


Should heading the ball be banned in football?

A report by experts from the University of Glasgow looking at deaths caused by neurodegenerative disease in former professional footballers in Scotland.

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A report by experts from the University of Glasgow looking at deaths caused by neurodegenerative disease in former professional footballers in Scotland found that whilst deaths from causes such as heart disease and lung cancer were lower amongst footballers when compared to the general public, death from neurodegenerative disease was three and a half times more likely for professional footballers.

As a result of this report, and in news that was covered widely in the media, the Scottish Football Association are to publish new guidelines which are likely to include a ban on heading footballs in training for the under 12s. Some sources consider the guidelines may also limit heading in matches and in training for higher age groups.

The view of the general public to this news makes for interesting reading. Comments on the BBC News website suggest a common view that this is health and safety gone mad. Some suggest they used to head the ball as a child and are fine, that this a typical response for the “snowflake generation”, and that it is unnecessary as footballs are now lighter than those used by previous generations.

The report didn't identify the cause of the increased instance of death from neurodegenerative disease but Dr John MacLean, the Scottish FA's doctor who was part of the team who wrote the report thinks the proposed restriction is common sense. He considers the likely cause of such a significantly greater number of such deaths would be head injury or heading a ball and that they can't afford to wait for the evidence on heading. He believes sensible pragmatic steps need to be taken, and trying to reduce the overall number of times young players head the ball, which is more in training than in matches, would be such a step.

The English FA has launched a research taskforce to consider potential changes to the coaching and training of heading in England with a view to decreasing the overall exposure to heading the ball. This will include exploring the introduction of limits on heading in training across all levels of football, from full-time professionals to children. Whilst that research is ongoing, the FA is set to launch new coaching guidelines proposing a restriction on the amount of heading of the ball for under 18s in training sessions. The guidelines have yet to be finalised yet, but do not entirely ban heading in the absence of evidence of a direct link between heading the ball and neurodegenerative diseases.

In the United States, children aged 10 and under are already banned from heading and there is a restriction on heading for children aged between 11 and 13. Currently there is no similar ban in any European country. If implemented as proposed, the Scottish FA restrictions will be the first in Europe. The US restrictions were implemented following a claim by the parents of a number junior football players against the United States Soccer Federation (USSF) as a result of the USSF agreed to change its safety. Litigation over alleged sport induced brain injuries is nothing new in the US where class actions have been brought by players from the NFL (American Football), NHL (ice hockey), National Collegiate Athletics Association and WWE wrestling to recover damages arising from brain injuries allegedly caused while playing. Could we see a similar situation in England and what should governing bodies and clubs be considering in light of this news?

In brief, where it can be proven that blows to the head have resulted in a foreseeable brain injury, then a range of potential claims could follow. A claim could potentially be brought against a governing body for failing to take reasonable steps to eliminate or reduce the risk of harm. A claim could also be brought against a club or coach for the same thing or for failing to teach appropriate technique which could reduce the risk of injury. At a more junior level, schools may also face claims for failing to ensure the safety of their pupils. Currently, there

is no direct evidential proof that repeatedly heading a football causes or significantly increases the chances of developing a neurodegenerative disease. However, this report, combined with other well publicised incidents, such as the inquest into the death of the former professional footballer Jeff Astle which recorded his cause of death as dementia brought on by repeatedly heading a football throughout his career, puts governing bodies, clubs, coaches and schools on notice as to the potential for this aspect of football to result in significant harm to participants. This is a potential risk which needs to be assessed by all of those who have responsibility for participants in football, and in the event a risk is identified, measures put in place to educate as to the risk, and/or reduce or remove the risk by whatever means are appropriate. That could involve reducing exposure to heading, or as is likely to be recommended in Scotland, banning heading in training entirely for younger participants. The assessment should also be reviewed in light of any new evidence concerning the risk. Whatever steps are taken, the governing body, club, coach or school needs to be confident that such steps adequately deal with the risk because if litigation in England follows the example of the US, claims against such bodies are likely to increase.

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