Anticipated outcomes	How it worked in the evaluation (what happened)	How it could work (recommendations)
It was anticipated that building community assets using a champion-based model would result in *grassroots organising and mobilisation*	• Local authority licensing officers (referred to as 'licensing leads') were not involved in the organising or mobilisation of community volunteers per se but did deliver technical training. • Not all CICA intervention areas experienced alcohol availability and accessibility issues, limiting opportunities for grassroots involvement at a Lower Layer Super Output Area (LSOA) level.	• Licensing engagement needs to be harnessed through collaborative community partnerships creating a sense of shared commitment/goals over a sustained period. • Interventions need to be situated in places, and with interested parties, experiencing high outlet density/where there are risks or evidence of harms that threaten the licensing objectives.
It was anticipated that having a licensing officer as a point of contact to support and advise communities would result in *relationship building with decision makers/networks*	• In eight out of nine areas, licensing leads attended *Train-the-Trainer* (first generation) training events, providing an initial point of contact and advice for Alcohol Health Champions (AHCs). • In five out of nine areas, licensing leads attended *cascade* (second generation) training events. • No further involvement or direct contact with licensing leads reported post-training.	• Licensing leads need to have allocated time and capacity to support and advise AHCs/communities. • During training, licensing leads to review with AHCs and local coordinators, licensing activity at LSOA/community level - to develop awareness and common understanding of licensing issues and co-develop licensing knowledge of local area/community of interest. • AHCs to be informed of/introduced to licensing officers from other Responsible Authorities in the local authority area that could support representations or receive notifications of issues/complaints to address the licensing objectives. • Establish and facilitate a community network including officers from other Responsible Authorities

It was anticipated that training on how to engage with the licensing process would help champions to *use their confidence to put skills into practice and roll-out further training*	• AHCs gained knowledge around: the Licensing Act 2003; the LA's Statement of Licensing Policy; the role of Responsible Authorities; the availability of public licensing registers of applications received and premises licences issued, and; how to make 'representations' or objections that address one or more of the four licensing objectives. • AHCs felt more confident post-training that they could raise issues about venues selling alcohol, but they did not do this very much in practice.	• Training on the licensing process to be simplified to focus on process, timescales, and licensing objectives. • Tailoring specific training for AHCs in evidencing data that 'speak licensing officer language'/address a relevant licensing objective to leverage licensing requirements. • AHCs to be trained to access and review licensing applications on the LA website/sign up to email notifications, with clear parameters on how to make a successful representation.
It was anticipated that increasing the strengths, motivations and skills of community members as Alcohol Health Champions would result in *increased community engagement*	No evidence of engagement in licensing activity through 'official' channels.	Licensing authorities to examine appropriateness of naming all representatives and subsequent potential to exclude community members from equal participation in licensing process for fear of intimidation and reprisal.
It was anticipated that AHCs could use their knowledge and skills to influence the local alcohol licensing policy context *e.g. taking part in consultation processes such as cumulative impact assessments and reviews of statements of licensing policy (SOLP)*	• Document review of all 10 SOLPs highlighted a policy context of limited readability and accessibility for the public; local policy context was predominantly applicant focused. • Five out of 10 SOLPs provided information to the public on how to submit representations. • Three out of ten SOLPs provided information on how to report issues/complaints as part of joint compliance and enforcement monitoring protocols. • No cumulative impact assessment consultations or reviews of local SOLPs took place during the intervention period. No known increases in community consultation/AHC engagement in subsequent reviews of SOLPs post-intervention.	• Local licensing policy should be re-orientated to be community-centred, with the support of national policy. • Guidance should promote standards to increase the inclusivity and accessibility of licensing procedures for the public/communities, including statements of licensing policy wording. • Where example model conditions are provided, consider the quality/strength of evidence-based practice proposed, and the positive outcomes anticipated, in order to effectively promote the licensing objectives. • Proactively consult interested parties (such as residents, community members), especially in communities/areas experiencing inequalities.