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Viewing Contact Sports as a Safeguarding Issue

Dear Editor,

Sustaining a sport-related concussion (SRC) has been associated with negative consequences to emotion and cognition in recent years,^{4,5} and head impacts are no different.¹ Moreover, there is a consistent link reported with neurodegenerative diseases such as motor-neuron disease, Parkinson's disease, and dementia. Although this is well-known within the scientific community, and becoming so in the general population, we still place children at risk. Promoting attitude change toward SRC and head impacts in sport is difficult enough with adults as many are accustomed to the way their contact sports are played and spectated. However, a redeeming feature for many researchers is that the evidence is there, and the rhetoric is being discussed in the mainstream media across the world. Whether adults accept or deny the claims of such associations is their informed decision. In the UK, the National Society for the Prevention of Cruelty to Children (NSPCC) defines safeguarding as the action that is taken to promote the welfare of children and protect them from harm.³ Using this definition, engaging in contact sports, where SRC and head impacts are likely, and therefore the negative consequences associated with them, should be considered a safeguarding issue.

The International Association Football Federation (FIFA) and International Football Association Board (IFAB) have been reluctant to introduce concussion protocols in fear of abuse of new laws, such as feigning injury to gain an additional substitute.⁶ However, in 2015, the US Soccer Federation banned heading footballs in players aged under 10 years after a lawsuit filed by concerned parents and players. For children aged 11 to 13, there are regulations limiting the amount players can head the ball before these being lifted at age 14. The Scottish Football Association followed suit 5 years later banning the heading of footballs in training sessions for children aged 6 to 11 years. This law was not amended in game situations, but instead coaches are told to encourage dribbling and passing play instead. There is no evidence that these guidelines are adhered to at grassroots level. An ever-reluctant English Football Association is also currently trialling the removal of all

deliberate heading in football matches across under-12s level and below in England for the 2022/2023 season. Their statement reads that if the trial is successful this law change will be made permanent for the following season, but there are no details of how the success of the trial will be determined.

While these changes are a step in the right direction as they aim to limit head impacts for children playing football, it is still not enough. In England, a child is defined as anyone who has not yet reached their 18th birthday.³ Child protection guidance points out that even if a child has reached 16 years of age and is living independently, in further education, a member of the armed forces, in hospital, or in custody in the secure estate, they are still legally children and should be given the same protection and entitlements as any other child.² These laws are in place to protect children from aspects of the world that they cannot understand. There are some contradictions to this rule with some assuming children can make their own decisions at the age of 16, which is reflected in age of consent of sexual activity in the UK. Although this is unclear, it highlights the issue in the US, Scotland, and England where children above the age of 10, 11, and 12, respectively, are heading footballs without being able to make an informed decision of the risk that it possesses.

Therefore, as there is enough evidence of the negative consequences of SRC and head impacts in sport,^{1,4,5} heading footballs can, by definition, be considered a safeguarding issue. Whether the removal of heading in football training and games situations be raised to 16 or 18 years of age is up for further debate given the contradictions of child status and their cognitive capacity for informed decision-making. Erring on the side of caution and raising these to 18 years of age seems sensible. Adults can make their own informed decisions, and therefore it is up to them whether they want to agree with or deny the science. Children cannot make these decisions, and so it is our responsibility to protect them from these impacts that can have seriously negative consequences in later life, such as neurodegenerative diseases.

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