an opportunity to inform projects/programmes/policies in order to improve population health and advance health equity. The HIA process allows for a strengthening of measures from the project/ programme/ policy found to be working to the benefit of population health, as well as address any potential negative/ unintended health impacts. HIAs include an opportunity for public participation as part of the Analysis stage, to inform the HIA with lived experience from those who would potentially be affected by the project/ policy/ programme under assessment.

HIA-IM project

A four-year project called *Development of a Health Impact Assessment Implementation Model: Enhancing Intersectoral Approaches to Tackling Health Inequalities* (HIA-IM) (O'Mullane et al., 2024) commenced early 2023 in University College Cork. The project is led by Monica O'Mullane with Tara Kenny working as Postdoctoral researcher and Kirsty Nash as Research Assistant. The purpose of the research study in HIA-IM is to examine and explore the practice/ doing of HIA currently in Ireland, with a view informing and strengthening the practice of HIA across local and national policy development. In order to learn from the practice of HIA, two HIAs are being conducted within the HIA-IM project. The first one is on the Cork City Development Plan (2022-2028) during the year 2024. The second HIA is on the Climate Action Plan, in the year 2025. The research study uses implementation science frameworks to examine the barriers and enablers to doing the HIAs. The study is underpinned by an action research approach (Bradbury, 2022), which allows space for co-learning in doing the HIA with members of the HIA Steering and Working Groups. These governance structures are created for each of the two HIAs being done within HIA-IM. The project is working towards iteratively co-creating a contextualised implementation model, built primarily from the lived experience of the Steering Group and Working Group members of the two HIAs. The Institute of Public Health Ireland HIA guidance is being used in the process of the two HIAs (Pyper et al., 2021), as well as learnings from other countries that carry out HIAs routinely including Wales, Scotland, England, and New South Wales in Australia.

Ethics approval was attained for the research project (Log number 2012-091) with specific ethics approval received for carrying out the public event (Log number 2023-091A2) from the Social Research Ethics Committee, University College Cork.

Purpose of Event

The public engagement event was organised as part of the HIA being carried out on the Cork City Development Plan (2022-2028). The purpose of the event was to create an opportunity for the public, specifically people living in Cork, to have their say on the topic and focus of the HIA being carried out on the Core Strategy of the Cork City Development Plan (2022-2028). The event was an opportunity for participants to respond to questions in the group work at the event, drawing on their own lived experience, on the potential positive and negative/ unintended health impacts that the Core Strategy could have on people living in Cork.

The public event generated data that will be used in the Analysis stage, as part of the HIA stagiest process (Pyper et al. 2021), of the HIA being carried out on the Cork City Development Plan (2022-2028). HIA-IM researchers are members of the HIA team carrying out the HIA.

Format

The event was chaired by Liz Green, Director of the Welsh HIA Support Unit in Wales, and co-facilitated by Bernie Connolly of the Cork Environmental Forum, and the HIA-IM researchers, Monica O'Mullane, Tara Kenny and Kirsty Nash. Eoin Healy on work placement with Denise Cahill in the Health Services Executive (HSE), from the degree programme in Public Health Sciences, University College Cork, contributed on the evening with registration desk tasks and in assisting with the event.

The Millennium Hall was set up with 4 tables and chairs around each. There was a desk, projector, and screen at the top of room, with power point presentations on laptop, delivered by Monca O'Mullane and Karen O'Mahony. Presentations were delivered about the HIA on the Cork City Development Plan (2022-2028). There was a walking microphone provided for Liz as Chair and for anyone to use if needed, in facilitating group discussion.

Each table had their own set of sheets of paper with questions on them and packs of post-its. The tables had markers and pens. The tables were self-facilitated by the participants, which allowed for open discussion amongst participants. Kirsty Nash timed the group work.

Demographics

Table 1 below presents the demographic information of the event participants. There were 24 members of the public at the event. The highest representation in terms age range was in the 50-59 age group, followed by 40-49 and 18-29 respectively, with the lowest

representation in the 70+ category. 58.3% of attendees identified as women, with 37.5% identifying as men and 4.2% non-binary/third gender. The largest proportion of attendees were from Cork South Central at 30.4%, with the lowest at 4.3% from outside the city boundaries. Stakeholder groups included residents, health promotion/healthcare/public health practitioners, policymakers/politicians, and academics/researchers.

Table 1: Demographic information of event participants.

Age:	%	n=24
18-29	20.8	
30-39	16.7	
40-49	20.8	
50-59	25.0	
60-69	12.5	
70+	4.2	
Gender:	%	n=24
Man	37.5	
Woman	58.3	
Non-binary/third gender	4.2	
Prefer not to say	0	
Area of Cork City:	%	n=23
North West	13.0	
North East	26.1	
South West	13.0	
South Central	30.4	
South East	13.0	
Outside the city boundaries	4.3	
Stakeholder Group:	%	n=24
Resident	33.3	
Health Promotion/Healthcare /Public Health Practitioner	25	
Policymaker/Politician	4.2	
Academic/Researcher	25	
Other	12.5	

Findings

Following the presentations on HIA and the Cork City Development Plan delivered by Monica O'Mullane and Karen O'Mahony, participants were asked to discuss and answer the following questions in their groups:

1a) Thinking about your own lived experience, what are the main health impacts, positive or negative/ unintended, of the Core Strategy of the Cork City Development Plan (2022-2028)?

1b) Thinking about other groups living in the city, what are the main health impacts, positive or negative/ unintended, of the Core Strategy of the Cork City Development Plan (2022-2028)?

2) What do you think is needed for a safe and cohesive community to be a healthy and inclusive place?

3) How do you think the objectives to implement the 15-minute City and Walkable neighbourhoods impacts positively or negatively on safe and cohesive communities?

4) Looking at what we have included in our focus for the HIA, which is safe and cohesive communities, is there something missing that we should consider within that focus?

Each question was written on four large sheets of paper per table, which were prepared and placed on each table by the facilitation team before the event. Participants answered these questions on post-its and were stuck onto the relevant parts of the sheet. These large sheets were later collected and labelled (according to each question, in case any post-its fell off afterwards) by the facilitation team after each question. The facilitation team were responsible for timekeeping of each question: approximately 35 minutes for Question 1a & 1b; 20 minutes for Question 2; 20 minutes for Question 3; and 10 minutes for Question 4. In the interest of time, the time allocated for the participants to answer Question 3 was shortened on the evening. Participants answered and collated their responses to each question on the large sheets of paper within these timeframes, and were given a 5-minute reminder towards the end of each question.

Kirsty Nash collated the responses together from each question, as provided by each of the groups (Appendix 1). Kirsty carried out a content analysis of the responses and the result of this analysis is provided in the following sections. Content analysis was selected to keep the findings as close as possible to the wording of what participants said in answer to the

questions. Transcription and analysis was conducted over approximately seven working days (approximately 52 hours) in May 2024.

Monica and Tara commented on the findings and contributed to the report.

Main Health Impacts of the Core Strategy of the Cork City Development Plan (2022-2028)

The following section presents the themes identified from the responses to each question. The themes presented were identified from the verbatim responses (see Appendix 1) using content analysis, and kept close to the original wording from the participants as possible.
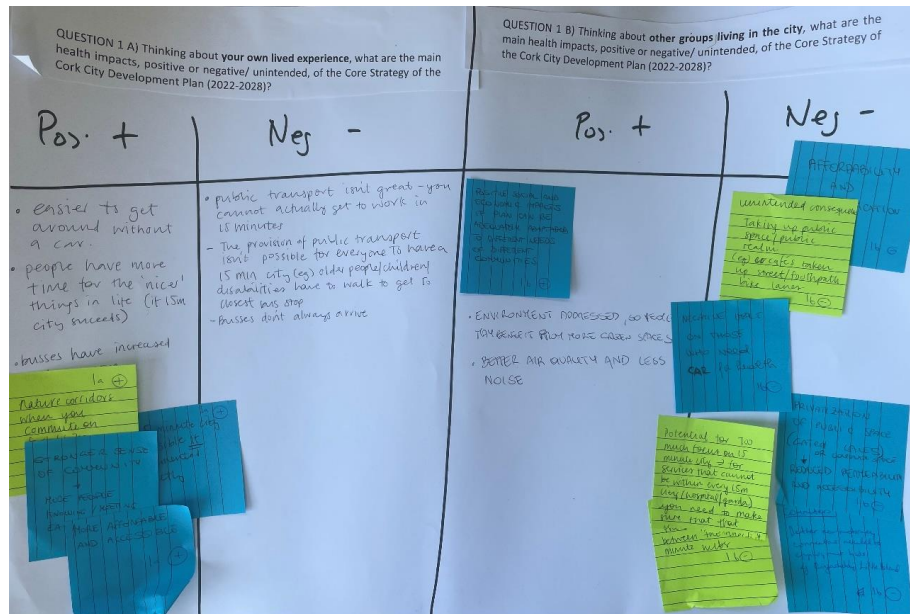

Figure 1: Collection of answers to Question 1 from one of the workshop groups.

1a) The first part of the first question asked attendees to reflect on their **own lived experiences** and discuss the main health impacts – positive/negative & unintended of the Core Strategy of the Cork City Development Plan (2022-2028).

> *Thinking about your own lived experience, what are the main health impacts, positive or negative/ unintended, of the Core Strategy of the Cork City Development Plan (2022-2028)?*

The dominant themes for identified positive impacts that emerged from the across the groups are categorized into four key themes, namely, sense of community, accessibility, free time and nature, as outlined in the following:

- **Sense of community:** Having a stronger sense of community was widely expressed as a main positive health impact of the Plan, for example: having more people knowing and meeting each other; more connection with neighbours; better social connection; safe neighbourhoods; multicultural neighbourhoods.
- **Accessibility:** Greater accessibility was expressed as a main positive health impact of the Plan. For example, it would be easier to get around without a car; buses increase; more affordable and more accessible; better public transportation – making travel easier, safer and healthier; saving money on transportation; night life more accessible and safer; having access to food on walk home; having access to wider variety of shops.
- **Free time:** People having more time for the 'nicer' things in life if 15-minute city succeeds was expressed as a main positive health impact of the Plan. For example, if commuting times are reduced, stress levels will reduce, and can allow more time with family.
- **Nature:** Better engagement with and use of nature was expressed as a main positive health impact of the Plan. For example, using nature corridors and green spaces when you commute on foot/bike, as well as the benefit of reducing air pollution and noise.

An analysis of the negative/ unintended impacts of the Core Strategy were categorized under the themes of poor public transport, limited services and resources, poor use of space, and a lack of consultation, as described further in the following:

- **Poor public transport:** Poor public transport was expressed as a main negative health impact of the Plan, as the provision of 15 min city isn't possible for everyone, for example, older people/children/people with disabilities; buses do not always arrive; bad footpaths stop people from walking.
- **Limited services & resources:** Limited services and resources were expressed as a main negative health impact of the Plan. For example, resources are needed at community level to make communities cohesive; services need to be in place before housing units are inhabited, for example, schools, shops, GP, pharmacy, public transport.
- **Poor use of space:**   Poor use of space was expressed as the main negative health impact of the Plan, with participants expressing the lack of open, public spaces such as squares, community centres to socialise. Many spaces have been closed for years should be opened to make more public spaces for people. It was also mentioned that we must be careful of utilising green spaces for cycling paths, that they need to be preserved as public space and not to sacrifice for active transport.

- **Lack of consultation:** A lack of consultation was expressed as a main negative health impact of the Plan. Participants expressed that there should be community engagement before and after development of Plans and projects.

1b) This question was posted to participants to gather their input about **other population groups** and discuss the main health impacts on these population groups as to positive and negative/ unintended heath impacts of the Core Strategy of the Cork City Development Plan (2022-2028).

Thinking about other groups living in the city, what are the main health impacts, positive or negative/ unintended, of the Core Strategy of the Cork City Development Plan (2022-2028)?

Participants listed the following groups:

Positive health impacts on:

- Older people
- Queer groups
- Those who can't afford cars
- Hard of seeing
- Families & retired people
- Immigrants
- Children
- Young people

Negative/ unintended health impacts on:

- Existing residents - *"don't just start with new residents, you need to look after the existing neighbourhood"*
- Older people – *"poor footpaths in the city"* makes it challenging for older people to walk
- Refugees & asylum seekers – having access to culturally relevant food/resources
- Younger people – limited public transport at nighttime, high cost of taxis
- People of any age that need special assistance
- Disability groups – risk their needs are overlooked
- Children - impact of compact growth - liveability needs to consider removal of cars (air quality impacts on children)
- Teenagers – "c*hange in perspective from thinking teens gathering is anti-social"*
- Those who need cars for their health

- Commuters – better non motorway connections needed

Safe & Cohesive Communities

The second question asked participants to reflect on what is needed for a safe and cohesive community to be a healthy and inclusive place.

What do you think is needed for a safe and cohesive community to be a healthy and inclusive place?
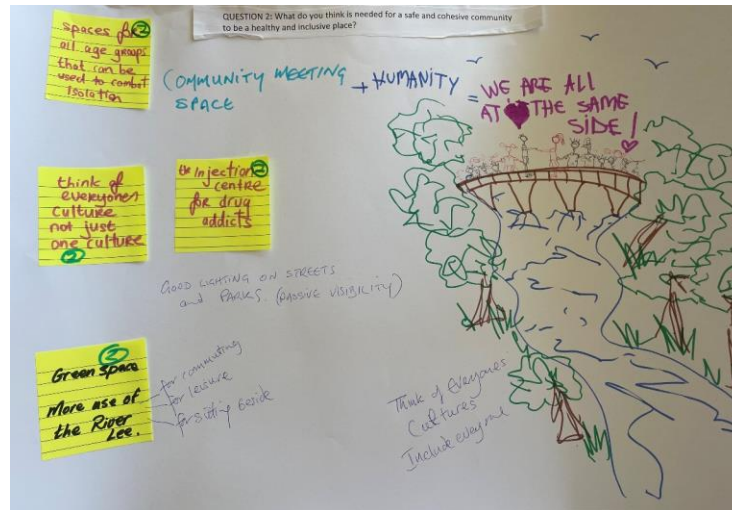

Figure 2: Collection of answers to Question 2 from one of the workshop groups.

- **Community Spaces:** The need for community spaces was widely expressed as what is needed for safe and cohesive communities: for all age groups that can be used to combat isolation; green spaces; community meeting spaces; streets that are safe for people with disabilities, children, elderly; spaces for teenagers; free public seating; cafes in busy places such as parks; communal spaces outside GAA halls; safe, well-lit spaces; third places like parks, plazas, water ways to gather; co-creation of place; more nature based solutions: community gardens, pocket parks; more use of River Lee; prioritising facilitating social interaction in infrastructure and design.

- **Services and amenities:** Having accessible services and amenities was expressed as what is needed for a safe and cohesive community, for example, injection centres; public water stations; public toilets; reliable public transport; faster/smarter traffic lights; well connected, shops to run to; proper resourcing for these initiatives

- **Lighting:** Good lighting was expressed as what is needed for a safe and cohesive community, for example, good lighting on streets and parks (passive visibility); safe, well-lit spaces.
- **Access to local authorities:** Access to local authorities was expressed as what is needed for safe and cohesive communities - having trust between communities and local authority and agencies (for example, an Garda)

Objectives to Implement the 15-minute city & walkable neighbourhoods

The third question asked participants how they thought the objectives to implement the 15-minute City and Walkable neighbourhoods impact positively or negatively on safe and cohesive communities.

How do you think the objectives to implement the 15-minute City and Walkable neighbourhoods impacts positively or negatively on safe and cohesive communities?
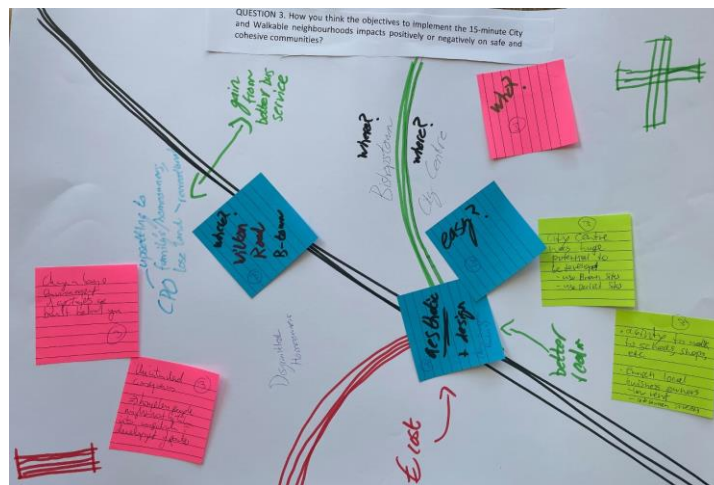
Figure 3: Collection of answers to Question 3 from one of the workshop groups.

Positive impacts:

The positive impacts expressed by participants centered around the benefit of having shared spaces where people can come together, and active travel, where people can include exercise in their daily routine.

- **Shared spaces:** Participants expressed that having shared spaces would be a positive impact of the objectives to implement the 15-minute City and Walkable neighbourhoods on safe and cohesive communities. For example, *"a place to be or*

just sit with no obligation to purchase; "more spaces where community can come together".

- **Active travel:** Participants expressed that active travel would be a positive impact of the objectives to implement the 15-minute City and Walkable neighbourhoods on safe and cohesive communities, whereby people can include fitness and exercise (for example, walking/cycling to and from work) in their daily routine.

Negative/ unintended impacts:

The negative/ unintended health impacts expressed by participants centred around the view that the city was not built to facilitate 15-minute city; the challenges of retrospective planning; and that it is not possible for everyone.

- **Pedestrian infrastructure:** Participants expressed that the weather makes it difficult for Cork to be a walkable city, for example, the slippery surface on Patrick St makes walking dangerous
- **Competing interests / needs:** of pedestrians, cyclists, scooters, cars
- Not everyone can do 15 min city (for example, the elderly, disabled). We need to ensure that there is provision for this
- Unintended consequence of having siloed communities

Unintended impact: homeless people might not be taken into mitigation and development of routes

Missing from HIA focus

4) Finally, participants were asked to share what they felt was missing from the HIA focus as presented on the evening. The following topics emerged from the responses:

Looking at what we have included in our focus for the HIA, which is safe and cohesive communities, is there something missing that we should consider within that focus?

- Environment, sustainability, biodiversity
- Age-friendly
- Housing Costs
- Reliable transport services
- Mobility Costs – e.g. insurance, fuel
- Cultural considerations for refugees and Travellers
- Food security & infrastructure

- Fair wages
- Gentrification
- Homeless
- Commuters
- Community spaces
- Social impact – metrics
- Spatial regulations
- 24hr HSE assistance service

This question gave the opportunity for the research team to consider topics that were not currently within the HIA focus, and to refer to as they may emerge later through related topics in the Analysis stage of the HIA.

Learnings from the event

After the questions section of the event, Liz the chair of the event asked each table to discuss three key learnings they take away from the event, with one person nominated to feed these learnings back to the group. The following themes emerged from the key learnings expressed by participants:

Meaningful consultation: The importance of meaningful consultation was expressed as a key learning from the event, with the view that bringing communities together in spaces like this or within communities is key to the implementation of the plan and for people to come on board, as opposed to top-down actions and decisions.

Transportation: It was expressed that if the city could solve the transport issue (for example, poor bus routes etc.), then other issues could slot into place, but we must think about what is going to happen in the meantime – not everyone is going to buy an EV overnight. We need to adapt as we go, need to be incremental and use what works. Park & ride needs to be promoted more.

Community Spaces: There is a need for community spaces in the city – somewhere with no expectation of spending money, for example, chess clubs, book clubs, instead of spending money at coffee shops/pubs.

24-hour Emergency Service: It was expressed that there is a need for a 24-hour emergency service, to deal with 'middle health emergencies' and drug overdoses - things that people call Gardai for but don't answer because classified as health issues.

Participant Feedback

At the end of the session, participants were given feedback surveys, posing the following questions:

- What did you learn during the workshop?
- What do you feel were the positive outcomes resulting from this workshop?
- What did you like about the workshop?
- What do you think we could improve on for next time?
- What were your expectations prior to the session? Did the session meet them?
- Do you have any other comments or suggestions for the Health Impact Assessment or for the HIA-IM project generally?

This section highlights the key themes that emerged from the feedback.

What worked well:

When asked about the positive outcomes of the workshop, participants expressed that there was good participation and engagement in the groupwork, capturing diverse viewpoints, learning from others' experiences and opinions, and coming together with a shared desire to achieve positive outcomes. Participants expressed that they felt consulted, listened to, and heard.

Overall, participants expressed that the format of the workshop worked well, with positive feedback on the informal, casual approach and that it was a good balance of interaction between conversational group work and listening to the facilitators.

Suggestions for improvement:

Participants were asked what the HIA-IM team could improve on for future public engagement events. Having a wider and more diverse audience was frequently mentioned – for example, identifying people with more varied interests; reaching out to traditionally marginalized communities such as the LGBTQ community, Travellers, refugees, immigrants, and groups across the socioeconomic gradient, as well as having more young people and people of colour involved. Several participants expressed that the questions could have been clearer and more specific, with some questions being quite similar. Additionally, a participant suggested that time at the beginning of the workshop to mingle and network with the other participants would be beneficial, while another suggested that a facilitator at each table would be helpful in keeping the group focused on the task.

Conclusion

This report has presented the findings of the Public Engagement Event on the HIA of the Core Strategy of the Cork City Development Plan (2022-2028).

The purpose of the event was to create an opportunity for the public, specifically people living in Cork, to have their say on the topic and focus of the HIA, drawing on their own lived experience to discuss the potential positive and negative/ unintended health impacts that the Core Strategy could have on people living in Cork. Several themes emerged from the data collected at the event – notably, a shared sense that people in Cork want to feel part of a safe and cohesive community, with the overall findings presenting key recurring topics: Firstly, having shared community spaces is an important component of a safe and cohesive community. Secondly, improved accessibility to services and public transport is integral to the concept of a safe and cohesive community and in implementing the city development plan. Finally, meaningful consultation with the public with regards to city development planning is important to the people of Cork. In line with the participatory nature of HIA and to ensure that lived experience is captured in the process, the data collected from the event was used alongside scientific and grey literature in the evidence gathering conducted in the analysis stage of the HIA in May 2024.

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Appendix A- Collation of responses from the public event for the HIA on the Cork City Development Plan (2022-2028)

The following tables are the verbatim responses that were written by participants at the event. The responses were written by participants on large paper sheets, and gathered and transcribed into these tables by Kirsty Nash and Monica O'Mullane.

QUESTION 1 A

Thinking about your own lived experience, what are the main health impacts, positive or negative/ unintended, of the Core Strategy of the Cork City Development Plan (2022-2028)?

Positive	Negative/ unintended	Both positive and negative/ unintended
- Easier to get around without a car - People have more time for the 'nicer' things in life, if 15-minute city succeeds. - Buses have increased and are more - Nature corridors when you commute on foot/ bike 20/15 minute city is possible if implemented correctly - Stronger sense of community and more people knowing/ meeting each other - More affordable and more accessible - Commuting time will be reduced – save your day and stress levels - More connection with neighbours - More time with family and children - Green spaces- need to make these people-focused as well as nature-focused	- Public transport isn't great- you cannot actually get to work in 15 minutes - The provision of public transport isn't possible for everyone to have a 15 minute city e.g. older people/ children/ people with disabilities have to walk to get to closest bus stop - Buses don't always arrive - Transition to 15-min city will take time and will be difficult for us all - Resources needed at community level to make communities cohesive - Transport options- scientific evidence varies as to what is best- E-cars, fuel, energy etc - Food seems to be missing- 15 minute city does not seem to take account of food - Services need to be in place before housing units are inhabited- schools, shops, GP, pharmacy, public transport - Public spaces – open spaces like squares; community centres to socialise	Trans port and consu ltation

• Hope for positive improvement in transport connections to existing suburbs • Better engagement with nature – river and green spaces • Better public transport- make travel easier, safer and healthier • Better social connection and safe neighbourhoods • People are looking to connect- this will help • More housing above shop units- cultural shift needed to apartment living • Small, compact city + VE • The people! Multicultural neighbourhoods • Exciting opportunities, resources available and chance to influence • 15 minute city choices in how to move, shop • Connecting existing infrastructure and amenities • Agency and comfort in exploring city • Stronger sense of culture • Greenery • Regular public notice through letter box • Convenience • Health & joy from active transport • Recreation • Sense of community • Save time • Save money on transport • Night life is more accessible • Access to food on walk home • Having food (chipper) near home due to mix use development • 15 minute city- sense of community; access to fresh fruit instead of local Tesco • Reduce air pollution and noise	• Open spaces that are closed for years, making the city more lively • Too many empty houses, lack of turnaround development and voids • Open space gym. IDEA: Mardyke walk (where skate park is); Bell's View (top of Patrick's Hill) • Bad footpaths stop people walking • Communal table for connection, to help lonely and isolated people • Shandon's Bells area is a traditional area in the city, should be more tourist friendly, better organised • Open the old Butter Market • Too many paths in a green space; less space for play • Explore ways of community engagement • - key community members; plan for feedback after projects are completed • Lack of consultation- bus frequency and Roches not consulted • Community engagement pre-making changes to estates – it doesn't seem to happen! • Be careful of green spaces, preserve them; not to sacrifice to active transport such as cycling lanes etc	

Live in city centre- time saved by not driving to/from work • Relaxed- no worry about getting a taxi home late (when living in the centre)		

QUESTION 1 B

Thinking about other groups living in the city, what are the main health impacts, positive or negative/ unintended, of the Core Strategy of the Cork City Development Plan (2022-2028)?

Positive	Negative/ unintended
• More permeable neighbourhoods- "eyes on the street" • Jobs for food deliveries by cargo bike for older people from supermarkets • Encourage open engagement with the natural environment to points of interest or amenities e.g Tramore valley park • Queer groups • Those who can't afford cars • Hard of seeing • Families & retired- Places to go for pleasure- point of interest- parks, cafes, seats • We have freedom of speech and democracy. We are welcomed to contribute our opinions- positive or negative • Cultural connections- for immigrants it's easy to feel welcome; friendly and open • Walkable City- easy to walk or commute • - Neighbourhoods close to city centre • -There's no need to have a car if one decides not to have one • Children can play on streets • Reduced road deaths and injuries • Life becomes easier • Mental health impact for all- impacts on all forms of health • Need to create more green spaces in the city centre	• Implementation? Uneven surfaces in busy areasà difficult for wheelchair users, prams etc • Don't just start with new residents, you need to look after the existing neighbourhood • Will Traveller halting sites be incorporated into the 15 minute city? • Older people- capitalise on what we have- older people in older estatesà poor footpaths, not just about who's coming in, the younger generations • Incorporating refugees sites such as direct provision on IPAs- access to culturally relevant food/ resources • Public transport at night time for younger people, cost of taxis and no buses after certain time • Alternative spaces- for people to connect, do arts, music, gathering – something similar to the marina market but without fod and drinks/ beers • Conversation/ Encouragement spaces • Lack of halting sites • Chronic Stress- lack of GPs • Lack of buses, lack of parking spaces • Better footpaths in Blackpool – Richmond Hill has small footpaths making the hill hard for elderly people, in the top there is a great elderly community • Roches Building- there's no shops/ supermarket in the top of the hill; I

- bus corridors are essential- engagement with communities is needed – poor so far
- connections needed between compact areas so these areas don't become 'cut off' disconnected as has happened before
- greater dispersal of 3rd level education- spread students and movement across the city
- marina marker model for young people- more please
- compact growth positive for older people- housing needs to be appropriate to their needs- footpaths; - road crossings, services
- compact growth- will lead to community building and cohesiveness
- Positive social and economic impacts if plan can be adequately adapted to different needs of different communities
- Environment addressed, so people may benefit from more green spaces
- Better air quality and less noise

- frequently see old people coming up and down every day for food and groceries
- Social assistant. Adult/ Education- for people of any age that needs special help (someone to read the letters and emails) to a person that can't read
- Disability groups – risk their needs are overlooked
- Impact of compact growth on children- liveability needs to consider removal of cars (air quality impacts on children), play spaces
- Access to childcare
- Access to schools
- Safety
- Safety shared spaces e.g. older adults and scooters
- No sign of any plan for teenagers
- Community services need to be better supported
- More park n' ride needed
- Growth needs to be viewed beyond economic development
- Teenagers
- Change in perspective from thinking teens gathering is anti social
- Community facilities shared by all – needed
- Affordability and gentrification
- Unintended consequence: taking up public space / public realm e.g. cafes taken up street / footpath / bike lanes
- Negative impact of those who need car for health
- Potential for too much focus on 15 min city – for serivces that cannot be within every 15 min city (hospital / garda) you need to make sure that there is connectivity between the 15 min hubs
- Privatisation of public space (gated lanes) or corporate space – reduced reusability and accessibility
- Commuters – better non motorway connections needed to employment hubs eg Ringaskiddy, Little Island

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QUESTION 2

What do you think is needed for a safe and cohesive community to be a healthy and inclusive place?

- Spaces for all age groups that can be used to combat isolation
- Think of everyone's culture, not just one culture
- Injection centre for drug addicts
- Good lighting on streets and parks (passive visibility)
- Green space
- More use of the River Lee for commuting, for leisure, for sitting beside
- Community meeting space + humanity = we are all at the same side
- Trust between communities and local authority and agencies (e.g. garda)
- More shared spaces – streets that are safe for people with disabilities and children and older communities
- More enforcement of rules
- Deal with dereliction… bring people back into the city. People being around make a place feel safe
- Playground and spaces for teenagers – not the same space
- More nature based solutions: community gardens, pocket parks, sense of community,
- Public free fresh water stations needed
- More free public seating
- Public toilets
- Tree canopy shade cover
- Faster / smart traffic lights to stop us jaywalking
- Access to reliable public transport
- A residents association
- Access to places of interest
- Provide amenities such as cafes in busy places such as parks
- Need places to meet
- Communal spaces – outside GAA halls
- Density is key to 15 min city
- Work with what you have – dereliction, height of buildings
- Communicating the level of density for outer suburbs? - like these places – Bishopstown, Mahon - 'village' centres, public open space
- Proper resourcing for these initiatives
- Prioritising facilitating social interaction in infrastructure and design – cafes outside GAA
- Safe, well lit spaces
- Well connected public transport

- Access to support e.g an garda
- Directory of social programmes
- Safety is well lit, heathy eyes, well connected, shops to run to, not derelict
- Working with what you already have
- Maybe in "retrospect" what is the demographic – Bishopstown – older population – new buying now
- Popping event notifications in people's letterbox
- Third places like parks, plazas, water ways to gather
- Shops like pubs, cafes, bakery etc
- Shared space – respectfully
- People around
- Safety
- Lighting
- Healthy and inclusive
- Communication
- Co-creation of place
- Compromise
- Green wall
- Community centre
- School

QUESTION 3

How do you think the objectives to implement the 15-minute City and Walkable neighbourhoods impacts positively or negatively on safe and cohesive communities?

- Wet weather = slippy footpaths
- Maintain the footpaths
- Better mental health services for addicts (and needy)
- Make streets safer
- Listen and understand
- The weather makes it difficult for Cork to be a walkable city
- A 24 hour emergency HSE service that can help with mental health and drugs where the guards can't
- Dog poo obstacle course
- 24 hour help line
- Engage public
- Social responsbility

- Report anti social behaviour
- Sheltered boulevards – e.g. marquee in ibirapuera park Sao Paulo
- A place to be or just sit with no obligation to purchase
- Where is the bridge across Lee near Marina Market
- No need to depend on public or private transport
- Exercise: a person can include the exercise in the daily routine even on a busy day
- Slippery surface on Patrick St make walking dangerous
- Assuming busses arrive on time
- Negative impact: not everyone can do 15 min city, ensuring there is provision for this
- Negative impact: unintended consequence of having siloed communities
- Barrier: quality of footpaths
- Maintenance of drainage on bike lanes and footpaths in winter
- Busses to move freely in traffic and arrive on time
- Pedestrians in areas where there are no footpaths / slow speed limits
- Positive impact: more spaces where community can come together
- Positive impact: if you don't have to travel far you start to appreciate your place more
- Positive impact: shared public spaces
- Children can use their local area safely
- +: fitness
- +: mental health
- +: meeting people
- +: safety
- +: child and age friendly
- +: mixed housing
- +: slower city living – the impact on more vulnerable groups
- -: city was not built to facilitate
- -: retrospective planning challenging e.g. gardens wilton corridor
- -: Citizens need to concede way of life / property / convenience of car
- -: Competing interests / needs of pedestrians, cyclists, scooters, cars
- Where? Wilton Road, Bishopstown, city centre
- Aesthetic and design (new European Bauhaus) - € lost – better realm
- Easy?
- City centre has huge potential to be developed – use brown sites, use derelict sites
- Ability to walk to schools, shops etc
- Enrich local business owners – low rent, pedestrian streets
- CPO – upsetting to familys / homeowners, lose land – recreational
- Change in house environment if built behind you
- Unintended consequences: homeless people might not be taken into mitigation and development of routes

- Disgruntled homeowners
- Who?

QUESTION 4:

Looking at what we have included in our focus for the HIA, which is safe and cohesive communities, is there something missing that we should consider within that focus?

- Highlight the environmental and sustainability gains of 15 min cities
- Biodiversity
- Give the youth a reason not to emmigrate "youth flight", "generation stuck at home"
- Highlight age friendly more
- Family friendly design – bins for nappies, toilets
- Housing costs – affordable rent, house prices
- Mobility costs – insurance, fuel, repair, RSA
- Refugees and travellers need particular cultural considerations
- Inclusion of food as objective – security, infrastructure
- Including / incorporating existing infrastructure
- Meaningful consultations
- Affordability of housing
- Fair wages
- Gentrification
- Impact on homeless people
- Commuters were a demographic we identified but weren't included
- Has to be an area / space where people can gather e.g. green spaces, 'pocket parks'
- Social impact – what metrics? How to measure? Whats the timeframe to see an impact?
- Change spacial regulations to allow housing over shops to create a living city
- A community gathering fulfills our anthropological need to come together as a tribe
- A 24 hour HSE assistance service for mental health and drug addiction where the garda can't help
- Reliable and frequent transport service
- Community needs should be able to override litigation
- Communal age gathering places, spaces and events