

Could Alcohol Be Hidden in Food or Drink?

Important Seasonal FASD Safeguarding Guide for Education Settings and Clubs

Who this guide is for: Parents and carers; school, college and alternative-provision leaders; Designated Safeguarding Leads; SENCOs and SEND teams; teachers, tutors and support staff; catering and hospitality teams; trip, residential and work-placement leads; and staff or volunteers in wraparound care, sports, youth, holiday and community clubs supporting children and young people with known or suspected prenatal alcohol exposure or FASD.

Children and young people with known prenatal alcohol exposure, likely or confirmed Fetal Alcohol Spectrum Disorder (FASD) may be especially vulnerable around alcohol.

Where might alcohol be encountered?

- Homemade mince pies, Christmas cake, desserts or other food brought in for celebrations, fairs and fundraising events.
- Packaged confectionery, ice lollies, desserts or drinks where alcohol is not obvious from the front of the packaging.
- Residential trips, work experience, hospitality or catering activities, college social events and unsupervised community time.
- Alcohol brought onto the premises, shared by peers or supplied by an older student or adult.

Differences in impulse control, judgement, working memory, understanding consequences, emotional regulation and learning from experience can increase risk. Some learners may also experience binge eating, food-seeking or difficulty recognising fullness and stopping once they have started, which can increase the likelihood of consuming several alcohol-containing treats before the risk is identified.

Suggestibility, a wish to fit in and difficulty recognising unsafe situations may also leave a learner more open to peer pressure, coercion or exploitation. This is a safeguarding need - not simply a behaviour issue.

Practical safeguarding actions

- **Complete and regularly review an individual complex-needs risk assessment.** This should not rely on diagnosis or chronological age alone. It

should consider the learner's developmental and neurodevelopmental profile; executive functioning, impulse control, working memory and communication; sensory and interoceptive differences; physical and mental health; medication; trauma and previous alcohol exposure or use; food-seeking or binge patterns; susceptibility to peer pressure, coercion, grooming or exploitation; ability to recognise danger and seek help; access to alcohol-containing food or drink; and the level of supervision required across lessons, catering activities, celebrations, trips, residentials, transport, placements and community time. Record specific preventative measures, named responsible adults, safe alternatives, information-sharing arrangements, early warning signs, the learner's communication and exit plan, emergency action and review dates. Develop the assessment with the learner, parents or carers, the Designated Safeguarding Lead, SENCO and relevant health, social-care or specialist professionals, and update it after any incident, change in need or change of setting.

- Check ingredients for all purchased and homemade food or drinks. Ask specifically whether brandy, rum, sherry, liqueur or another alcohol has been used, including after cooking.
- Where ingredients cannot be confirmed, provide an appealing alcohol-free alternative without singling out or shaming the individual.
- Share necessary information with relevant staff, including catering teams, trip leaders and work-placement providers.
- Provide clear, concrete and repeated teaching about alcohol, adapted to the learner's developmental understanding. Practise a simple script: **"I need to check the ingredients before I have this."**
- Plan appropriate supervision and access to a trusted adult during celebrations, trips, placements and social events.

FASD-informed support in education and clubs

Use a developmental, not age-based approach: keep language concrete and brief; allow extra processing time; repeat key messages and use visual reminders. Offer calm co-regulation through a trusted adult or club leader, using declarative prompts such as **"We do not know what is in this yet, so let's choose something we know is alcohol-free."**

Avoid public questioning, shame or sanctions. Treat confusion, unexplained food or drink, missing time or unusual peer contact with safeguarding curiosity, and agree one consistent plan across school, college, wraparound care, sports, youth, holiday and community clubs.

If there is a concern

Report concerns promptly to the Designated Safeguarding Lead and follow the setting's safeguarding, first-aid and substance-related procedures. Consider accidental consumption, peer pressure, coercion, exploitation, distress or unmet need rather than responding through discipline alone.

Record what happened, inform parents or carers where appropriate, review the learner's plan and seek specialist help if alcohol use is repeated or escalating. If intoxication or poisoning is suspected, obtain urgent medical advice and do not leave the learner alone.

Key message: Reduce access, check ingredients, teach for understanding, supervise proportionately and respond with curiosity and safeguarding, not blame.

Additional guidance for parents and carers

- Check the ingredients of festive foods, desserts, confectionery and drinks, including familiar products, as recipes can change. Ask directly about alcohol in homemade food and provide an appealing alcohol-free alternative when ingredients are uncertain.
- Consider the home environment and the individual's level of vulnerability. Bottles of alcohol may need to be locked away and kept out of sight, or families may decide not to keep alcohol in the home. Reducing easy access is a preventative safeguard, not a punishment.
- Plan ahead for family celebrations, visits, parties and holidays. Let trusted relatives or hosts know what support is needed, agree who will supervise food and drink, and take safe alternatives where helpful.
- **Practical examples for celebrations and visits:** Before visiting, ask the host whether mince pies, Christmas cake, trifle, chocolates, sauces or punches contain brandy, rum, sherry, liqueur or another alcohol. You might say, **"Please could you keep any alcohol-containing food separate and let me know which choices are alcohol-free?"** Take a clearly identified safe dessert or drink so the person is not left without an appealing option. At buffets, ask a trusted adult to check unfamiliar or homemade items before they are offered, and use a separate plate for confirmed alcohol-free food. Keep alcoholic and alcohol-free drinks in clearly different places, avoid leaving glasses unattended, and agree which adult will quietly supervise food and drink without drawing attention to the individual. Before the event, use a short reminder such as, **"Some Christmas foods contain alcohol. Please check with me before choosing something new."** If plans change or ingredients cannot be confirmed, calmly offer the prepared alternative rather than debating the risk in front of others.
- **Child-friendly preparation script:**

"We are going to a celebration today. There may be lots of different foods and drinks. Some cakes, puddings, chocolates or drinks can have alcohol in them, even when we cannot see or taste it. Alcohol is not safe for your brain and body, so we will check together before you choose something new."

You do not have to remember this on your own. Before eating or drinking something unfamiliar, you can show it to me or ask, 'Is this alcohol-free?' I will help you check."

We are taking some safe treats and drinks that you can enjoy. If we do not know what is in something, we will choose one of those instead. You are not in trouble for asking, and it is always okay to check."

If someone offers you something and you are unsure, you can say, 'I need to check with my adult first.' Then come and find me. We will work it out together."

Responding to peer pressure

- Prepare in advance using brief, concrete language and practise one or two responses, such as **“No thanks, I only have alcohol-free drinks”** or **“I need to check first.”**
- Agree a discreet exit plan, code word or message the learner can use to leave the situation without having to explain, and make sure they know exactly which trusted adult to contact.
- Do not rely on the learner remembering rules or resisting repeated pressure independently. Use visual reminders, predictable check-ins, appropriate supervision and easy access to appealing alcohol-free choices.
- If alcohol is accepted, carried or consumed, respond calmly and establish what happened before applying consequences. Consider suggestibility, the wish to fit in, coercion, threats, grooming or exploitation.
- Record and report concerns through the Designated Safeguarding Lead or club safeguarding lead. Review the individual plan with the learner, family and relevant professionals, without blaming or publicly identifying the learner.
- Use calm, concrete and repeated explanations matched to developmental understanding. A simple script may help: **“We need to check the ingredients before you eat or drink this.”** Visual reminders or a trusted adult can provide an external prompt when working memory and impulse control are affected.
- Respond with curiosity rather than blame if alcohol is sought, taken or consumed. Consider anxiety, distress, trauma, peer pressure, unmet need or difficulty stopping once started, and seek early professional support if concerns are repeated or increasing.
- Share relevant information with education settings, respite providers, clubs and other trusted adults so that safeguards remain consistent across environments.

FASD vulnerability evidence: UK evidence recognises FASD as a lifelong neurodevelopmental condition that can affect executive functioning, impulse control, judgement, memory, emotional regulation and adaptive functioning. These differences, together with increased susceptibility to peer influence, trauma and co-occurring mental-health needs, may increase vulnerability to alcohol or other substance misuse. Risk is not inevitable for every person with FASD, but education settings should treat it as an individual safeguarding consideration requiring developmentally appropriate teaching, reduced access, proportionate supervision and early support. See the [Department of Health and Social Care FASD Health Needs Assessment](#) and the [UK overview of current FASD evidence and activity](#).

Evidence and further information: [Systematic review of mental-health and substance-use outcomes for people with prenatal alcohol exposure and FASD](#) · [UK Government food-labelling guidance: alcohol used as an ingredient in prepacked food must be declared in the ingredients list, while drinks containing more than 1.2% alcohol by volume must display their alcoholic strength](#).

Education reference points: [Keeping Children Safe in Education 2026](#) · [Searching, Screening and Confiscation in Schools](#) · [Children and Young People’s Alcohol and Drug Services Framework](#) · [FASD Health Needs Assessment](#)

Learn more: For further information about Fetal Alcohol Spectrum Disorder and FASD-informed safeguarding needs in education and community settings, visit <https://www.fasdinformed.co.uk/>.

Disclaimer: This guide provides general FASD-informed educational and safeguarding information only. It does not replace an individual risk assessment, professional medical or legal advice, or the safeguarding, first-aid and substance-related procedures of the education setting or club. Alcohol-related vulnerability varies between individuals; decisions should be proportionate, person-centred and made with the learner, family and relevant professionals wherever appropriate. If alcohol poisoning, intoxication or immediate danger is suspected, seek urgent medical assistance and follow local emergency and safeguarding procedures.

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