

Introduction

About this Survey

The purpose of this survey is to gather insights, data and experiences on the challenges, needs and future opportunities to enhance community safety in Cork City. The findings from this survey will assist with developing the new Cork City Local Safety Plan 2026 - 2029.

Will my answers be anonymous?

Yes, your answers are anonymous. This means we will not know who you are. Please do not include your personal information in your answers to make sure your identity is kept safe.

We will group answers together in a report. This will help to make sure we keep your responses anonymous.

Who can complete this survey?

This survey is open to all residents of Cork City as well as people who may visit the city for work, shopping or leisure. This survey is open to people aged 12 years or over. It is important that the voice of residents, including younger people is taken into consideration during the consultation stage of the Local Safety Plan.

Who is running this survey?

This survey is being run by the Cork City Local Community Safety Partnership. Should you have a query on the survey or the Cork City Local Safety Plan please contact the Cork City Local Community Safety Partnership by emailing communitysafety@corkcity.ie

The closing date for submission is 4pm on Sunday 31st May 2026.

RETURN BY POST OR EMAIL

If you do not wish to complete this survey online, you may complete it by hand and return it to us by post to:

Local Community Safety Partnership, Community Team, Cork City Council, City Hall, Anglesea, Street, T12 T997.

Or you can scan and email your response to:

communitysafety@corkcity.ie

Deadline for receiving applications via post or email is 31st May 2026.

*** I agree to take part in this survey**

Yes

No

*** Please choose one of the following**

- I am completing this survey for myself
- I am completing this survey on behalf of someone else.

Your sense of safety

General safety

Please tell us how much you agree with the following statements about how generally safe or unsafe you feel

*** I feel safe in my community during the day.**

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know/Prefer not to say

*** I feel safe in my community at night.**

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know/Prefer not to say

*** My community is a safe place to live.**

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know/Prefer not to say

*** Ireland is a safe place to live.**

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know/Prefer not to say

Safety during the day

Thinking about being in your community during the day, please tell us how safe or unsafe you feel...

*** Using parks and public spaces.**

- Very safe
- Somewhat safe
- Neither safe nor unsafe
- Somewhat unsafe
- Very unsafe
- Don't know/Prefer not to say

*** Using public transport.**

- Very safe
- Somewhat safe
- Neither safe nor unsafe
- Somewhat unsafe
- Very unsafe
- Don't know/Prefer not to say

*** Walking on streets.**

- Very safe
- Somewhat safe
- Neither safe nor unsafe
- Somewhat unsafe
- Very unsafe
- Don't know/Prefer not to say

Safety at night

Thinking about being in your community at night, please tell us how safe or unsafe you feel...

*** Using parks and public spaces.**

- Very safe
- Somewhat safe
- Neither safe nor unsafe
- Somewhat unsafe
- Very unsafe
- Don't know/Prefer not to say

Using public transport.

- Very safe
- Somewhat safe
- Neither safe nor unsafe
- Somewhat unsafe
- Very unsafe
- Don't know/Prefer not to say

*** Walking on streets.**

- Very safe
- Somewhat safe
- Neither safe nor unsafe
- Somewhat unsafe
- Very unsafe
- Don't know/Prefer not to say

Things that affect safety

*** Which of the following do you think play a role in community safety?**

(Please select all that apply.)

- Communities (your community- neighbours or groups)
- Family/Youth Services
- Gardaí
- Hospitals
- Local Authorities
- Public Transport Providers
- Social Services
- Community Services
- Further and Higher Education Institutes
- Jobs
- Mental Health Services
- Schools
- None/Prefer not to say

Your experience of safety in your community.

Safety in your local community means that the people in your area feel protected, comfortable and free from harm.

*** In the last 12 months, have you personally experienced any of the following?**

(Please select all that apply.)

- Animal related issues
- Domestic, sexual, gender based violence and abuse
- Fraud or Deception
- Maritime related issues
- Property Crime
- Threat or violence in person or online
- Anti Social Behaviour
- Drug Related Intimidation
- Hate Crime
- Online/Cyber Crime
- Public Disorder
- Trespassing
- Assault (physical, mental, harassment or stalking)
- E-scooter/Scrambler issues
- Littering/Noise Pollution
- People using or selling drugs
- Road Safety Concerns including Speeding/Dangerous Driving
- None
- Don't know/Prefer not to say

Things that make you feel safe

*** Which three factors make you feel safe in your community?**

(Please select your top 3).

- Community Connections**
Knowing your neighbours, groups, and events
- Responsible Authorities**
Emergency services, Local Authorities, Health, Education, Social Services etc
- The Environment**
Lighting, Roads, Clean spaces, Footpaths, No vandalism, No rubbish
- Access to Resources**
Health, Schools, Libraries, Public Transport etc.
- Inclusivity**
Absence of hate crime, being included in the community etc
- No Intimidation/Loitering**
No anti-social behaviour, intimidating groups, no public drunkenness etc
- Economic Stability**
High employment rates, thriving businesses, housing security etc
- Access to safe community spaces**
Playgrounds, parks, community hubs etc
- Road Safety**
Traffic calming measures, careful driving, etc

Safety and quality of life

*** How much does feeling safe impact your quality of life? For example, does it influence what you do, where you go and when?**

(Please select one option.)

- Not at all
- Very little
- Quite a bit
- Significantly
- Don't know/Prefer not to say

Reporting safety concerns

*** Do you know how to report a safety concern in your area?**

- Yes
- No

If yes, do you feel comfortable reporting safety concerns in your community?

- Yes
- No

Where you get information about safety

*** What are your most significant sources of information about safety and crime in your community?**

(Please select a maximum of 3 sources.)

- Community online sources; Neighbourhood alerts, WhatsApp etc
- Online news sources, RTE etc
- Local/national newspapers
- Radio/TV
- Podcasts
- Social Media
- Word of mouth

Community Collaboration

Local public services are provided by the Government or other state-funded organisations. These include:

- **emergency services**
- **local authorities**
- **health services**
- **education services**
- **social services**
- **Defence Forces.**

*** How well do you think local public services currently work together to address safety concerns in your community?**

(Please select one option.)

- Very well
- Quite well
- Neither well nor poorly
- Quite poorly
- Very poorly
- Don't know/Prefer not to say

Your confidence in public services

*** How much confidence do you have in local public services to effectively respond to community safety concerns?**

(Please select one option.)

- Very confident
- Quite confident
- Not very confident
- Not at all confident
- Don't know/Prefer not to say

Local residents and safety

*** How involved are local residents in making decisions about safety in your area?**

(Please select one option.)

- Very involved
- Quite involved
- Somewhat involved
- Not very involved
- Not at all involved
- Don't know/Prefer not to say

Local Safety Forums

Local Safety Forums take place regularly in communities across the city. They are spaces where you and your community can discuss any safety concerns you may have with An Garda Síochána and/or Cork City Council.

Are you aware of Local/Community Safety meetings?

- Yes
- No

Do you currently attend any local safety forums or community safety meetings in your area?

- Yes
- No

If no, why?

- I did not know about them
- I have no interest in attending
- The day or time or location does not suit me
- Other (please specify)

About you

We are collecting the details in this section to help us understand:

- who participated in this survey and,
- their experience of safety.

You do not have to share this information if you would prefer not to. All questions are voluntary.

What age are you?

(Please select one option)

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to say

Which of the following describes how you think of yourself?

(Please select one option.)

- Female
- Male
- Non-binary
- Transgender
- Other
- Prefer not to say

Which of the following best describes your sexual orientation?

(Please select one option.)

- Straight (heterosexual)
- Gay or Lesbian
- Bisexual
- Other
- Prefer not to say

Where do you usually live?

What is your country of citizenship?

(If you have dual citizenship, please declare both.)

- Ireland
- Other citizenship
- No citizenship
- Prefer not to say

What is your ethnic or cultural background?

(Please select one option.)

- White Irish
- White Irish Traveller
- Roma
- Any other white background
- Black or Black Irish-African
- Any other Black background
- Asian or Asian Irish Chinese
- Asian or Asian Irish Indian/Pakistani/Bangladeshi
- Asian or Asian Irish - any other Asian background
- Arab
- Other including mixed
- Prefer not to say

What is your religion?

(Please select one option.)

- Roman Catholic
- Church of Ireland
- Islam
- Presbyterian
- Orthodox
- No Religion
- Other
- Prefer not to say

How would you describe your main status?

(Please select one option.)

- Employed
- Unemployed
- Retired
- Unable to work
- Student/pupil
- Looking after home or family
- Other

How would you describe your household composition?

(Please select one option.)

- One person
- Couple
- Couple with Children
- Lone parent with children
- Non-family household
- Two or more family units
- Other

Do you have any of the following long-lasting conditions?

(Please select all that apply.)

- Blindness or a serious vision impairment
- Deafness or a severe hearing impairment
- A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying
- An intellectual disability
- A difficulty with learning, remembering or concentrating
- A psychological or emotional condition
- A difficulty with pain, breathing or any other chronic illness or condition
- None of the above
- Prefer not to say

Thank You

Thank you for taking the time to complete this survey. We hope you found it clear and easy to complete. We used plain English guidelines to create it.

If you have any further questions about this consultation, please contact us at:

communitysafety@corkcity.ie