

IOC consensus statement on elite youth athletes competing at the Olympic Games: essentials to a healthy, safe and sustainable paradigm

Michael F Bergeron ^{1,2}, Jean Côté ³, Sean P Cumming ⁴, Rosemary Purcell ⁵, Neil Armstrong ⁶, Luca Basilico,⁷ Kirsty Burrows,⁸ Jean-Benoit Charrin ⁹, Allyson Felix,¹⁰ Heike Groesswang,¹¹ Yasunobu Iwasaki,^{12,13} Mininder S Kocher ^{14,15}, Magali Martowicz,⁹ Kit McConnell,¹⁶ Jane Moran,^{17,18} Christine Holm Moseid,¹⁹ Margo Mountjoy ²⁰, Torbjørn Soligard ⁸, Evgenia Tetelbaum,¹⁶ Ansgar Thiel ²¹, Tine Vertommen ^{8,22}, Gloria Viseras,⁸ Richard Budgett ⁸, Lars Engebretsen ⁸, Uğur Erdener²³

For numbered affiliations see end of article.

Correspondence to

Professor Michael F Bergeron;
mbergeron@wtatennis.com

Accepted 16 August 2024
Published Online First
28 August 2024

ABSTRACT

With the pronounced ongoing growth of global youth sports, opportunities for and participation of youth athletes on the world sports stage, including the Olympic Games, are expected to escalate. Yet, adolescence is a vulnerable period of development and inherently dynamic, with non-linear and asynchronous progression of physical, physiological, psychological and social attributes. These non-concurrent changes within and between individuals are accompanied by irregular and unpredictable threats and impediments. Likewise, the evident age-based criteria and conventional path for those youth athletes deemed eligible candidates for the Olympic Games are not well or consistently defined. Furthermore, the unstructured and largely varying policies and practices across the sporting International Federations specific to youth participation underscore the need to establish a contemporary universal paradigm that would enable elite youth athletes to navigate an individualised healthy pathway to personal, athletic and sport success. First, we reviewed and summarised key challenges facing elite youth athletes and the relevant evidence fundamental to facilitating and supporting central aspects of health and well-being, while empowering safe, sustainable and positive engagement during athletic and personal advancement and competition. Second, we developed and present a modern elite youth athlete model that emphasises a child-centred, practical framework with corresponding guidelines and recommendations to protect health and well-being while safely and favourably managing international sport competition. Our proposed evidence-informed paradigm will enable and support individualised pathways for healthy, well-rounded and sustainable positive engagement while achieving sport success for youth contending or aiming to compete at world-class international sporting events.

INTRODUCTION

Sports participation can be highly rewarding to youth at all levels. Documented benefits include diverse psychological and social advantages as well as enhanced academic achievement, improvements in overall health and fitness and career success later

in life,¹⁻⁶ but there are often barriers to participation and recognised threats to the physical and mental health and well-being of youth athletes; and involvement at the elite world-class level is no exception.⁷⁻¹¹ With a youth-centred holistic focus and priority, highlighting the especially vulnerable and impressionable adolescent development period, the International Olympic Committee (IOC) 2015 consensus statement on youth athletic development stands as the leading evidence-informed reference and guidelines for sustainably *developing* healthy, resilient and capable youth athletes.¹² This current complementary IOC statement, however, specifically focuses on *highly trained, national level and above*, elite youth athletes training for and participating in international sport events, most notably the Olympic Games. Nonetheless, this consensus with accompanying guidelines and recommendations is *not* a prescription for Olympic selection and achieving medals. Rather, we propose a contemporary paradigm that is integral for enabling and supporting individualised pathways for healthy and sustainable engagement and well-rounded advancement as an athlete *and* person while achieving sport success (broadly defined) for those youth contending or aiming to compete at the world-class level.

The fundamental challenge

With the global youth sports market projected to continue its pronounced growth from USD 37.5 billion in 2022 to USD 69.4 billion by 2030,¹³ opportunities for and participation of youth athletes on the world sport stage, including at the Olympic Games, are expected to escalate. A parallel concern for clarity and guidance on age eligibility has likewise grown. [Figure 1](#) indicates the proportional breakdown of those youth athletes (under 18 years) who participated in the Olympic Games from 2012 through 2022, whereas [figure 2](#) shows how these participants were distributed across the distinct disciplines of the respective sports (IOC internal data). Minimum age eligibility requirements (AERs) across the International Federations (IFs) for youth participation in the Olympic Games



© Author(s) (or their employer(s)) 2024. No commercial re-use. See rights and permissions. Published by BMJ.

To cite: Bergeron MF, Côté J, Cumming SP, et al. *Br J Sports Med* 2024;**58**:946–965.

Executive summary

The fundamental challenge

- ⇒ Whereas sports participation can be highly rewarding to youth at all levels, there are often barriers to participation and recognised threats to the physical and mental health and well-being of youth athletes.
- ⇒ With the global youth sports landscape projected to continue its pronounced growth, opportunities for and participation of youth athletes on the world sports stage, including at the Olympic Games, are expected to escalate.
- ⇒ Minimum age eligibility requirements across the International Federations (IFs) for youth participation in the Olympic Games or other elite-level international competitions are largely variable with age limits that are not fully scientifically informed.
- ⇒ The fundamental challenge is that adolescence is inherently dynamic and non-linear with asynchronous development of physical, physiological, psychological and social attributes within and between individuals continuing from late childhood into early adulthood.

Road to the Olympic Games—a contemporary paradigm

- ⇒ The International Olympic Committee is committed to encouraging and promoting fair and safe sport with the highest standards of ethics and good governance to protect athletes from all forms of harassment and abuse in sport.
- ⇒ The evident age-based selection criteria and conventional path for those choice youth athletes deemed eligible candidates for the Olympic Games are not well or consistently defined.
- ⇒ The unstructured and largely varying policies and practices across the IFs specific to youth participation underscore the need to establish a contemporary universal paradigm that would enable elite youth athletes to navigate an individualised healthy pathway to personal, athletic and sport success.

Inherent changes, threats and challenges

- ⇒ Athletic development during adolescence is reciprocally augmented and challenged by concurrent changes in age-related growth and maturation, the individual timing of which is not possible to forecast precisely.
- ⇒ Adolescent athletes are more susceptible to specific musculoskeletal injuries, notably those associated with growth, maturation and/or overuse.
- ⇒ The ongoing intersections of evolving bio-psychosocial challenges and related health risks inherent to adolescence and consequent to the intense physical and mental demands of their respective sport present an increasingly complex test with great psychosocial strain and mental health challenges to elite youth athletes.

Modifiable threats—opportunities for mitigating risk

- ⇒ Seemingly countless scenarios, exposures and influences can impose additional risk to elite youth athlete health, well-being and sport performance.
- ⇒ However, there are pronounced opportunities to modify risk and adverse impacts notably related to frequency, duration and intensity of training, competition and travel loads, dietary intake and behaviours, unrealistic expectations and undue pressure, family and personal support network separation and influences from commercialisation and social media.

Conditions for healthy engagement and optimal performance in elite youth sport

- ⇒ Key tenets that are central to facilitating healthy engagement and optimal and sustainable performance in elite youth sport include safe, supportive and appropriate competitive settings and environments, caring and positive social ecosystems reinforced by quality personal relationships and personal engagement that promotes positive individual assets and skills. This must be complemented by ongoing individualised appraisal of autonomy readiness and providing corresponding suitable support to progressively equip and encourage each elite youth athlete to act more independently.
- ⇒ Such an encompassing contemporary model and ecological approach must be aptly variable and responsive to changing needs across adolescence and sport participation.

Mental health and safeguarding across the development continuum

- ⇒ Prevention and early involvement should be prioritised in elite youth sport to respectively reduce general and sport-specific risk factors for mental ill-health and to provide timely interventions as warranted.
- ⇒ All those closely working with and overseeing elite youth athletes should also be sensitive and responsive to the everchanging and diverse safeguarding needs and opportunities in addressing risks across the dynamic continuums of adolescent athletic and maturational development.

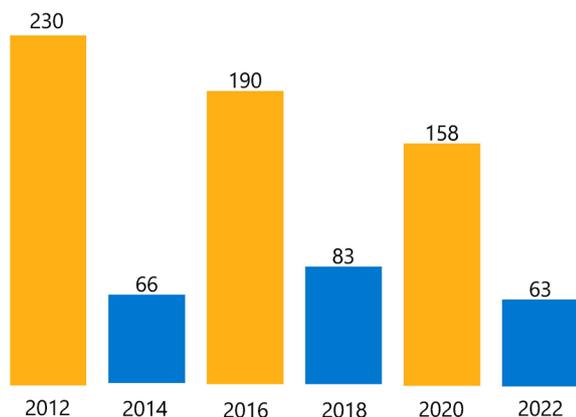
Is age eligibility the solution—or part of the problem?

- ⇒ Age determination and eligibility standards for youth athletes remain a concern and challenge for professional sports academies and international sport governing bodies that organise high-profile sporting events.
- ⇒ However, the practical scientific and clinical evidence that would warrant and support standardised AERs and corresponding sport-specific guidelines and exceptions is not presently available.

Implementing a contemporary elite youth athlete paradigm

- ⇒ The collective guidelines and recommendations presented in this consensus statement constitute a rational, evidence-informed contemporary paradigm with practical steps to support elite youth athletes in safely and favourably managing training and international sport competition.
- ⇒ Going forward, to extend and strengthen the evidence base applicable to healthy, sustainable and successful participation and advancement pathways across adolescence in elite youth athletes and bolster implementation of the proposed paradigm, ongoing evaluation and improvement of best practices, reinforced by corresponding modern predictive modelling research and translation, must be pursued.

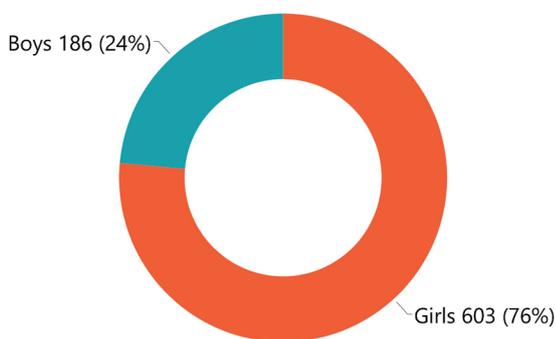
NUMBER OF U18 ATHLETES



GAMES EDITION

Games	Percent of Total Athletes at the Games
London 2012	2.15%
Sochi 2014	2.35%
Rio 2016	1.67%
PyeongChang 2018	2.91%
Tokyo 2020	1.39%
Beijing 2022	2.23%

BOYS & GIRLS



CHRONOLOGICAL AGE

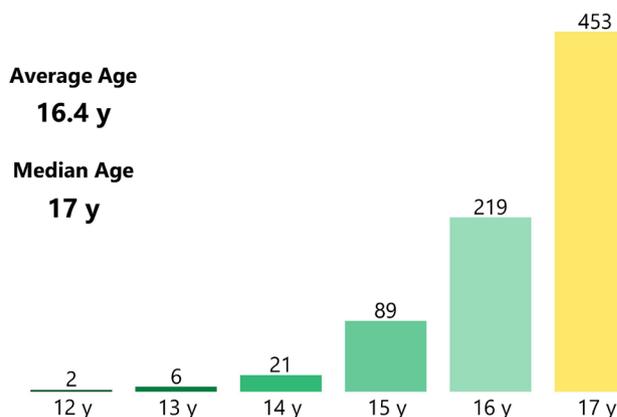


Figure 1 Proportional breakdown of those youth athletes (under 18 years) who participated in the Olympic Games from 2012 through 2022 (IOC internal data; data on youth participation prior to this period are unavailable). One athlete participated in two editions of the Games as under 18 (London and Rio); thus, in the by Games and Chronological Age graphs, the total indicates 790 athletes, whereas the overall number of unique U18 athletes (boys and girls) and Season is 789. IOC, International Olympic Committee.

or other elite-level international competitions are largely variable with age limits that are not fully scientifically informed. Nevertheless, the proportion and distribution of age eligibility thresholds in the Summer and Winter disciplines as reported by the Olympic IFs in 2022 are shown in figure 3 (IOC internal data). The IOC data further indicate just over 30% of those U18 youth participating in the Olympics returned to participate as an adult. Though valid explicit interpretation driving this trend would be premature, concerns regarding undue mental pressures, psychological and sexual abuse, doping, ethics violations, training/competition overload and immature development-related injuries and their long-term impact on affected elite youth athletes are ongoing.^{7 10 14-19}

The fundamental challenge is that adolescence is inherently dynamic and non-linear with asynchronous development of physical, physiological, psychological and social attributes within and between individuals continuing from late childhood into early adulthood. The trajectories, timing and tempo across the biological, cognitive and psychosocial domains of development also vary by sex, race and ethnicity.²⁰ Moreover, adolescence is a highly vulnerable and impressionable period characterised by heightened social awareness and sensitivity²¹ where there are irregular, ever-changing and unpredictable threats and impediments. Accordingly, considerations and accompanying measures

to mitigate risk, maintain health and support well-being for elite youth athletes go far beyond age eligibility to include ongoing apt and timely responsiveness to each athlete’s own multifaceted requirements, challenges and changing environment.

Priorities for the elite youth athlete

The IOC has initiated a comprehensive focus on four key areas to support and protect elite youth athletes. These comprise (a) a review of the current minimum performance and eligibility criteria, including age requirements set by each IF, for all respective athletes and teams aiming to compete at the Olympic Summer and Winter Games, with the compelling recommendation to the IFs to confirm alignment with evidence-informed best practices for safeguarding these youth athletes, (b) a comprehensive review and historical risk assessment (including prevalence of injuries and illnesses) of the Olympic Games and Youth Olympic Games (YOG) and corresponding policies and structures to assure the safety and protection of youth athletes, (c) an operational framework to ensure that the human rights of youth athletes are considered alongside the elite athlete pathway, as aligned with the IOC human rights and safe sport priorities for the broader Olympic Movement and (d) this current consensus statement which will inform all related planned outcomes and

Br J Sports Med: first published as 10.1136/bjsports-2024-108186 on 28 August 2024. Downloaded from <http://bjsm.bmj.com/> on October 30, 2025 by guest. Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies.

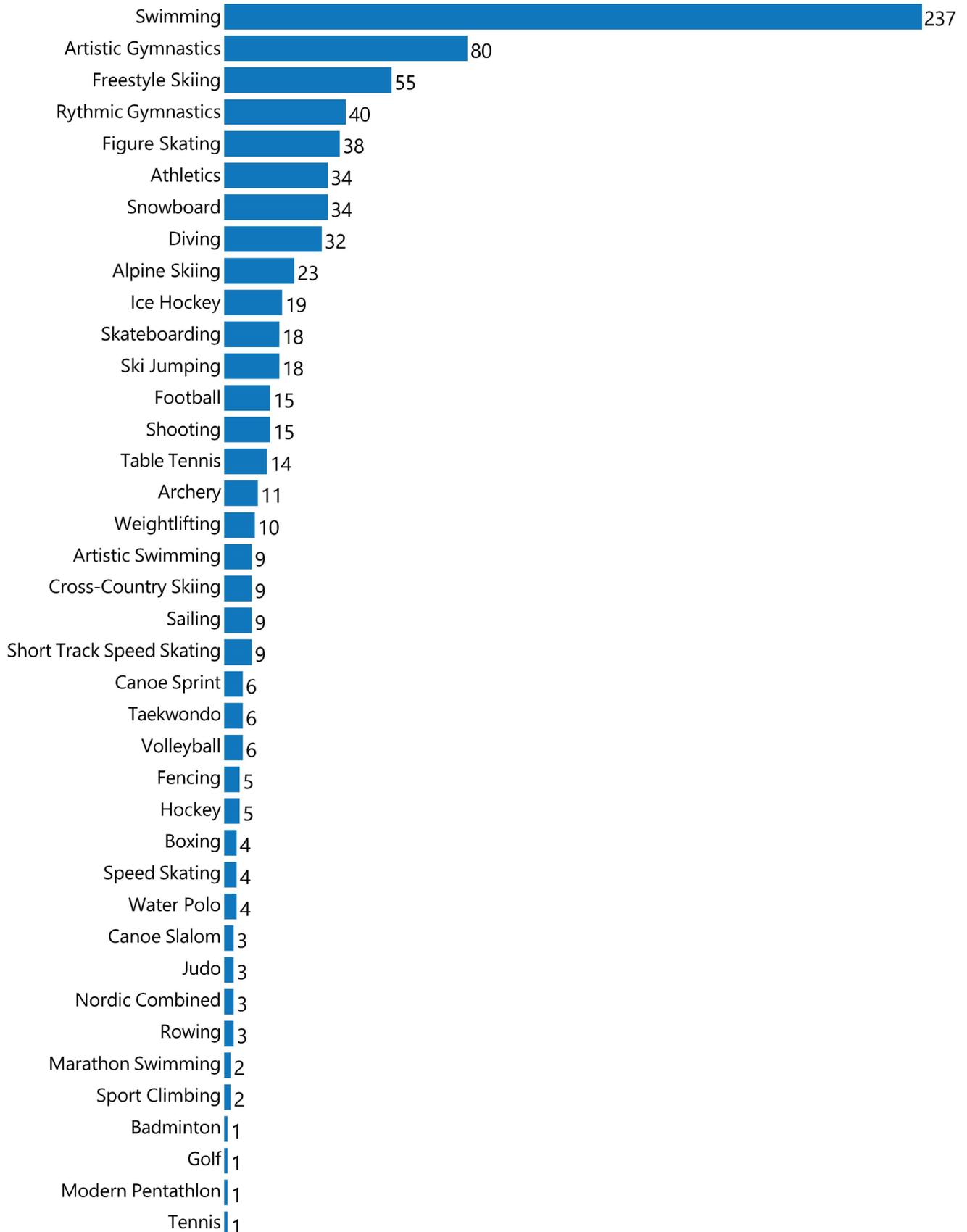
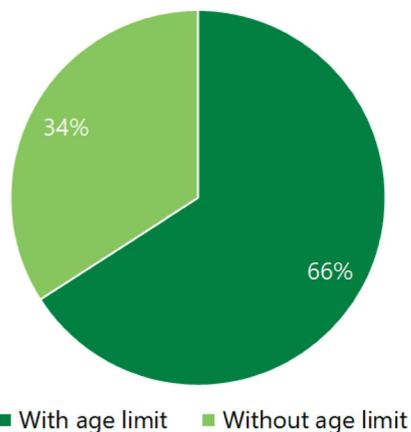
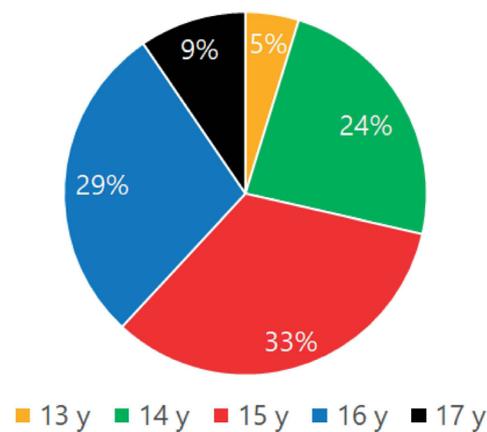


Figure 2 Distribution of youth athletes (under 18 years) who participated in the Olympic Games from 2012 through 2022 across the distinct disciplines of the respective sports (IOC internal data; data on youth participation prior to this period are unavailable). IOC, International Olympic Committee.

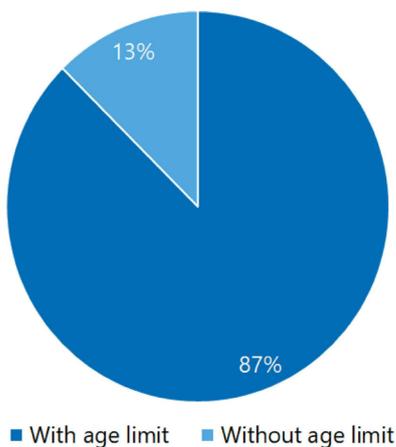
SUMMER DISCIPLINES



SUMMER DISCIPLINES WITH AGE LIMIT U18



WINTER DISCIPLINES



WINTER DISCIPLINES WITH AGE LIMIT U18

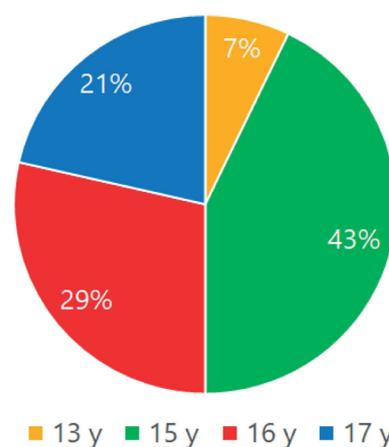


Figure 3 The proportion and distribution of age eligibility thresholds in the Summer and Winter disciplines as reported by the Olympic International Federations in 2022 (IOC internal data). IOC, International Olympic Committee.

succeeding measures (ie, evidence-informed guidelines for best practices and corresponding practical toolkits, education and other resources). A new Olympic benchmark for elite youth athletes will emerge from these IOC priorities that will promote healthy, holistic, sustainable and child-centred rights-respecting athletic development and sport success.

Prioritising and incorporating children’s rights

Fundamental to the above priorities and complementary to the guidelines and recommendations provided in this consensus is the IOC’s commitment to clarify children’s right-derived duty of care obligations for sports and embed them as part of the ‘comprehensive operational framework’ addressed to sport governing bodies. The new IOC *Comprehensive Framework Towards the Realization of Children’s Rights* will be designed to elucidate which rights of children need to be respected and how, with a specific focus on youth athletes who are aiming to participate in the YOG and Olympic Games. These rights include privacy, safety and balancing training/competition with ample opportunities for learning, recreation and social interaction that will encourage overall health, well-being and development. Accordingly, the target audience includes the sport governing bodies, youth athletes, parents, coaches and influencing others

such as sponsors, media and event organisers. Underpinning this IOC initiative is a distinguishing commitment to collaboratively engage the child athletes and each of these groups in genuinely overcoming barriers and embracing opportunities to establish a child rights-respecting sports environment.

Road to the Olympic Games—a contemporary paradigm

The IOC is committed to encouraging and promoting fair and safe sport and, with the highest standards of ethics and good governance, protect athletes from all forms of harassment and abuse in sport.^{22,23} From this fundamental context, however, the evident age-based selection criteria and conventional path for those choice youth athletes deemed eligible candidates for the Olympic Games are not well or consistently defined. Furthermore, the unstructured and largely varying policies and practices across the IFs specific to youth participation underscore the need to establish a contemporary universal paradigm that would enable elite youth athletes to navigate an individualised healthy pathway to personal, athletic and sport success. Whereas the youth athletes will ultimately be influenced by the outcomes of this consensus, the intended primary targets are the National Olympic Committees and IFs who affect change at the national and global sport levels.

Consensus aims

Building on the pillars of 2015 IOC Consensus on Youth Athletic Development,¹² this IOC Consensus Statement distinctively highlights the key issues specific to youth involvement in elite-level international sport competition, including at the Olympic Games. Moreover, we provide practical guidelines and recommendations to inform and suitably inspire parents, coaches and the governing bodies who oversee and regulate each sport and those participating. As applied here, ‘youth’ largely refers to adolescents (11-year to 17-year olds, including preadolescents and adolescents within this chronological age range). These highly trained and dedicated youth athletes are committed to a single sport (note that we are recognising this distinctive track and not necessarily endorsing it broadly) and routinely participate at national level (tier 3) to world-class (tier 5) athletic competitions.²⁴ In this regard, it is essential to clarify ‘elite’ as a characterisation of the *pathway and participation level*—not the athletes per se. Nevertheless, elite youth athletes are children warranting a child-centred approach and are entitled to protections as defined in the 1990 UN Convention on the Rights of the Child.²⁵

Aims:

1. **Challenges and nurturing elements.** Review and summarise key challenges facing elite youth athletes and relevant evidence that is fundamental to facilitating and practically supporting central aspects of health and well-being, while enabling safe, sustainable and positive engagement, athletic and personal advancement and competition for these aspiring participants on the world sport stage.
2. **A contemporary paradigm.** Develop and present an ensuing modern elite youth athlete model that emphasises a child-centred, practical framework with corresponding guidelines and recommendations to mitigate risk, maintain health and support well-being, while safely and favourably managing training and international sport competition.

METHODOLOGY

Equity, diversity and inclusion statement

The IOC convened a consensus meeting in Lausanne, Switzerland on 24–26 May 2023. The consensus faculty deliberately included a broad range of scientific/clinical knowledge and experience in youth athletic health and development that especially encompassed inherent changes and challenges across adolescence and requisite complementary determinants of physical and psychological fitness, readiness and resilience to aptly manage high-level training and international competition. Collectively, these chosen professionals have demonstrated expertise in growth and maturation, developmental exercise science, paediatric orthopaedics and sports medicine, injury and illness risk and prevention, physical medicine and rehabilitation, biopsychosocial development, mental health, ethics, safeguarding, youth sport coaching principles and key influential relationships and related dynamics affecting youth athletes that can facilitate or undermine sport achievement and success. Faculty members were also selected to provide a strong diverse global representation of administrative and sport leadership, experience and expertise from within the IOC (including the Medical and Scientific, Corporate and Sustainable Development and Sports Departments and an Olympian from the IOC Athletes’ Commission) and IFs. The IF representatives offered perspective and insights to enhance practical application, employment and effectiveness of the proposed paradigm.

Evidence reviews

With current procedures guiding international sport participation by youth athletes across the IFs and corresponding disciplines being ambiguous and variable, systematically examining specific questions to confirm or refute the effectiveness of these directives and/or practices was premature. Thus, the consensus panel initially relied predominantly on expert narrative reviews. However, three relevant domains fundamental to our objectives and central to elite youth athletes were defined and selected for scoping reviews. The scope of pertinent emerging research in these distinctive general areas were determined, the findings were interpreted and then the below sections and key messaging presented here were complemented, as warranted.^{26–27} The designated scoping reviews comprised separate searches for (a) growth and maturation changes across adolescence that exacerbate injury risk and could serve as barriers to elite youth athlete performance, (b) risk and vulnerability to mental disorders, psychological distress and/or impaired mental well-being in adolescent elite youth athletes and (c) conditions and settings that facilitate elite youth athlete positive engagement, individual assets and development during adolescence. Searches were conducted *in general* adhering to Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews.²⁸ All searches were conducted with each respective institutional library and were refined to identify peer-reviewed articles written in English and to target ‘all text’ (ie, keywords, titles, abstracts and full text).

Search strategy and screening—growth, maturation and injury risk
Considering the existing literature, a series of unique search terms were used to capture articles investigating the impact of growth and/or maturation on injury in elite youth athletes. The Boolean Operators ‘OR’ and ‘AND’ were used to broaden the search results, define the population of interest (ie, elite youth athletes), restrict the intended outcomes of our search (ie, injury) and link the various search terms. An asterisk (*) was applied to some keywords to search the database for all endings of the word or phrase (eg, matur*). The final search strategy being: (1) ‘elite’ AND ‘youth’ AND ‘athlete’, (2) AND ‘growth’ OR ‘matur*’ OR ‘pubert*’ and (3) AND ‘Injur*’ OR ‘medial epicondyle apophysitis’ OR ‘Proximal Humeral Epiphysitis’ OR ‘stress fracture’ OR ‘growth plate fracture’ OR ‘Pars’ OR ‘Femoroacetabular impingement’ OR ‘apophysitis’ OR ‘Sever’s’ OR ‘Osgood’ OR ‘osteochondrosis’ OR ‘osteochondritis dissecans’ OR ‘spondylolysis’.

The databases SPORTDiscus, Embase, PubMed, MEDLINE and Web of Science were searched for published articles from 2000 onward. Completed in May 2023, the searches retrieved a total of 871 citations of which 519 remained after removing duplicates. After screening at the title and abstract level, 37 full-text articles were retained for consideration. Of the 30 articles that met the final inclusion criteria (specific to growth and/or maturation on injury), 28 employed quantitative methods and prospective cohort designs ranging from 8 weeks to 20 years, whereas two studies employed qualitative research designs. Most of these investigations were conducted in soccer (n=19), with the others focusing on gymnastics (n=3), dance, skiing, track and field (for each, n=2), squash and handball (for each, n=1). Twenty-three studies were exclusive to male athletes, whereas seven considered both male and female athletes. None of the studies was exclusive to female athletes.

Search strategy and screening—mental health and well-being
Vulnerability to mental health symptoms and disorders and/or impaired well-being (including stress and burnout) in elite youth athletes travelling and competing internationally for their sport was examined. Searches were conducted in MEDLINE, Embase, PsycInfo (Ovid) and SPORTDiscus (EbscoHost) using search terms to identify mental well-being, psychological distress and a range of specific mental health symptoms and disorders in athletes with a mean age <18 years. Databases were searched from inception to 16 March 2023, with extracted articles confined to those peer-reviewed publications from 2000. The search strategy retrieved a total of 2769 publications (including 322 auto-detected duplicates), leaving 2447 records. Title and abstract screening identified a further 282 duplicates and 1913 records were excluded (where one article could not be retrieved), yielding 252 records for full-text review. Of these, 33 records met the inclusion criteria.

The selected articles encapsulated data from 5826 youth athletes (2538 boys, 3288 girls). The most frequently studied topic was disordered eating ($k=16$),^{29–43} followed by anxiety ($k=7$)^{31 44–49} and depression ($k=5$),^{41 45–48} with two studies measuring combined anxiety/depression.^{32 34} Additionally, burnout,^{50–53} substance misuse^{54 55} and various markers of mental well-being were measured, including stress, coping and affect/emotions.^{56–61} Caseness estimates (referring to mental health symptoms at a level that would usually warrant treatment by a health professional) for disordered eating ranged from 0% to 14.4% for boys^{31 34} and 11% to 34% for girls.^{32 43} Only two studies provided caseness estimates for depression (6% in a mixed gender sample; 14% for boys and 40% for girls) and one for anxiety (8% for boys, 28% for girls).^{41 48} Risk factors for mental health outcomes included sex, elite athlete status, coach/parent relationship factors and mental health comorbidity. However, given the nascent nature of the existing literature, these factors varied between studies (eg, higher competition level was associated with higher and lower rates of disordered eating).^{32 42}

Search strategy and screening—positive athlete engagement and development

Nine unique search terms were employed to capture articles that discussed conditions, settings and/or frameworks to facilitate elite youth athlete engagement and positive outcomes. The Boolean Operator ‘OR’ was used to broaden the search results while denoting the population of interest and these areas of focus. Further, the Boolean Operator ‘AND’ was employed to link part one of the search to the second word or set of words. An asterisk (*) was applied to some keywords to instruct the database to search for all endings of the word or phrase (eg, athlete*). The final search strategy being: ‘elite youth athlete*’ OR ‘elite youth’ OR ‘elite youth sport*’ OR ‘elite adolescent athlete*’ OR youth elite athlete*’ AND ‘positive development’ OR ‘positive youth development’ OR ‘positive outcome*’ OR ‘facilitate*’. The selected databases were SPORTDiscus (33 articles), APA PsycINFO (via PsycNet) (18 articles), Web of Science (68 articles) and Sports Medicine & Education Index (430 articles). Searches were completed in March 2023, and resulted in the identification of 549 articles. All articles were exported to Covidence to remove duplicates (75), leaving 474 articles for review.

Other inclusion criteria required that all articles (a) discussed findings related to facilitating engagement and positive outcomes for elite youth athletes and (b) included participants under the age of 18, with no constraints

regarding year of publication. Two members of the research team examined all 549 articles at the title and abstract level while a third member was the deciding vote for inclusion, resolving decisional conflicts (54 conflicts). Through this first stage, 400 articles were deemed irrelevant with the majority eliminated because ‘elite’ designated athletes competing at a lower level (eg, an ‘elite’ level city team) versus national or Olympic level. In stage 2, the same research team members conducted a full-text review of the remaining 74 articles for eligibility, and a third member resolved any conflicting eligibility decisions (23 conflicts). A total of 28 articles were excluded in this stage for reasons such as incorrect population, not including facilitators of athlete engagement or full text not in English. A total of 46 articles were ultimately identified to meet the inclusion criteria and were further examined to determine the accuracy and relevance of the searches. Three articles were removed as they did not specifically focus on positive youth development or positive outcomes, resulting in a final sample of 43 articles. From these selected publications, 16 studies used a qualitative approach,^{62–77} 14 collected quantitative data,^{70 78–90} 2 adopted mixed methods^{91 92} and 11 were reviews.^{12 14 93–101}

Consensus

All aspects of the consensus statement and proposed contemporary paradigm were subjected to ongoing open discussion online in advance as the initial draft was being developed and more thoroughly during our in-person meeting where we considered dissent and new perspectives and made refinements accordingly. During the in-person meeting, we also arrived at a preliminary consensus for the nine paradigm implementation recommendations. This was promptly followed after the meeting by a Delphi-like method¹⁰² of online anonymous Likert scoring (1–9) to determine consensus ($\geq 80\%$ of the participants providing a score ≥ 7 for a recommendation to be finally included, following edits and repeated rounds of voting as needed). Finally, we provided multiple opportunities for all panel members to review the manuscript and provide feedback online throughout further development and final approval.

THE ELITE YOUTH ATHLETE—CHALLENGES AND SOLUTION OPPORTUNITIES

‘Growth and maturation’ refers to the natural increase in the size of one’s body or specific part(s), as well as the combination of accompanying underlying physiological processes, including timing and tempo of secondary sex characteristics appearance and development and other related biological phases and milestones, across puberty.¹⁰³ The evolving interdependent changes to an athlete’s inherent adaptive psychobiological system that occur coincident with and consequent to growth and maturation appreciably and uniquely affect athletic and psychosocial development, resilience and corresponding aspects of vulnerability in sports.¹⁰⁴ This is especially evident during early adolescence, which has been identified as an inflection point for many health-related conditions and risk behaviours.¹⁰⁵ Individuals who enter puberty at a younger age may be more susceptible, as they are characteristically less likely to have the requisite cognitive and social capacities to adapt and successfully and fittingly manage adult-oriented international competition. Likewise, these risks and adverse outcomes may

be amplified in those emerging from less advantaged and supportive environments.²¹

Inherent changes, threats and challenges

Physical and physiological changes

Athletic development during adolescence is reciprocally augmented and challenged by concurrent changes in age-related growth and maturation, the individual timing of which is not possible to forecast precisely. Thus, there is an asymmetric enhancement of strength, speed, power and aerobic and anaerobic metabolism. In turn, youth sport performance is variably supported by a range of integrated physical and physiological characteristics (eg, size, physique, exercise metabolism, cardiorespiratory fitness (CRF), muscular strength and power and sprint speed). The asynchronous development of these features is thus inherent to the successes and challenges experienced by elite youth athletes as they move from childhood, through adolescence and into young adulthood. For example, the dynamic reliance on and interplay between aerobic and anaerobic metabolism affecting training, performance and recovery vary not only with the mode, intensity, frequency and duration of exercise but also with the youth athletes' developmental exercise physiology driven by their personal biological clocks.¹⁰⁶

Children are characterised by more enhanced aerobic than anaerobic metabolism during exercise, with a progressive increase in glycolytic flux as youth athletes age, grow and mature.^{107 108} In relation to chronological age, there are wide individual differences in CRF with male CRF typically increasing in a near-linear manner with age, from 10 to 18 years, and female CRF tending to level off from about age 14. In both sexes, the development of active skeletal muscle mass driven by the timing and tempo of maturation is the most powerful influence on increases in CRF and its components (ie, pulmonary ventilation, stroke volume, cardiac output and arteriovenous oxygen content difference).^{109 110} Similarly, increases in active skeletal muscle mass, accompanied by a progressive enhancement of muscles' potential for anaerobic metabolism, are the principal drivers of increased muscle power output as youth athletes progress through adolescence.^{110 111} In both sexes, skeletal muscle mass increases progressively through childhood and early adolescence, with boys, but not girls, experiencing a marked growth spurt in skeletal muscle mass in late adolescence, followed by a pronounced increase in muscle strength and sport-related benefits.^{112 113} The natural gains in strength and power that accompany puberty may be augmented nonetheless for all youth through participation in developmentally appropriate strength and conditioning programmes promoting both neuromuscular and structural (ie, hypertrophic) adaptation, but especially in male athletes due to significant increases in testosterone post peak height velocity (PHV).¹¹⁴ Female athletes, in comparison, experience smaller pubertal gains in absolute strength and power which may, when expressed relative to body size, plateau or decline with advancing maturity. Sprint speed increases linearly with age in childhood, normally followed by a significant spurt in boys' speed and a gradual levelling-off in girls' sprint speed in late adolescence. However, the complex interplay in the timing and tempo of the developing components makes the expected changes in sprint speed very difficult to predict confidently.^{115 116} Accordingly, with the numerous integrated physiological changes driven by personal biological clocks, counting on and thus planning around a consistent gradual progression of performance and sustained sport success is notably problematic across the adolescent continuum.

Maturity status and injury

Adolescent athletes are more susceptible to specific musculoskeletal injuries, notably those associated with growth, maturation and/or overuse.^{117 118} When a broad definition of injury is adopted (ie, to include all complaints), incidence and/or burden generally increase with advancing maturity, with values increasing from before to around peak height velocity (circa-PHV),^{119–122} increasing^{120 123} or stabilising^{119 122} from circa- to post-PHV, and, in the case of burden, peaking in skeletally mature athletes.¹²⁰ Contrastingly, a non-linear association between maturation status and injury incidence is observed in non-contact sports, such as gymnastics,¹²⁴ or when the injury mechanism is classified as non-contact, with peak incidences/burden approximating age at PHV.^{119 124–128} Similarly, a non-linear association between maturity status and injury incidence/burden is observable for apophyseal, growth-related or overuse injuries, with risk/burden lowest in fully mature athletes¹²⁷ and peak values approximating the age and/or stage of PHV.^{119 120 124 127 129–131} Moreover, these injuries follow a distal-to-proximal growth gradient,^{127 129} reflecting the sequential and asynchronous nature of the adolescent growth spurt where peak linear growth across age-specific body segments coincides with a dissociation between bone expansion and bone mineralisation.^{129 132 133} More rapid changes in growth and maturity (tempo) are also associated with greater risk for injury^{121 134–136} and burden¹³⁰ in soccer and greater injury incidence in track and field¹³³ and dance.¹³⁷ Potential elevated risks following overuse injuries in youth include early closure of the physal plate, growth arrest, postural and joint instability, maladaptive morphological changes, acute and chronic muscle and joint pain and reduced performance and motor skill control. Chronic consequences can also contribute to athlete burnout and poorer mental health and quality of life as well as greater susceptibility for reinjury and future injuries as an adolescent or adult.^{16 138–141}

The reported prevalence of overuse injuries in youth athletes across sports varies from 17% (across endurance, technical and team sports) to 37% (skiing & handball) and 68% (running),¹¹ yet it may be higher due to inconsistencies in the definition of injury across studies. Previous studies have also demonstrated that young players with high levels of athletic skills are at greater risk of sustaining acute and overuse injuries than less skilled teammates; and, moreover, that higher training volumes, performance level and an elevated competition load among the highly skilled or more mature team sport athletes may exacerbate injury risk further.^{142 143} Adjusting for age and hours spent in sport participation, the prevalence of overuse injuries is also reportedly higher in athletes that specialise in (ie, focus solely on) a single sport.¹⁴⁴ However, single-sport development and specialisation programmes that are neither appropriately designed nor applied in a way that is responsive to individual readiness, needs, tolerance and physical and physiological development are likely highly prominent contributing factors. This is especially expected when there is excessive sport exposure, a regular high volume of vigorous sports activity and an emphasis on early (premature) achievement of high performance that is contradictory to the pace of normal growth and development.^{145 146} Alternatively, specialising in a more individualised, holistic and progressively balanced way while sampling different experiences and being regularly exposed to a wide range of complementary athletic movements and development activities within a specific sport domain may be a healthy and viable strategy for achieving sport success at the highest levels.^{12 147 148}

The onset of puberty also initiates sex-specific increases in the risk of acute injury. Anterior cruciate ligament (ACL) injuries, for example, occur approximately 3.5 times more often in female athletes, a discrepancy that does not emerge until the onset of puberty.¹⁴⁹ Sex differences in ACL injury risk attributed to hormonal and structural differences (eg, Q and knee valgus angles, knee-ligament laxity) may likewise reflect sex-associated differences in relative strength and convenient access to and application of high-quality coaching and training/conditioning and medical resources.^{117 150 151} However, regardless of sex, injury risk reduction strategies to address modifiable contributing factors should be implemented early.¹⁵² Adolescent athletes may also be particularly at increased risk for stress fractures related to Relative Energy Deficiency in Sport, with or without disordered eating, irregular menses, low bone mineral density or some of the other characteristic features associated with this novel physiological model.^{153 154} A similar risk is evident with late-maturing female athletes where the pubertal growth spurt is accompanied by a greater training and/or competition load characteristic of older adolescents.¹⁵⁵ Moreover, for boys and girls, significant psychological consequences (eg, related to self-identity, self-esteem, self-efficacy, health locus of control, fear/avoidance, kinesiophobia and depression) can emerge following ACL or other serious sports-related injuries. This can potentially jeopardise return to play, increase subsequent reinjury risk and, with repeated and/or prolonged absence from sport, lead to the development of mental health disorders.^{156 157}

Sociocognitive development

Sociocognitive development in youth is largely sculpted by experiences in one's sociocultural environment, highlighting the importance of the family, school and coaching environments.¹⁵⁸ This includes a diverse range of sociocognitive skills involving attention, memory, planning, self-regulation, reasoning and motivation. Across adolescence, individuals rapidly refine and integrate these processes and progressively become more uniquely capable of thinking and behaving in more complex and abstract ways such as problem-solving, rationalising successes and failures and considering alternate points of view, setting the stage for a positive transition to adulthood.¹⁵⁹ Participation in quality physical education and sport is generally associated with enhanced cognitive development and academic performance at the recreational level.^{160–162} These benefits are not necessarily a direct result of physical education and sport participation alone; but they are likely to be mediated and moderated by the nature of the youth's experiences including their interactions with teachers and coaches, the quality of instruction and the nature and purpose of the physical education and sport environments. Sporting environments that are child centred, developmentally appropriate and supervised by competent coaches, promote the enjoyment, learning and holistic development of the child and are more likely to foster and support sociocognitive development in youth athletes.¹⁶¹ However, with some elite youth athletes, sports participation at the highest competitive level may not provide the same benefit to academic performance.¹⁶³ This highlights the challenges in balancing concomitant sport and academic demands and underscores the importance of implementing valid strategies and support programmes to facilitate dual careers among elite youth athletes.^{91 164} Furthermore, as cognitive development is not fully complete until approximately 25 years of age,¹⁶⁵ the extent to which youth athletes possess the necessary faculties to effectively and safely adapt to the stress

and challenges associated with participation in sport at the adult level should be accordingly considered.

Psychosocial strain

Numerous basic physical, cognitive and psychosocial developmental needs that foster well-being must be broadly met for youth athletes to mature into healthy adults. Adolescents must also cultivate autonomy and independence, constructive relationships with peers and adults, affirmative self-esteem and self-identity and an optimistic sense of purpose and meaning in life.^{166 167} However, the ongoing intersections of evolving bio-psychosocial challenges and related health risks inherent to adolescence and consequent to the intense physical and mental demands of their respective sport present an increasingly complex test and great psychosocial strain to elite youth athletes.¹⁶⁸ For instance, the potential adverse effects on overall health from physical injuries or burnout^{16 52 141} can be exacerbated by a resulting escalation in anguish and strain on mental health and social functioning, resulting in depression, anxiety and possibly eating disorders.^{34 169} Even a temporary separation from positive sport engagement following an injury often reveals the inherent risks associated with characteristic athletic identity foreclosure.^{170 171} Likewise, a parallel undue pressure to perform and fear of failure can encourage additional stress and emotional distress.^{172 173}

To be able to train and ultimately perform at a national and then top international level, elite youth athletes often leave their families and move to special academies with boarding schools where the familiar support system to assist in coping with school and elite sport demands is no longer present. Moreover, high training volume, controlled meal routines and very densely packed daily schedules with restricted free time limit opportunities to engage in normal social activities, potentially prompting difficulties in maintaining healthy relationships and thus consequent feelings of social isolation and loneliness.^{174 175} To date, relatively little high-quality prospective research has specifically addressed psychosocial risks and strain faced by this select population; though some limited research on academy involvement with elite youth athletes assuages certain concerns around a negative impact on psychosocial development and well-being.¹⁷⁶

Mental health

The onset of most common mental health disorders—including anxiety, substance misuse and mood, eating and neurodevelopmental disorders—commonly occurs during adolescence, with an estimated 50% of such disorders emerging before the age of 18 years.^{177 178} Major risk factors for mental health disorders during this vulnerable developmental phase include puberty, social disadvantage and poverty, abuse, neglect, bullying and other forms of victimisation and trauma¹⁷⁹ as well as general transitional challenges associated with adolescence, such as identity formation and deindividuation from parents.¹⁸⁰ Girls have characteristically been aligned with exhibiting and reporting a greater prevalence in internalising mental health conditions (eg, anxiety, mood disorders), whereas exhibiting and reporting externalising conditions (eg, ADHD, substance misuse) has been linked more commonly to boys.^{181–183} Nonetheless, these general risk factors for mental ill-health apply to all elite youth athletes, with additional heightened sport-specific challenges entwined with managing academic and escalating vocational demands^{184 185} while adjusting to higher and more senior levels of international competition.¹⁸⁶

Despite the peak onset of mental health disorders occurring during adolescence, few studies (with notably none from the YOG) have examined mental health development among elite youth athletes, with the extant literature consisting of cross-sectional designs involving cohorts of elite-*striving* athletes aged 12–18 years. Self-reported rates of mental health symptoms range from nearly 7%¹⁸⁷ to just over 20%,¹⁸⁸ with girls/women significantly more likely to report symptoms than boys/men in both studies, which is consistent with epidemiology in the general community.^{189 190} Type of sport may also be influential, with athletes in individual sports reporting greater symptom severity than those from team sports,¹⁹¹ which may reflect a greater tendency for internal attributions for success and failure in individual sport athletes. Age may be another relevant risk factor, as evidenced by routine clinical assessments conducted by psychologists and physicians with a large sample of French athletes (classed as junior through to 'high' elite levels across national sporting federations) where current psychopathology was most prevalent in those aged 12–18 years (15.1%) and 18–21 years (13.1%) compared with those aged 22 years and over (10.4%).¹⁹²

To date, there have been no published prospective studies of mental health in elite youth athletes and a paucity of research considering the mental health needs and challenges of youth athletes travelling and competing at world-class-level events. There is also a dearth of developmentally and contextually appropriate *measures* of mental health and related conditions in elite youth athletes, which are required to further advance understanding and guide interventions for this population (see, eg, Rice *et al*¹⁹³). Whereas empirical research is increasing, as reinforced by our corresponding scoping review,¹⁹⁴ there is a clear need for further robust and representative examinations into the prevalence, nature and correlates of mental health symptoms and disorders in elite youth athletes.

To optimally navigate these changing characteristic features of adolescents and mitigate the inherent ongoing threats and challenges, it is essential for elite youth athletes and their entourage to have access to accurate relevant information and resources. Likewise, consistent appropriate support from parents, coaches and all the medical personnel involved with providing care and guidance (including mental health services) is vital.¹⁹⁵ However, coaches and other adults are not always sufficiently qualified to recognise early indications and promptly address the broad changing needs of maturing adolescent athletes.¹⁶⁷ Moreover, coaching and medical care in elite sports are often overly oriented to the narrow emphasis on performing at the next event, which can lead to, for example, a return to competition too soon after an injury, illness or chronic undue fatigue and reinforce a willingness to compete hurt.^{196–198} Whereas sport performance and overall well-being entail multiple integrated domains across adolescence, mismanagement of one or more fundamental dimensions (ie, physical, physiological, maturation, sociocognitive, psychosocial and mental) of elite youth athlete development can permanently jeopardise these select athletes' health and athletic careers.^{7 199}

Modifiable threats—opportunities for mitigating risk

Seemingly countless scenarios, exposures and influences can impose additional risk to elite youth athletes' health, well-being and sport performance. The below *briefly* highlights threats particularly relevant to this group and pronounced opportunities to modify risk and related adverse impacts.

Frequency, duration and intensity of training, competition and travel loads

The competitive careers of elite youth athletes are often temporarily halted or sometimes permanently derailed by repeated undue physiological strain and overuse/overload injuries, resulting from excessive training and competition loads and insufficient regular rest and recovery, commonly with disregard to the personal timing and tempo of concurrent changes in growth and maturation.^{7 16 200–202} Mismanaging the varying interplay between physiological demands and individual resilience with youth athletes also plays out in other notable ways. For example, amply hydrated and heat-acclimatised healthy youth athletes are not at a distinguishing cardiovascular or thermoregulatory disadvantage compared with correspondingly fit, well-hydrated and acclimatised adults during exercise in the heat.²⁰³ However, across adolescence, elite youth athletes and those directing their training and competition loads, scheduling and recovery need to be cognizant of and appropriately accommodate progressively greater sweat losses, potential increases in thermal strain and exertional heat illness risk that are correspondingly associated with physical growth, biological maturation and, in certain scenarios, higher levels of fitness and athletic/sport skill.²⁰⁴ Sleep is also integral to optimal athletic development, sport performance, recovery, mental well-being and injury prevention.²⁰⁵ And while sleep needs are uniquely individualised, attaining enough sleep can be recurrently challenged by irregular scheduling and disproportionate levels and frequency of training, competition and travel.^{206 207} This is especially evident in adolescent athletes experiencing reductions in both sleep time and quality due to disruptive circadian sleep patterns.²⁰⁸

Nutrition, supplements and body size/composition

Nutritional strategies to enhance sport performance and recovery have been well described.^{209–211} For elite youth athletes, however, a perceived performance advantage solution often focuses unduly on supplements over well-timed and appropriately selected and portioned foods and fluids. Whereas 'prohibited substances' are clearly defined,²¹² legal but potentially harmful 'nutritional supplements' are commonly encouraged without a valid risk–benefit analysis or sufficient evidence to warrant or guide utility.^{213–217} The emphasis to youth in sport needs to stress the health and performance advantage of a nourishing balanced diet with ample energy and other macro and micronutrient availability in relation to sex-specific growth and maturation and sport demands. Moreover, healthy nutrition needs to be managed and reinforced without misguided pressure and persuasion in achieving premature muscle development or maintaining a purported 'optimum' strict sport-specific body size/composition for aesthetics or performance in an unrealistic or unhealthy way, especially because of the potential lasting physical and psychological negative impact on youth athletes.^{153 209 218–222} Correspondingly, body composition assessment and interpretation should be limited to medical and ethical scientific purposes for those less than 18 years old and only with careful consideration, appropriate consensus and proper consent.^{12 154 223}

Expectations of sport success

Unrealistic expectations of sport success, especially with premature selection favouring early maturers, can be among the foremost contributing factors in prompting mental and psychosocial stress in elite youth athletes, leading to withdrawal, burnout and eventually dropout from sport.^{16 146} Often these expectations

emerge subtly and intricately over time from the athlete's entourage, parents, sponsors, peers and even the National Olympic Committee an athlete represents, though the mounting impact can be considerably damaging nonetheless. Beyond social withdrawal, notable outward signs and symptoms include loss of sleep and appetite, decreased fun and satisfaction and unexplained lower performance and injury.²²⁴ Undue pressure (notably often from coaches) to achieve better results, along with ignorance on the related risks, also sometimes influences a youth athlete to engage in doping.²²⁵

Athlete migration

The globalisation and professionalisation of youth sport has led to increased athlete migration between and within nations.²²⁶ Adolescent athletes identified as supposedly 'talented' may be urged to relocate to cities, training facilities or professional academies that purportedly provide the best opportunities for future success. In some instances, relocation may include offers of financial incentives for the youth (eg, scholarships, professional contracts) and occasionally as well for the parents or guardians (eg, via employment opportunities). Whether intra or international, the practice of migration generally presents a considerable challenge and degree of risk for the children. In addition to leaving their home, family and social community, each youth athlete must adapt to a new environment and educational system and may be required to develop new language skills. Also, acculturation can prompt extensive stress, homesickness and social and cultural isolation.²²⁷ To mitigate such risks and prevent the unlawful coercion or trafficking of young athletes, some sport governing bodies, such as FIFA, have established strict rules pertaining to the protection of minors and transfer of players under 18 years old, including limitations on proximity of residence and requirements for financial and circumstantial transparency. There are also provisions for adequate sport, academic and vocational education and training, optimal living standards and social support (ie, a host family, mentor).²²⁸

Commercialisation

Commercialisation in elite sports has become increasingly influential, where the reliance on sponsors and media continues to escalate. The golden triangle comprising widespread media coverage, huge sponsorship deals and sport—affecting high-profile athletes to fan engagement—drives today's lucrative business of global elite sports,²²⁹ and it continues to be increasingly prevalent at the youth level.^{230 231} While the resultant effects and influences can be positive and negative, the overall impact on sports and athletes, including their right to privacy and protection of image, will be lasting. Elite youth athletes may also be notably jeopardised by economic exploitation imposed by sponsors and media who unintentionally rationalise and reinforce this practice (via direct or indirect financial incentives and showcasing negative values and behaviour) through their own narratives and publicised exposure.²³²

Social media

World Athletics reported on online abuse via social media platforms directed to athletes competing at the World Athletics Championships in 2022.²³³ These disturbing findings are consistent with their previous statement from the 2020 Tokyo Olympic Games.²³⁴ Both reports indicated greater levels of online abuse targeting female athletes; though the impact of all negative social media-related experiences (including cyberbullying) on girls and boys can be enduring and devastating.²³⁵ Safeguarding against

this form of abuse and protecting human rights in a widely accessible digital environment is challenging; but implementation of robust social media policies and procedures are essential priorities to protect all youth athletes in this domain.

Conditions for healthy engagement and optimal performance in elite youth sport

The essential conditions that accentuate positive individual assets and enable motivation and continued participation in youth sport are well described.^{236–241} Further, the Personal Assets Framework is a fitting conceptual model to facilitate healthy engagement, development and optimal performance in (this instance) elite youth sport.²⁴² The below tenets are central to the Personal Assets Framework, duly consider and address the above challenges, threats and opportunities to mitigate risk in elite youth athletes and are thus integral to our proposed paradigm.

Safe, supportive and appropriate competitive settings and environments

All aspects of a sport setting and competition format should be designed and implemented to support the right to health and healthy engagement, mitigate injury/illness risk and optimise athletic performance. Ensuring the environment is free from harassment and abuse (psychological, physical, sexual and neglect) is a parallel priority. Settings and environments that meet these criteria are vital to protect youth athletes' health and well-being and provide a sense of security. Safe and supportive sport settings and environments also encourage exploration, experimentation, development and opportunities to exercise their right to play, while minimising competition-related fear. This is critical in building confidence and autonomy to compete at the highest level.^{240 241} Those who provide administrative oversight and accountability are responsible for ensuring this expectation along with providing accessible recourse and delivering suitable responses and prompt remedy, as directed by applicable independent bodies, for youth athletes. However, all administrators and providers—notably including the entire coaching staffs and athletes' health and performance teams—have a role in ongoing prevention and immediate reporting to attain and strictly maintain this safe sport standard.^{14 243}

Adolescents in elite sport should also be provided access to diverse contexts that, in part, are aligned with individual needs and expectations. Varied competitive settings and environments foster interest and build resilience for high performance.²⁴⁴ Notably, competition should be structured to promote clear and consistent boundaries and expectations and provide age-appropriate monitoring, support and supervision.^{240 241} Elite youth athletes should also be given opportunities to engage in different social and leadership roles while receiving appropriate mentorship.²⁴⁵ Whereas providing individualised opportunities for increasingly intricate skill-building is vital, for sustainable performance, this must be in the context of ongoing healthy development of the whole person.²⁴¹ Moreover, an environment that continues to foster holistic development empowers adolescents to commit confidently and competently to pursuing specific goals that are challenging and personally meaningful. Finally, the call to integrate family, school and community has been notably echoed in the literature surrounding successful skill acquisition,²⁴⁶ athlete development²³⁷ and policies for youth development.^{240 241}

Individual differences in the timing of maturation have been shown to influence athlete selection for junior national teams and performance, with advanced or delayed maturation serving

as either an opportunity or often a barrier (or no impact) towards success at the senior elite level. Whereas there is some evidence that late developing athletes may be more likely to successfully transition to the adult or professional level, conversion rates at the endpoint can be misleading.^{247 248} Nonetheless, sports emphasising greater size, strength and power generally select male and female athletes who mature in advance of their same-age peers (eg, basketball, tennis, soccer), whereas sports placing a greater emphasis on linearity of physique and/or aesthetic ideals (eg, diving, gymnastics, ballet) tend to favour those delayed in maturation.²⁴⁹ Maturity selection biases emerge at the onset of puberty, increase in magnitude with age and level of competition and exist and operate independent of related phenomena, such as the relative age effect.^{250–252} Those involved in youth development programmes can, however, recognise individual differences in growth and maturity, fittingly adjust their respective assessments and expectations and accordingly provide optimal learning settings, competition formats and overall environments that support, aptly challenge and nurture early and late-maturing youth. Related initiatives, such as bio-banding (ie, maturity-matched competitions) and ‘futures programmes’ (ie, selective competitions for late-maturing players), have produced promising initial results for early and late-maturing athletes and should be considered for further investigation and potential implementation.²⁴⁷

Social ecosystems and quality relationships

Optimal developmental experiences for adolescents are fostered by social ecosystems characterised by (a) caring climates, (b) supportive adult relationships, (c) opportunities for belonging, (d) positive social norms and values and (e) support for efficacy, mattering and self-esteem.^{240 241} The underlying social forces that markedly underpin youth athletes in a competitive ecosystem typically include robust personal relationships with coaches, parents and peer and team dynamics.²⁵³ Likewise, essential mastery and autonomy-supportive motivational environments are largely attributable to those healthy rapport and behaviours valued and explicitly displayed in competitive settings.^{254–256} At the individual level, these pivotal relationships should facilitate the fulfilment of basic psychosocial needs and personal assets, so that athletes develop initiative, autonomy and character that compel healthy and ethical decisions about their involvement in elite sport,^{244 257} whereas, with a team, factors such as normative expectations, motivational climate and perceptions of cohesion will influence youth athletes’ experiences and performance in sport. Moreover, effective development ecosystems for youth athletes within a team or competitive sporting club^{258–260} consistently nurture a sense of belonging and ensure that communication and collaboration across the individuals involved (eg, administrators, coaches, athletes) are transparent and constructive. Collectively, these connections in competitive settings and environments will directly impact youth confidence and sport performance.²⁶¹

Coaches’ interactions with their athletes are among the most powerful influences on the quality of athletes’ experiences.^{262 263} Accordingly, coaches that show genuine interest in their athletes, promote autonomy-supportive relationships and consistently demonstrate transformational coaching behaviours (eg, display vulnerability and humility, provide inspirational motivation and confidence in athletes’ potential and elicit athlete input and sharing in the decision-making) measurably foster positive coach-athlete interactions and thus enhanced performance and well-being.^{264–266} Correspondingly, the ability of a coach to

effectively and consistently nurture elite youth athletes relies on adaptable and caring interpersonal behaviours primarily focused on athletes’ values, emotions and goals that are inherently aligned with each athlete’s timing and status of maturation.

Personal engagement

Elite youth athletes must be afforded opportunities to make decisions on engaging in activities and in ways that promote their positive individual assets and skills. This provides reinforcement that they are capable and effective. Moreover, intensive training and diverse skill development should be complemented by integrating suitable and enjoyable play pursuits.²⁶⁷ Sustainable personal engagement is further underpinned when youth athletes feel they relate to others, are working cooperatively towards a shared cause and that their advanced sport participation is governed by moral behaviours that include courage, honesty and empathy (ie, character).

Transitioning to athlete autonomy

Healthy and supportive relationships with key influential adults are essential to youth athletes in successfully navigating inherent increasingly complex and demanding sport environments. These select and trusted individuals must continue to maintain an optimal balance between measured autonomy granting and the amount and type of support provided to help even elite athletes gain and uphold assurance in their abilities.²⁶⁸ More advanced interactions and situations can be gradually introduced as individual athletes mature and their respective capabilities and confidence improve. An ongoing objective appraisal of autonomy readiness will help to clarify the corresponding level of suitable support and enable a healthy and sustainable transition to progressively equip and encourage the elite youth athlete to act more independently.

Overall, our corresponding scoping review²⁶⁹ closely aligns with these principles on positively engaging and impacting elite youth athletes in sport, emphasising the fundamentals of the Personal Assets Framework. First, it recognised the significance of the activities in which these athletes participate, emphasising personal engagement. Second, our review highlighted the importance of fostering quality supportive relationships with those immediately involved in developing elite youth athletes, such as coaches and finally, it underscored the relevance of creating appropriate physical and nurturing competitive sport environments that are not exclusively focused on rankings and performance. This encompassing ecological approach is aptly variable and responsive to broad changing needs across adolescence and sport participation and is central to our proposed contemporary paradigm for elite youth athletes.

MENTAL HEALTH AND SAFEGUARDING FOR THE ELITE YOUTH ATHLETE

The IOC is committed to strengthening safe sport across the Olympic Movement to protect physical and mental health and well-being, while concomitantly supporting elite sport competitions.²³ Moreover, providing elite youth athletes with the right to participate, enjoy and develop through sport in a safe and inclusive environment, free from all forms of harassment and abuse, is outlined by the International Safeguards for Children in Sport,²⁷⁰ and it is primarily underpinned by the obligation of all sporting institutions to respect internationally recognised human rights and child rights in particular.

Mental health

Achieving and maintaining a fundamental and resilient level of mental health in high-level sport is not trivial.²⁷¹ Beyond performance outcomes and striving to 'win' in highly competitive contexts, elite youth athletes must contend with other *sport-related* stressors that also challenge mental health, including pressure to perform and maladaptive perfectionism,^{272–274} early sport specialisation,^{94 275} injuries, illness and burnout^{52 141 171} and risk of harassment and abuse.²⁷⁶ Consistent with other areas of sports medicine, prevention and early involvement should be prioritised in elite youth sport to respectively reduce general and sport-specific risk factors for mental ill-health and to provide evidence-informed timely interventions for those at risk or already experiencing mental health symptoms or disorders.²⁷⁷ While untested in elite sport, the clinical and cost-effectiveness of early intervention for mental health in the general community is well-established.^{278 279}

Improving mental health awareness and literacy among elite youth athletes and their entourage is critical to promoting and protecting mental health. These efforts are designed to (a) highlight early indications of mental health strain (such as anxiety, depression, disordered eating/eating disorder), (b) decrease the stigma associated with mental disorders and (c) increase the likelihood of seeking professional help for mental ill-health. With elite youth athletes being adept at masking their psychological distress in highly competitive contexts where mental toughness is prized and seeking help is perceived as showing weakness, this approach is highly warranted.²⁸⁰ Beyond increasing mental health awareness, early detection and intervention for emerging mental health signs and symptoms is necessary to prevent the onset of mental disorders or reduce the severity, duration or impact of such conditions.^{281 282} In the absence of research on the effectiveness of interventions for mental health in elite youth sport, practitioners are encouraged to refer to the IOC Consensus Statement on Mental Health in Elite Athletes²⁷¹ and Mental Health in Elite Athletes Toolkit.²⁸¹ Moreover, a broader perspective that also considers ecological factors can reduce the tendency to focus exclusively on and, therefore, potentially *pathologise* the individual athlete when other factors within the sporting context may be contributing to their mental health challenges.^{283 284}

Safeguarding across the development continuum

Harassment and abuse is recognisably present in elite-level sports, with an alarming prevalence of psychological, physical and sexual violence and neglect affecting those under age 18.^{8 9} This purportedly extends as well to the YOG^{10 17} and can likewise emerge from within adolescent peer networks.²⁸⁵ Notably, these forms of harassment and abuse are often co-occurring and can have numerous lasting negative effects on athletic and whole-person development and long-term well-being.⁹

The coach–athlete balance of power is also considered a key contributing risk factor in sport-related abusive relationships.²⁸⁶ In elite sports, where the coach–athlete relationship is central and progressively more complex, youth athletes are notably vulnerable to abuse.¹⁹ Moreover, there is a widely recognised and accepted increased dependence of youth athletes on their coaches (and expanded entourage) as they progress athletically and commit to greater levels and frequency of training and international competition. This escalating emphasis on adult support and control is often bolstered as youth athletes achieve success in their sport. Coincident with the corresponding 'stage of imminent achievement' during puberty is also the proposed period

of peak vulnerability of youth athletes to grooming and sexual abuse.²⁸⁷ Accordingly, maintaining healthy communication and an apt balance of power amid all relationships (interpersonal and organisational) is a justified priority.²⁶⁸ Thus, all those closely working with and overseeing elite youth athletes should be sensitive and responsive to the everchanging and diverse safeguarding needs and opportunities in addressing risks across the dynamic continuums of adolescent athletic and maturational development.

AGE ELIGIBILITY

Is age eligibility the solution—or part of the problem?

Any resolution on AER standards and efficacy for participation in the Olympic Games, YOGs and other elite-level competitions must first consider the advantages, disadvantages and practical feasibility of AERs. Deliberation should also align with optimising athlete readiness, resilience and healthy sustainability across the adolescent continuum while objectively considering practical challenges and validity of available age determination methods.^{96 288} Age eligibility in competitive youth sports is generally instituted by chronological age (eg, 14 years and under, 16 years and under, etc and 15 to 18 years for the YOG). However, an appropriate age for youth competing against adults in open-age sport such as the Olympic Games is the central issue here. While the prevalence of age cheating may be greater in the former, this consensus statement underscores how the corresponding impact of growth and maturation on short and long-term health, well-being and safety across adolescence is potentially more profound in the latter. Nonetheless, it would be premature to make or confidently speculate on a valid suitable AER recommendation. Moreover, even with a viable and acceptable standard for age determination (notable practical impediments are described below), age eligibility per se would not be the absolute solution to adequately mitigate corresponding risks for elite youth athletes.

Age determination in youth athletes remains a concern for professional sports academies and international sport governing bodies that organise high-profile sporting events stratified by chronological age.⁹⁶ The exposure and status of such events and the rewards and prestige associated with winning these competitions are considerable. Moreover, the professionalisation of youth sports and financial incentives associated with identifying and procuring highly skilled youth athletes may lead some organisations and agents to misrepresent the ages of their athletes, which is arguably instrumental violence and thus a form of abuse.²⁸⁹ Age manipulation may occur as an act of intentional deception; however, in some instances, the birth records of the child may not be available. Athletes who are biologically and/or chronologically older than their age group cohorts may possess one or more advantages in experience, training age, morphological, physiological and psychological characteristics and athletic aptitude. In combat and collision sports, older and/or physically more mature athletes may also present significant greater risk to their younger and/or less mature peers. Similarly, underage athletes competing in an older age group may be exposed to training practices and/or competitive environments that present increased physical and psychological risk.

When chronological age cannot be verified, traditional and novel strategies to determine age group eligibility generally rely on singular estimates of biological maturation and employ absolute exclusion criteria.^{290 291} However, these approximations have limited validity and reliability as proxies. Although such strategies are well intentioned, they do not account for individual

variability in the timing and tempo of maturation and have the potential to exclude athletes who are age eligible yet advanced or delayed in growth and maturation. Preferably, early birth registration and/or subsequent multiple indices and assessments of maturational status and growth over time, combined with a likelihood ratio approach to estimating chronological age (ie, the probability of the athlete of a given reported age attaining a specific biological age), should be considered to ascertain age eligibility.^{288 292}

International Federations

Standardised AERs across the IFs for all youth athletes aiming to participate in the Olympic Games could be perceived as a seamless resolution. However, the practical scientific and clinical evidence that would warrant and support the setting of a specific cut-off chronological age valid for all sports within the variable and comparably higher risk adolescence continuum is not presently available. Likewise, evidence-informed justification for AER exceptions in individual sports cannot at this time be substantiated either. Notably, the current discipline-specific AERs reported by the IFs and highlighted in [figure 3](#) had few supporting rationales and thus are not detailed; nor is the representation all-inclusive, as age requirements in certain instances remain somewhat fluid. Nevertheless, if an IF systematically considers and implements an AER as an informed transparent policy measure to rightfully safeguard those youth athletes below a selected age threshold, such an AER alone would be insufficient to aptly address the risks faced by elite youth athletes below and above the respective AER. Persistent parallel efforts to engage, support and protect each athlete as outlined in this consensus take precedence and remain imperative. Likewise, constant unbiased monitoring and assessment of individual athletic and sport ecosystem readiness, performance, resilience and sustainability and ongoing validation by corresponding increasingly informed models will objectively confirm or refute the continued efficacy of any IF AER policy.

Youth Olympic Games

The YOG current rule to only allow athletes in a fixed age band (15–18 years) to compete is less about mitigating risk related to age, growth and development and more of a deliberate opportunity to provide this subgroup of elite youth athletes with education, exposure to the ideals of Olympism and a shared celebration of individual and local cultures. However, for some, the YOG has become a highly competitive steppingstone and perceived pathway to the Olympic Games. Correspondingly, a consequent disproportionate representation of older athletes (especially with taller and heavier male competitors) participating at the YOG could elevate injury and other risks for the less prevalent younger minors.²⁹³ Whereas the YOG is currently undergoing close review by the IOC, caution is warranted for unintended consequences if the AER is adjusted or further restricted for the YOG to solely better align with the IF World Championships and Olympic Games. More suitably, stressing and maintaining the intended objectives of the YOG and a more balanced distribution of birth years across all events may help to realign respective national perspectives for elite youth athlete development and YOG participation.

IMPLEMENTING A CONTEMPORARY ELITE YOUTH ATHLETE PARADIGM

The collective guidelines and recommendations presented in this consensus statement constitute a rational, evidence-informed

contemporary paradigm with practical steps to support elite youth athletes in safely and favourably managing training and international sport competition. While mitigating risk is a fundamental priority, so too is defining a sustainable, individualised and long-term strategy that respects human rights, encourages personal engagement, health and well-being and cultivates sound athlete and person development. To fully realise these objectives, our emerging proposed model and outcomes corresponding to our recommendations will be aptly refined from ongoing efforts by the IOC to elicit feedback and incorporate the voice from Olympians who participated as under 18 years in the Olympic Games, past YOG participants and other elite youth athletes who did not make it to the YOG or Olympic Games. Moreover, the dissemination and operational framework needs to align with and reach the relevant ecological context across all constituents, hierarchical levels of implementation and applications.²⁹⁴ Thus, our parallel aim is to engage, inform and empower the National Olympic Committees and IFs in this collaborative initiative.

To enable and cultivate this contemporary athlete-centred paradigm, we recommend developing, implementing and/or widely promoting:

1. A centralised and comprehensive learning hub specific to youth athletes and their health with dedicated portals for the athletes and others, such as IFs, National Olympic Committees, coaches and parents.
2. Systematic, evidence-informed education and accreditation requirements (including requisites for regular updates and renewal) for coaches who work with youth athletes.
3. Safeguarding strategies and frameworks (with ongoing monitoring and tracking, accountability and prompt remedy) that are specific to youth athletes' needs and aligned with international human rights standards and other IOC child rights initiatives.
4. Youth athlete safeguarding-specific Codes of Conduct and accompanying child-friendly versions to clarify child-centred compliance and accountability.
5. Complementary and flexible competition formats and pathways that uplift fairly and consistently early and late-maturing youth athletes and more optimally enhance their athletic development.
6. Clear definitions, processes and accompanying strategies to promote and support the mental and psycho-social well-being of youth athletes.
7. A framework for informing and guiding parents, coaches and relevant others specific to appropriate expectations and pertinent needs for youth athletes, considering varying individual timing, tempo and trajectory of growth, maturation and athletic development.
8. The importance of adult–youth interactions and healthy relationships that cultivate and amplify the unique strengths and assets of youth athletes.
9. Appropriate nutrition (including macro and micronutrients, energy intake and hydration) considerations and priorities that are central to healthy growth and development and optimal training/competition across adolescence.

MOVING FORWARD—A CALL TO ACTION

To extend and strengthen the evidence base applicable to healthy, sustainable and successful participation and advancement across adolescence in elite youth athletes and bolster implementation of the above paradigm while pursuing valid and acceptable age eligibility standards if/as warranted and achievable, our immediate call to action is to

1. Continue to develop, evaluate and improve complementary evidenced-informed internal and public-facing guidelines for best practices specifically designed for elite-sport entry at the international level and continuing progressively forward.
2. Encourage research and promote corresponding translation priorities (eg, specific to injury, mental health and dropout risks and contributing factors as well as sensitive and specific early detection and responsive mitigation strategies) utilising a contemporary multidomain, complex biological and psychosocial system predictive modelling approach.^{295 296}

Author affiliations

- ¹Performance Health, WTA Women's Tennis Association, St. Petersburg, Florida, USA
- ²Health Sciences, University of Hartford, West Hartford, Connecticut, USA
- ³School of Kinesiology and Health Studies, Queen's University, Kingston, Jamaica, Canada
- ⁴Department of Health, University of Bath, Bath, UK
- ⁵Centre for Youth Mental Health, The University of Melbourne, Parkville, Victoria, Australia
- ⁶Childrens Health and Exercise Research Centre, University of Exeter, Exeter, UK
- ⁷World Skate, Maison du Sport International, Lausanne, Switzerland
- ⁸Medical and Scientific Department, International Olympic Committee, Lausanne, Switzerland
- ⁹Corporate and Sustainable Development Department, International Olympic Committee, Lausanne, Switzerland
- ¹⁰Athletes' Commission, International Olympic Committee, Lausanne, Switzerland
- ¹¹International Bobsleigh & Skeleton Federation (IBSF), Salzburg, Austria
- ¹²Anti-Doping, Medical and Scientific Commission, Fédération Internationale de Gymnastique, Lausanne, Switzerland
- ¹³Anshinkai Anshin Hospital, Kobe, Hyogo, Japan
- ¹⁴Division of Sports Medicine, Boston Children's Hospital, Boston, Massachusetts, USA
- ¹⁵Orthopaedic Surgery, Harvard Medical School, Boston, Massachusetts, USA
- ¹⁶Sports Department, International Olympic Committee, Lausanne, Switzerland
- ¹⁷Medical Commission, International Skating Union, Lausanne, Switzerland
- ¹⁸Faculty of Medicine, The University of British Columbia - Vancouver Campus, Vancouver, British Columbia, Canada
- ¹⁹Oslo Sports Trauma Research Center, Institute of Sports Medicine, Norwegian School of Sports Sciences, Oslo, Norway
- ²⁰Department of Family Medicine, McMaster University, Hamilton, Ontario, Canada
- ²¹President, German Sport University, Cologne, Germany
- ²²Expertise Center People and Well-being, Thomas More University of Applied Sciences, Antwerp, Belgium
- ²³Medical and Scientific Commission, International Olympic Committee, Lausanne, Switzerland

X Michael F Bergeron @DrM Bergeron_01, Luca Basilico @lucabasilico, Kirsty Burrows @Kirsty_Burrows1, Margo Mountjoy @margo.mountjoy, Torbjørn Soligard @TSoligard, Tine Vertommen @TineVertommen and Lars Engebretsen @larsengebretsen

Acknowledgements We thank the IOC Medical and Scientific, Corporate and Sustainable Development, and Sports Departments for their contributions to the consensus meeting and statement development. Specific recognition and appreciation are also warranted for the separate scoping reviews led by SPC, RP and JC and conducted at The University of Bath (UK), The University of Melbourne (AU) and Queen's University (CA), respectively.

Contributors All authors were part of the consensus meeting; and all authors participated in the Delphi voting process for the recommendations. All authors contributed to reviewing, editing and approving the final version of the consensus statement. MFB is guarantor.

Funding The consensus meeting and scoping reviews completed for this consensus statement were financially supported by the IOC.

Competing interests MM is a Deputy Editor of the British Journal of Sports Medicine and a member of the Editorial Board of the Injury Prevention and Health Promotion editions.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Not commissioned; externally peer-reviewed.

ORCID iDs

Michael F Bergeron <http://orcid.org/0000-0003-1377-0234>
 Jean Côté <http://orcid.org/0000-0002-3242-599X>

Sean P Cumming <http://orcid.org/0000-0003-1705-9642>
 Rosemary Purcell <http://orcid.org/0000-0002-7912-6073>
 Neil Armstrong <http://orcid.org/0000-0002-3086-629X>
 Jean-Benoit Charrin <http://orcid.org/0009-0003-6918-7387>
 Mininder S Kocher <http://orcid.org/0000-0002-7938-7820>
 Margo Mountjoy <http://orcid.org/0000-0001-8604-2014>
 Torbjørn Soligard <http://orcid.org/0000-0001-8863-4574>
 Ansgar Thiel <http://orcid.org/0000-0001-9217-0442>
 Tine Vertommen <http://orcid.org/0000-0002-9304-3741>
 Richard Budgett <http://orcid.org/0000-0002-7474-8842>
 Lars Engebretsen <http://orcid.org/0000-0003-2294-921X>

REFERENCES

- 1 FIMS/WHO ad Hoc Committee on Sports and Children. Sports and children: consensus statement on organized sports for children. FIMS/WHO ad Hoc Committee on Sports and Children. *Bull World Health Organ* 1998;76:445–7.
- 2 Kniffin KM, Wansink B, Shimizu M. Sports at Work: anticipated and Persistent Correlates of Participation in High School Athletics. *J Leadership Organ Stud* 2015;22:217–30.
- 3 Singh A, Uijtendwillingen L, Twisk JWR, et al. Physical activity and performance at school: a systematic review of the literature including a methodological quality assessment. *Arch Pediatr Adolesc Med* 2012;166:49–55.
- 4 Strong WB, Malina RM, Blimkie CJR, et al. Evidence based physical activity for school-age youth. *J Pediatr* 2005;146:732–7.
- 5 Trudeau F, Shephard RJ. Physical education, school physical activity, school sports and academic performance. *Int J Behav Nutr Phys Act* 2008;5:10.
- 6 Washington RL, Bernhardt DT, Gomez J, et al. Committee on Sports Medicine and Fitness and Committee on School Health. Organized Sports for Children and Preadolescents. *Pediatr* 2001;107:1459–62.
- 7 Bahr R. Demise of the fittest: are we destroying our biggest talents? *Br J Sports Med* 2014;48:1265–7.
- 8 Hartill M, Rulofs B, Allroggen M, et al. Prevalence of interpersonal violence against children in sport in six European countries. *Child Abuse Negl* 2023;146:106513.
- 9 Mountjoy M, Brackenridge C, Arrington M, et al. International Olympic Committee consensus statement: harassment and abuse (non-accidental violence) in sport. *Br J Sports Med* 2016;50:1019–29.
- 10 Mountjoy M, Vertommen T, Tercier S, et al. SafeSport: perceptions of Harassment and Abuse From Elite Youth Athletes at the Winter Youth Olympic Games, Lausanne 2020. *Clin J Sport Med* 2022;32:297–305.
- 11 Moseid CH, Myklebust G, Fagerland MW, et al. The prevalence and severity of health problems in youth elite sports: a 6-month prospective cohort study of 320 athletes. *Scand J Med Sci Sports* 2018;28:1412–23.
- 12 Bergeron MF, Mountjoy M, Armstrong N, et al. International Olympic Committee consensus statement on youth athletic development. *Br J Sports Med* 2015;49:843–51.
- 13 Markets N Research. Youth sports market size, share & covid-19 impact analysis, by type (soccer, basketball, baseball, football, volleyball and other sports), by application (sports video, match and others), and regional forecasts, 2023-2030. 2023. Available: <https://marketsnresearch.com/report/1652/global-youth-sports-market> [Accessed 3 May 2023].
- 14 Mountjoy M, Rhind DJA, Tiivas A, et al. Safeguarding the child athlete in sport: a review, a framework and recommendations for the IOC youth athlete development model. *Br J Sports Med* 2015;49:883–6.
- 15 Bergeron MF, Mountjoy M, Wendt JT. Youth athletes' quests for gold: does opportunity supersede undue risk? *Br J Sports Med* 2022;56:1061–2.
- 16 DiFiori JP, Benjamin HJ, Brenner JS, et al. Overuse injuries and burnout in youth sports: a position statement from the American Medical Society for Sports Medicine. *Br J Sports Med* 2014;48:287–8.
- 17 Mountjoy M, Vertommen T, Burrows K, et al. #SafeSport: safeguarding initiatives at the Youth Olympic Games 2018. *Br J Sports Med* 2020;54:176–82.
- 18 Mountjoy M, Junge A, Magnusson C, et al. Beneath the surface: mental health, and harassment and abuse of athletes participating in the fina (aquatics) world championships, 2019. *Clin J Sport Med* 2021.
- 19 Wilinsky CL, McCabe A. A review of emotional and sexual abuse of elite child athletes by their coaches. *Sports Coaching Review* 2021;10:84–109.
- 20 Qu Y, Zhang S, Kalindi SC, et al. Gender and adolescent development across cultures. In: Cheung FM, Halpern DF, eds. *The Cambridge handbook of the international psychology of women*. United Kingdom: Cambridge University Press, 2020: 96–109.
- 21 Blakemore SJ. The social brain in adolescence. *Nat Rev Neurosci* 2008;9:267–77.
- 22 International Olympic Committee. Olympic charter. Lausanne, Switzerland, 2021. Available: https://stillmed.olympics.com/media/Document%20Library/OlympicOrg/General/EN-Olympic-Charter.pdf?_ga=2.217907158.1912594082.1667308607-1071881937.1624614993 [accessed 16 Nov 2022]
- 23 International Olympic Committee. Olympic agenda 2020+5: 15 recommendations; 2020. Available: <https://stillmedab.olympic.org/media/Document%20Library/OlympicOrg/IOC/What-We-Do/Olympic-agenda/Olympic-Agenda-2020-5-15-recommendations.pdf> [accessed 11 dec 2022]

- 24 McKay AKA, Stellingwerff T, Smith ES, *et al.* Defining Training and Performance Caliber: a Participant Classification Framework. *Int J Sports Physiol Perform* 2022;17:317–31.
- 25 UNICEF. The united nations convention on the rights of the child. London, UK, 1990. Available: https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_PRESS200910web.pdf?_ga=2.78590034.795419542.1582474737-1972578648.1582474737
- 26 Munn Z, Peters MDJ, Stern C, *et al.* Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Med Res Methodol* 2018;18:143.
- 27 Peters MDJ, Marnie C, Colquhoun H, *et al.* Scoping reviews: reinforcing and advancing the methodology and application. *Syst Rev* 2021;10:263.
- 28 Peters MDJ, Marnie C, Tricco AC, *et al.* Updated methodological guidance for the conduct of scoping reviews. *JBI Evid Implement* 2021;19:3–10.
- 29 Bloodworth A, McNamee M, Tan J. Autonomy, eating disorders and elite gymnastics: ethical and conceptual issues. *Sport Educ Soc* 2017;22:878–89.
- 30 Donti O, Donti A, Gaspari V, *et al.* Are they too perfect to eat healthy? Association between eating disorder symptoms and perfectionism in adolescent rhythmic gymnasts. *Eat Behav* 2021;41:101514.
- 31 Escobar-Molina R, Rodríguez-Ruiz S, Gutiérrez-García C, *et al.* Weight loss and psychological-related states in high-level judo athletes. *Int J Sport Nutr Exerc Metab* 2015;25:110–8.
- 32 Francisco R, Narciso I, Alarcão M. Individual and relational risk factors for the development of eating disorders in adolescent aesthetic athletes and general adolescents. *Eat Weight Disord* 2013;18:403–11.
- 33 Francisco R, Narciso I, Alarcão M. Parental Influences on Elite Aesthetic Athletes' Body Image Dissatisfaction and Disordered Eating. *J Child Fam Stud* 2013;22:1082–91.
- 34 Giel KE, Hermann-Werner A, Mayer J, *et al.* Eating disorder pathology in elite adolescent athletes. *Int J Eat Disord* 2016;49:553–62.
- 35 Krentz EM, Warschburger P. Sports-related correlates of disordered eating in aesthetic sports. *Psychol Sport Exerc* 2011;12:375–82.
- 36 Mockdece Neves C, Filgueiras Meireles JF, *et al.* Body dissatisfaction among artistic gymnastics adolescent athletes and non-athletes. *Braz J Kineanthropom Hum Perform* 2016;18:82–92.
- 37 Polak E, Gardzińska A, Zadarko-Domaradzka M. Anorexic Readiness Syndrome in Elite Female Acrobatic Gymnasts-International Study. *Int J Environ Res Public Health* 2022;19:13181.
- 38 Salbach H, Klinkowski N, Pfeiffer E, *et al.* Body image and attitudinal aspects of eating disorders in rhythmic gymnasts. *Psychopathology* 2007;40:388–93.
- 39 Scoffier S, Corrion K, d'Arripe-Longueville F. Effects of achievement goals on female aesthetic athletes' disordered eating attitudes. *Sci Sports* 2013;28:e151–7.
- 40 Scoffier S, Maiano C, d'Arripe-Longueville F. The effects of social relationships and acceptance on disturbed eating attitudes in elite adolescent female athletes: the mediating role of physical self-perceptions. *Int J Eat Disord* 2010;43:65–71.
- 41 Tan JOA, Calitri R, Bloodworth A, *et al.* Understanding Eating Disorders in Elite Gymnastics: ethical and Conceptual Challenges. *Clin Sports Med* 2016;35:275–92.
- 42 Toro J, Galilea B, Martínez-Mallén E, *et al.* Eating disorders in Spanish female athletes. *Int J Sports Med* 2005;26:693–700.
- 43 Voelker DK, Gould D, Reel JJ. Prevalence and correlates of disordered eating in female figure skaters. *Psychol Sport Exerc* 2014;15:696–704.
- 44 Cartoni AC, Minganti C, Zelli A. Gender, Age, and Professional-Level Differences in the Psychological Correlates of Fear of Injury in Italian Gymnasts. *J Sport Behav* 2005;28:3–17.
- 45 Géczl G, Bognár J, Tóth L. Anxiety and Coping of Hungarian National Ice Hockey Players. *Int J Sports Sci Coach* 2008;3:277–85.
- 46 Géczl G, Tóth L, Sipos K, *et al.* Psychological profile of Hungarian national young ice hockey players. *Kinesiol Zagreb* 2009;41:88–96.
- 47 Klinkowski N, Korte A, Pfeiffer E, *et al.* Psychopathology in elite rhythmic gymnasts and anorexia nervosa patients. *Eur Child Adolesc Psychiatry* 2008;17:108–13.
- 48 Kuettel A, Durand-Bush N, Larsen CH. Mental Health Profiles of Danish Youth Soccer Players: the Influence of Gender and Career Development. *J Clin Sport Psychol* 2022;16:276–93.
- 49 Vacher P, Martinent G, Nicolas M. From training load to emotional states: a combined transactional and biopsychological approach. *Int J Stress Manag* 2023;30:38–46.
- 50 Casagrande P de O, Coimbra DR, Andrade A. BURNOUT IN ELITE TENNIS PLAYERS OF DIFFERENT JUNIOR CATEGORIES. *Rev Bras Med Esporte* 2018;24:121–4.
- 51 DeCouto BS, Cowan RL, Fawver B, *et al.* Nationality and sociocultural factors influence athlete development and sport outcomes: perspectives from United States and Austrian youth alpine ski racing. *J Sports Sci* 2021;39:1153–63.
- 52 Granz HL, Schnell A, Mayer J. Risk profiles for athlete burnout in adolescent elite athletes: a classification analysis. *Psychol Sport Exerc* 2019;41:130–41.
- 53 Gustafsson H, Skoog T, Davis P. Mindfulness and Its Relationship With Perceived Stress, Affect, and Burnout in Elite Junior Athletes. *J Clin Sport Psychol* 2015;9:263–81.
- 54 Diehl K, Thiel A, Zipfel S, *et al.* Substance use among elite adolescent athletes: findings from the GOAL Study. *Scand J Med Sci Sports* 2014;24:250–8.
- 55 Martinsen M, Sundgot-Borgen J. Adolescent elite athletes' cigarette smoking, use of snus, and alcohol. *Scand J Med Sci Sports* 2014;24:439–46.
- 56 Romero Carrasco AE, Campbell RZ, López AL, *et al.* Autonomy, coping strategies and psychological well-being in young professional tennis players. *Span J Psychol* 2013;16:E75.
- 57 Fernandes I, Gomes JH, Oliveira L. Monitoring of the Training Load and Well-Being of Elite Rhythmic Gymnastics Athletes in 25 Weeks: a Comparison between Starters and Reserves. *Sports (Basel)* 2022;10:192.
- 58 Kristiansen E, Roberts GC. Young elite athletes and social support: coping with competitive and organizational stress in 'Olympic' competition. *Scand Med Sci Sports* 2010;20:686–95.
- 59 Ledochowski L, Unterrainer C, Ruedl G, *et al.* Quality of life, coach behaviour and competitive anxiety in Winter Youth Olympic Games participants. *Br J Sports Med* 2012;46:1044–7.
- 60 Nédélec M, Lienhart N, Martinent G, *et al.* Personality traits, stress appraisals and sleep in young elite athletes: a profile approach. *Eur J Sport Sci* 2021;21:1299–305.
- 61 Sagar SS, Lavallee D, Spray CM. Coping With the Effects of Fear of Failure: a Preliminary Investigation of Young Elite Athletes. *J Clin Sport Psychol* 2009;3:73–98.
- 62 Coates J, Howe PD. Parents in the parasport pathway: parental experiences of facilitating their child's engagement in competitive disability sport. *J Appl Sport Psychol* 2023;35:1050–71.
- 63 Diehl K, Thielmann I, Thiel A. Possibilities to support elite adolescent athletes in improving performance: results from a qualitative content analysis. *Sci Sports* 2014;29:e115–25.
- 64 González-Villora S, Prieto-Ayuso A, León MP, *et al.* Elite futsal players' perceptions of paths to expertise: a multidimensional and qualitative approach. *Motr* 2022;18:20–30.
- 65 Greenlees I, Parr A, Murray S, *et al.* Elite Youth Soccer Players' Sources and Types of Soccer Confidence. *Sports (Basel)* 2021;9:146.
- 66 Hayman R, Polman R, Wharton K. ROLE STRAIN THEORY: APPLICABILITY IN UNDERSTANDING DEVELOPMENTAL EXPERIENCES OF INTERNATIONAL JUNIOR ACROBATIC GYMNASTS. *SGJ* 2020;12:173–86.
- 67 Jacobs F, Smits F, Knoppers A. 'You don't realize what you see!': the institutional context of emotional abuse in elite youth sport. *Sport Soc* 2017;20:126–43.
- 68 Kramers S, Thrower SN, Steptoe K. Parental strategies for supporting children's psychosocial development within and beyond elite sport. *J Appl Sport Psychol* 2023;35:498–520.
- 69 Marsters C, Tiatia-Seath J. Young Pacific Male Rugby Players' Perceptions and Experiences of Mental Wellbeing. *Sports (Basel)* 2019;7:83.
- 70 Mitchell T, Gledhill A, Nesti M. Practitioner Perspectives on the Barriers Associated With Youth-to-Senior Transition in Elite Youth Soccer Academy Players. *Int Sport Coach J* 2020;7:273–82.
- 71 Preston C, Allan V, Fraser-Thomas J. Facilitating Positive Youth Development in Elite Youth Hockey: exploring Coaches' Capabilities, Opportunities, and Motivations. *J Appl Sport Psychol* 2021;33:302–20.
- 72 Preston C, Allan V, Wolman L. The Coach-Parent Relationship and Athlete Development in Elite Youth Hockey: lessons Learned for Conflict Management. *Sport Psychol* 2020;34:143–52.
- 73 Rasmussen LJ, Gläveanu VP, Østergaard LD. Exploring the multifaceted role of creativity in an elite football context. *Qual Res Sport Exerc Health* 2020;12:256–71.
- 74 Rongen F, McKenna J, Copley S. Do youth soccer academies provide developmental experiences that prepare players for life beyond soccer? A retrospective account in the United Kingdom. *Sport Exerc Perform Psychol* 2021;10:359–80.
- 75 Smith SM, Cotterill ST, Brown H. An interpretative phenomenological analysis of performance influencing factors within the practice environment. *J Phys Educ Sport* 2020;20:1646–57.
- 76 Wixey D, Kingston K. Identifying the Psychological Characteristics Desired of Elite Youth Athletes: toward an Interdisciplinary Approach to Talent Development. *J Sport Behav* 2023;46:93–109.
- 77 Wixey DJ, Kingston K. An initial exploration into coaching strategies used to develop a mastery motivational climate within a Premier League Soccer Academy. *J Contemp Athl* 2021;15:229–44.
- 78 Collins K, Barber H. Female athletes' perceptions of parental influences. *J Sport Behav* 2005;28:295.
- 79 Cushion CJ, Jones RL. A systematic observation of professional top-level youth soccer coaches. *J Sport Behav* 2001;24:354.
- 80 Gábor G, Géza V, Miklós K. Elite Young Team Players' Coping, Motivation and Perceived Climate Measures. *Phys Cult Sport Stud Res* 2009;46:229–42.
- 81 Garcia-de-Alcaraz A, daYP, Batista GR. Exploring the relative age effect in Spanish beach volleyball players. *J Phys Educ Sport* 2022;22:2604–10.
- 82 Gonçalves CE, Coelho e Silva MJ, Carvalho HM, *et al.* Why do they engage in such hard programs? The search for excellence in youth basketball. *J Sports Sci Med* 2011;10:458–64.
- 83 Hendricks S, Till K, Weaving D. Training, match and non-rugby activities in elite male youth rugby union players in England. *Int J Sports Sci Coach* 2019;14:336–43.
- 84 Horn T, Glenn S, Campbell W. Perceived Peer Leadership Behaviors: links with Adolescent Female Athletes' Anxiety and Goal Orientation. *Sport Sci Res* 2010;19:239.

- 85 Ivarsson A, Stenling A, Fallby J. The predictive ability of the talent development environment on youth elite football players' well-being: a person-centered approach. *Psychol Sport Exerc* 2015;16:15–23.
- 86 Mitchell TO, Nesti M, Richardson D, et al. Exploring athletic identity in elite-level English youth football: a cross-sectional approach. *J Sports Sci* 2014;32:1294–9.
- 87 Saward C, Morris JG, Nevill ME, et al. Psychological characteristics of developing excellence in elite youth football players in English professional academies. *J Sports Sci* 2020;38:1380–6.
- 88 Tadesse T, Asmamaw A, H/Mariam S, et al. A survey of contextual factors and psychological needs satisfaction as correlates of youth athletes' developmental outcomes in the Ethiopian sports academy context. *BMC Sports Sci Med Rehabil* 2022;14:156.
- 89 Taylor IM, Bruner MW. The social environment and developmental experiences in elite youth soccer. *Psychol Sport Exerc* 2012;13:390–6.
- 90 Tedesqui RAB, Young BW. Relationships Between Athletes' Self-Reported Grit Levels and Coach-Reported Practice Engagement Over One Sport Season. *J Sport Behav* 2019;41:509.
- 91 Kristiansen E, MacIntosh EW, Parent MM. The Youth Olympic Games: a facilitator or barrier of the high-performance sport development pathway? *Eur Sport Manag Q* 2018;18:73–92.
- 92 Cupples B, O'Connor D, Copley S. Facilitating transition into a high-performance environment: the effect of a stressor-coping intervention program on elite youth rugby league players. *Psychol Sport Exerc* 2021;56:101973.
- 93 Blake M, Solberg VSH. Designing elite football programmes that produce quality athletes and future ready adults: incorporating social emotional learning and career development. *Soc & Soc* 2023;24:896–911.
- 94 Brenner JS, LaBotz M, Sugimoto D, et al. The Psychosocial Implications of Sport Specialization in Pediatric Athletes. *J Athl Train* 2019;54:1021–9.
- 95 Barth M, Güllich A, Macnamara BN, et al. Predictors of Junior Versus Senior Elite Performance are Opposite: a Systematic Review and Meta-Analysis of Participation Patterns. *Sports Med* 2022;52:1399–416.
- 96 Engebretsen L, Steffen K, Bahr R, et al. The International Olympic Committee Consensus statement on age determination in high-level young athletes. *Br J Sports Med* 2010;44:476–84.
- 97 Sabato TM, Walch TJ, Caine DJ. The elite young athlete: strategies to ensure physical and emotional health. *Open Access J Sports Med* 2016;7:99–113.
- 98 Sarmento H, Anguera MT, Pereira A, et al. Talent Identification and Development in Male Football: a Systematic Review. *Sports Med* 2018;48:907–31.
- 99 Suppiah HT, Low CY, Chia M. Detecting and developing youth athlete potential: different strokes for different folks are warranted. *Br J Sports Med* 2015;49:878–82.
- 100 Thompson F, Rongen F, Cowburn I, et al. The Impacts of Sports Schools on Holistic Athlete Development: a Mixed Methods Systematic Review. *Sports Med* 2022;52:1879–917.
- 101 Vargas PI, Reis F dos, Leite N. THE SPORTING TRAJECTORY OF ELITE ATHLETES IN ARTISTIC GYMNASTICS: a SYSTEMATIC REVIEW. *SGJ* 2021;13:337–55.
- 102 Memmini AK, Popovich MJ, Schuyten KH, et al. Achieving Consensus Through a Modified Delphi Technique to Create the Post-concussion Collegiate Return-to-Learn Protocol. *Sports Med* 2023;53:903–16.
- 103 Abbassi V. Growth and normal puberty. *Pediatrics* 1998;102:507–11.
- 104 Eisenmann JC, Till K, Baker J. Growth, maturation and youth sports: issues and practical solutions. *Ann Hum Biol* 2020;47:324–7.
- 105 Suleiman AB, Dahl RE. Leveraging Neuroscience to Inform Adolescent Health: the Need for an Innovative Transdisciplinary Developmental Science of Adolescence. *J Adolesc Health* 2017;60:240–8.
- 106 Lloyd RS, Oliver JL. The youth physical development model: a new approach to long-term athletic development. *S & C J* 2012;34:61–72.
- 107 Armstrong N. *Development of the youth athlete*. Oxford: Routledge, 2019.
- 108 Zakrzewski-Fruer JK, Thackray AE, Newell ML. *Oxford textbook of children's sport and exercise medicine*. 4th edn. Oxford: Oxford University Press, 2023:103–19.
- 109 Armstrong N, McManus AM. *Oxford Textbook of Children's Sport and Exercise Medicine*. 4th edn. Oxford: Oxford University Press, 2023:135–51.
- 110 Armstrong N, McNarry MA. *Oxford textbook of children's sport and exercise medicine*. 4th edn. Oxford: Oxford University Press, 2023:437–53.
- 111 Armstrong N, Welsman JR. The development of aerobic and anaerobic fitness with reference to youth athletes. *J Sci Sport Exerc* 2020;2:275–86.
- 112 De Ste Croix MBA. Development of muscle strength. In: Armstrong N, van Mechelen W, eds. *Oxford textbook of children's sport and exercise medicine*. Oxford: Oxford University Press, 2023: 49–65.
- 113 Jones DA, Round JM. Muscle development during childhood and adolescence. In: Hebestreit H, Bar-Or O, eds. *The young athlete*. Oxford: Blackwell, 2008: 18–26.
- 114 Lloyd RS, Cronin JB, Faigenbaum AD, et al. National Strength and Conditioning Association Position Statement on Long-Term Athletic Development. *J Strength Cond Res* 2016;30:1491–509.
- 115 Oliver JL, Cahill M, Uthoff A. Speed training for young athletes. In: Lloyd RS, Oliver JL, eds. *Strength and conditioning for young athletes*. 2nd edn. Oxford: Routledge, 2020: 207–27.
- 116 Oliver JL, Lloyd RS. Development and training of speed and agility. In: Armstrong N, van Mechelen W, eds. *Oxford textbook of children's sport and exercise medicine*. Oxford: Oxford University Press, 2023: 467–78.
- 117 McKay CD, Cumming SP, Blake T. Youth sport: friend or foe? *Best Pract Res Clin Rheumatol* 2019;33:141–57.
- 118 Parry GN, Williams S, McKay CD, et al. Associations Between Growth, Maturation, and Injury in Youth Athletes Engaged in Elite Pathways: a Scoping Review. *Br J Sports Med* 2024;58.
- 119 Bult HJ, Barendrecht M, Tak IJR. Injury Risk and Injury Burden Are Related to Age Group and Peak Height Velocity Among Talented Male Youth Soccer Players. *Orthop J Sports Med* 2018;6.
- 120 Monasterio X, Gil SM, Bidaurazaga-Letona I, et al. The burden of injuries according to maturity status and timing: a two-decade study with 110 growth curves in an elite football academy. *Eur J Sport Sci* 2023;23:267–77.
- 121 Rinaldo N, Gualdi-Russo E, Zaccagni L. Influence of Size and Maturity on Injury in Young Elite Soccer Players. *Int J Environ Res Public Health* 2021;18:3120.
- 122 van der Sluis A, Elferink-Gemser M, Coelho-e-Silva M. Sport Injuries Aligned to Peak Height Velocity in Talented Pubertal Soccer Players. *Int J Sports Med* 2013;35:351–5.
- 123 Hall ECR, Laruskain J, Gil SM, et al. Injury risk is greater in physically mature versus biologically younger male soccer players from academies in different countries. *Phys Ther Sport* 2022;55:111–8.
- 124 Patel TS, McGregor A, Williams K, et al. The influence of growth and training loads on injury risk in competitive trampolining gymnasts. *J Sports Sci* 2021;39:2632–41.
- 125 Johnson DM, Williams S, Bradley B, et al. Growing pains: maturity associated variation in injury risk in academy football. *Eur J Sport Sci* 2020;20:544–52.
- 126 Johnson DM, Cumming SP, Bradley B, et al. The influence of exposure, growth and maturation on injury risk in male academy football players. *J Sports Sci* 2022;40:1127–36.
- 127 Materne O, Chamari K, Farooq A, et al. Association of Skeletal Maturity and Injury Risk in Elite Youth Soccer Players: a 4-Season Prospective Study With Survival Analysis. *Orthop J Sports Med* 2021;9.
- 128 Patel TS, McGregor A, Fawcett L. Coach awareness, knowledge and practice in relation to growth and maturation and training load in competitive, young gymnasts. *Int J Sports Sci Coach* 2021;16:528–43.
- 129 Monasterio X, Gil SM, Bidaurazaga-Letona I, et al. Injuries according to the percentage of adult height in an elite soccer academy. *J Sci Med Sport* 2021;24:218–23.
- 130 Monasterio X, Gil S, Bidaurazaga-Letona I, et al. Peak Height Velocity Affects Injury Burden in Circa-PHV Soccer Players. *Int J Sports Med* 2023;44:292–7.
- 131 Fawcett L, Heneghan NR, James S, et al. Perceptions of low back pain in elite gymnastics: a multi-disciplinary qualitative focus group study. *Phys Ther Sport* 2020;44:33–40.
- 132 Faulkner RA, Davison KS, Bailey DA, et al. Size-corrected BMD decreases during peak linear growth: implications for fracture incidence during adolescence. *J Bone Miner Res* 2006;21:1864–70.
- 133 Wik EH, Martínez-Silván D, Farooq A, et al. Skeletal maturation and growth rates are related to bone and growth plate injuries in adolescent athletics. *Scand J Med Sci Sports* 2020;30:894–903.
- 134 Kemper GLJ, van der Sluis A, Brink MS, et al. Anthropometric Injury Risk Factors in Elite-standard Youth Soccer. *Int J Sports Med* 2015;36:1112–7.
- 135 Rommers N, Rössler R, Goossens L, et al. Risk of acute and overuse injuries in youth elite soccer players: body size and growth matter. *J Sci Med Sport* 2020;23:246–51.
- 136 Rommers N, Rössler R, Shrier I, et al. Motor performance is not related to injury risk in growing elite-level male youth football players. A causal inference approach to injury risk assessment. *J Sci Med Sport* 2021;24:881–5.
- 137 Bowerman E, Whatman C, Harris N, et al. Are maturation, growth and lower extremity alignment associated with overuse injury in elite adolescent ballet dancers? *Phys Ther Sport* 2014;15:234–41.
- 138 Holden S, Olesen JL, Winiarski LM, et al. Is the Prognosis of Osgood-Schlatter Poorer Than Anticipated? A Prospective Cohort Study With 24-Month Follow-up. *Orthop J Sports Med* 2021;9.
- 139 Caine D, Meyers R, Nguyen J, et al. Primary Periphyseal Stress Injuries in Young Athletes: a Systematic Review. *Sports Med* 2022;52:741–72.
- 140 Mandorino M, Figueiredo AJ, Gjaka M, et al. Injury incidence and risk factors in youth soccer players: a systematic literature review. Part II: Intrinsic and extrinsic risk factors. *Biol Sport* 2023;40:27–49.
- 141 Moseid NFH, Lemyre N, Roberts GC, et al. Associations between health problems and athlete burnout: a cohort study in 210 adolescent elite athletes. *BMJ Open Sport Exerc Med* 2023;9:e001514.
- 142 Visnes H, Aandahl HÅ, Bahr R. Jumper's knee paradox--jumping ability is a risk factor for developing jumper's knee: a 5-year prospective study. *Br J Sports Med* 2013;47:503–7.
- 143 Visnes H, Bahr R. Training volume and body composition as risk factors for developing jumper's knee among young elite volleyball players. *Scand J Med Sci Sports* 2013;23:607–13.
- 144 Jayanthi NA, LaBella CR, Fischer D, et al. Sports-specialized intensive training and the risk of injury in young athletes: a clinical case-control study. *Am J Sports Med* 2015;43:794–801.

- 145 Field AE, Tepolt FA, Yang DS, *et al.* Injury Risk Associated With Sports Specialization and Activity Volume in Youth. *Orthop J Sports Med* 2019;7.
- 146 Soares ALA, Carvalho HM. Burnout and dropout associated with talent development in youth sports. *Front Sports Act Living* 2023;5.
- 147 Sieghartsleitner R, Zuber C, Zibung M, *et al.* 'The Early Specialised Bird Catches the Worm!' - A Specialised Sampling Model in the Development of Football Talents. *Front Psychol* 2018;9:188.
- 148 Ramsay G, Mosher A, Baker J. Is There Just One Type of Multisport Pathway? A Scoping Review of Multisport Engagement in Early Athlete Development. *Sports Med Open* 2023;9:96.
- 149 Voskanian N. ACL Injury prevention in female athletes: review of the literature and practical considerations in implementing an ACL prevention program. *Curr Rev Musculoskelet Med* 2013;6:158–63.
- 150 Hewett TE, Myer GD, Ford KR. Anterior cruciate ligament injuries in female athletes: part 1, mechanisms and risk factors. *Am J Sports Med* 2006;34:299–311.
- 151 Padua DA, DiStefano LJ, Hewett TE, *et al.* National Athletic Trainers' Association Position Statement: prevention of Anterior Cruciate Ligament Injury. *J Athl Train* 2018;53:5–19.
- 152 Heering T, Rolley TL, Lander N, *et al.* Identifying modifiable risk factors and screening strategies associated with anterior cruciate ligament injury risk in children aged 6 to 13 years: a systematic review. *J Sports Sci* 2023;41:1337–62.
- 153 Gould RJ, Ridout AJ, Newton JL. Relative Energy Deficiency in Sport (RED-S) in Adolescents - A Practical Review. *Int J Sports Med* 2023;44:236–46.
- 154 Mountjoy M, Ackerman KE, Bailey DM, *et al.* 2023 International Olympic Committee's (IOC) consensus statement on Relative Energy Deficiency in Sport (REDs). *Br J Sports Med* 2023;57:1073–97.
- 155 Mitchell SB, Haase AM, Malina RM, *et al.* The role of puberty in the making and breaking of young ballet dancers: perspectives of dance teachers. *J Adolesc* 2016;47:81–9.
- 156 Haraldsdottir K, Watson AM. Psychosocial Impacts of Sports-related Injuries in Adolescent Athletes. *Curr Sports Med Rep* 2021;20:104–8.
- 157 Nyland J, Pyle B. Self-Identity and Adolescent Return to Sports Post-ACL Injury and Rehabilitation: will Anyone Listen? *Arthrosc Sports Med Rehabil* 2022;4:e287–94.
- 158 Andrews JL, Ahmed SP, Blakemore SJ. Navigating the Social Environment in Adolescence: the Role of Social Brain Development. *Biol Psychiatry* 2021;89:109–18.
- 159 Kilford EJ, Garrett E, Blakemore SJ. The development of social cognition in adolescence: an integrated perspective. *Neurosci Biobehav Rev* 2016;70:106–20.
- 160 Donnelly JE, Hillman CH, Castelli D, *et al.* Physical Activity, Fitness, Cognitive Function, and Academic Achievement in Children: a Systematic Review. *Med Sci Sports Exerc* 2016;48:1197–222.
- 161 Bailey R. Physical education and sport in schools: a review of benefits and outcomes. *J Sch Health* 2006;76:397–401.
- 162 Kari JT, Pehkonen J, Hutri-Kähönen N, *et al.* Longitudinal Associations between Physical Activity and Educational Outcomes. *Med Sci Sports Exerc* 2017;49:2158–66.
- 163 Pinto-Escalona T, Valenzuela PL, Esteban-Cornejo I, *et al.* Sport Participation and Academic Performance in Young Elite Athletes. *Int J Environ Res Public Health* 2022;19.
- 164 Stambulova NB, Engström C, Franck A, *et al.* Searching for an optimal balance: dual career experiences of Swedish adolescent athletes. *Psychol Sport Exerc* 2015;21:4–14.
- 165 Arain M, Haque M, Johal L, *et al.* Maturation of the adolescent brain. *Neuropsychiatr Dis Treat* 2013;9:449–61.
- 166 Lerner RM, Steinberg L, eds. *Handbook of adolescent psychology: individual bases of adolescent development*. 3rd edn. John Wiley & Sons, Inc, 2009.
- 167 Schubring A, Thiel A. Growth problems in youth elite sports. Social conditions, athletes' experiences and sustainability consequences. *Reflect Pract* 2014;15:78–91.
- 168 Schnell A, Diehl K, Mayer J, *et al.* Giving everything for athletic success! - Sports-specific risk acceptance of elite adolescent athletes. *Psychol Sport Exerc* 2014;15:165–72.
- 169 Martinsen M, Sundgot-Borgen J. Higher prevalence of eating disorders among adolescent elite athletes than controls. *Med Sci Sports Exerc* 2013;45:1188–97.
- 170 Brewer BW, Pettipas AJ. Athletic identity foreclosure. *Curr Opin Psychol* 2017;16:118–22.
- 171 Furie K, Park AL, Wong SE. Mental Health and Involuntary Retirement from Sports Post-Musculoskeletal Injury in Adult Athletes: a Systematic Review. *Curr Rev Musculoskelet Med* 2023;16:211–9.
- 172 Bergeron MF. The young athlete: challenges of growth, development, and society. *Curr Sports Med Rep* 2010;9:356–8.
- 173 Emery HM. Considerations in child and adolescent athletes. *Rheum Dis Clin North Am* 1996;22:499–513.
- 174 Strachan L, Côté J, Deakin J. A new view: exploring positive youth development in elite sport contexts. *Qual Res Sport Exerc Health* 2011;3:9–32.
- 175 Ruttenfranz J. Ethical considerations: the participation of children in elite sports. *Pediatrician* 1986;13:14–7.
- 176 Rongen F, McKenna J, Cogley S, *et al.* Psychosocial outcomes associated with soccer academy involvement: longitudinal comparisons against aged matched school pupils. *J Sports Sci* 2020;38:1387–98.
- 177 Kessler RC, Berglund P, Demler O, *et al.* Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry* 2005;62:593–602.
- 178 Solmi M, Radua J, Olivola M, *et al.* Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. *Mol Psychiatry* 2022;27:281–95.
- 179 Patel V, Flisher AJ, Hetrick S, *et al.* Mental health of young people: a global public-health challenge. *Lancet* 2007;369:1302–13.
- 180 Arnett JJ, Hughes M. *Adolescence and emerging adulthood*. Boston, MA: Pearson, 2014.
- 181 Copeland W, Shanahan L, Costello EJ, *et al.* Cumulative prevalence of psychiatric disorders by young adulthood: a prospective cohort analysis from the Great Smoky Mountains Study. *J Am Acad Child Adolesc Psychiatry* 2011;50:252–61.
- 182 Costello EJ, Mustillo S, Erkanli A, *et al.* Prevalence and development of psychiatric disorders in childhood and adolescence. *Arch Gen Psychiatry* 2003;60:837–44.
- 183 Leadbeater BJ, Kuperminc GP, Blatt SJ, *et al.* A multivariate model of gender differences in adolescents' internalizing and externalizing problems. *Dev Psychol* 1999;35:1268–82.
- 184 Stambulova NB, Ryba TV, Henriksen K. Career development and transitions of athletes: the International Society of Sport Psychology Position Stand Revisited. *Int J Sport Exerc Psychol* 2021;19:524–55.
- 185 Wylleman P, Reints A, DeP, *et al.* A developmental and holistic perspective on athletic career development. In: Sotiaradou P, Bosscher VD, eds. *Managing high performance sport*. New York: Routledge, 2013: 159–82.
- 186 Drew K, Morris R, Tod D, *et al.* A meta-study of qualitative research on the junior-to-senior transition in sport. *Psychol Sport Exerc* 2019;45:101556.
- 187 Weber S, Puta C, Lesinski M, *et al.* Symptoms of Anxiety and Depression in Young Athletes Using the Hospital Anxiety and Depression Scale. *Front Physiol* 2018;9:182.
- 188 Brand R, Wolff W, Hoyer J. Psychological symptoms and chronic mood in representative samples of elite student-athletes, deselected student-athletes and comparison students. *Sch Ment Health* 2013;5:166–74.
- 189 Australian Bureau of Statistics. National study of mental health and wellbeing. 2022. Available: <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/2020-21> [Accessed 28 Apr 2023].
- 190 Kessler RC, McGonagle KA, Zhao S. Lifetime and 12-Month Prevalence of DSM-III-R Psychiatric Disorders in the United States. *Arch Gen Psychiatry* 1994;51:8.
- 191 Nixdorf I, Frank R, Beckmann J. Comparison of Athletes' Proneness to Depressive Symptoms in Individual and Team Sports: research on Psychological Mediators in Junior Elite Athletes. *Front Psychol* 2016;7:893.
- 192 Schaal K, Tafflet M, Nassif H, *et al.* Psychological balance in high level athletes: gender-based differences and sport-specific patterns. *PLoS One* 2011;6:e19007.
- 193 Rice SM, Treeby MS, Olive L, *et al.* Athlete Experiences of Shame and Guilt: Initial Psychometric Properties of the Athletic Perceptions of Performance Scale Within Junior Elite Cricketers. *Front Psychol* 2021;12:581914.
- 194 Gwyther K, Pilkington V, Bailey AP, *et al.* Mental health and well-being of elite youth athletes: a scoping review. *Br J Sports Med* 2024;58.
- 195 Mountjoy M, Junge A, Budgett R, *et al.* Health promotion by International Olympic Sport Federations: priorities and barriers. *Br J Sports Med* 2019;53:1117–25.
- 196 Mayer J, Giel KE, Malcolm D. Compete or rest? Willingness to compete hurt among adolescent elite athletes. *Psychol Sport Exerc* 2018;35:143–50.
- 197 Mayer J, Burgess S, Thiel A. Return-To-Play Decision Making in Team Sports Athletes. A Quasi-Naturalistic Scenario Study. *Front Psychol* 2020;11:1020.
- 198 Pedersen JR, Møller M, Storm LK, *et al.* To rest or to compete? A 4-week cohort study of analgesic use and willingness to compete hurt in Danish youth elite athletes. *J Sci Med Sport* 2023;26:580–5.
- 199 Sanders P, Winter S. Going pro: exploring adult triathletes' transitions into elite sport. *Sport Exerc Perform Psychol* 2016;5:193–205.
- 200 Armstrong LE, Bergeron MF, Lee EC, *et al.* Overtraining Syndrome as a Complex Systems Phenomenon. *Front Netw Physiol* 2021;1.
- 201 Soligard T, Schwellnus M, Alonso J-M, *et al.* How much is too much? (Part 1) International Olympic Committee consensus statement on load in sport and risk of injury. *Br J Sports Med* 2016;50:1030–41.
- 202 Schwellnus M, Soligard T, Alonso J-M, *et al.* How much is too much? (Part 2) International Olympic Committee consensus statement on load in sport and risk of illness. *Br J Sports Med* 2016;50:1043–52.
- 203 Rowland T. Thermoregulation during exercise in the heat in children: old concepts revisited. *J Appl Physiol (1985)* 2008;105:718–24.
- 204 Bergeron MF. Training and competing in the heat in youth sports: no sweat? *Br J Sports Med* 2015;49:837–9.
- 205 Milewski MD, Skaggs DL, Bishop GA, *et al.* Chronic lack of sleep is associated with increased sports injuries in adolescent athletes. *J Pediatr Orthop* 2014;34:129–33.
- 206 Pujalte GGA, Benjamin HJ. Sleep and the Athlete. *Curr Sports Med Rep* 2018;17:109–10.
- 207 Walsh NP, Halson SL, Sargent C, *et al.* Sleep and the athlete: narrative review and 2021 expert consensus recommendations. *Br J Sports Med* 2020.
- 208 Taylor L, Christmas BCR, Dascombe B, *et al.* The Importance of Monitoring Sleep within Adolescent Athletes: athletic, Academic, and Health Considerations. *Front Physiol* 2016;7:101.

- 209 Thomas DT, Erdman KA, Burke LM. American College of Sports Medicine Joint Position Statement. Nutrition and Athletic Performance. *Med Sci Sports Exerc* 2016;48:543–68.
- 210 Collins J, Maughan RJ, Gleeson M, et al. UEFA expert group statement on nutrition in elite football. Current evidence to inform practical recommendations and guide future research. *Br J Sports Med* 2021;55:416.
- 211 McCubbin AJ, Allanson BA, Caldwell Odgers JN, et al. Sports Dietitians Australia Position Statement: nutrition for Exercise in Hot Environments. *Int J Sport Nutr Exerc Metab* 2020;30:83–98.
- 212 Wada. World anti-doping A. 2023. Available: <https://www.wada-ama.org/en> [Accessed 16 Mar 2023].
- 213 Burke LM. Practical Issues in Evidence-Based Use of Performance Supplements: Supplement Interactions, Repeated Use and Individual Responses. *Sports Med* 2017;47:79–100.
- 214 Kozhuharov VR, Ivanov K, Ivanova S. Dietary Supplements as Source of Unintentional Doping. *Biomed Res Int* 2022;2022.
- 215 Buell JL, Franks R, Ransone J, et al. National Athletic Trainers' Association position statement: evaluation of dietary supplements for performance nutrition. *J Athl Train* 2013;48:124–36.
- 216 Diehl K, Thiel A, Zipfel S, et al. Elite adolescent athletes' use of dietary supplements: characteristics, opinions, and sources of supply and information. *Int J Sport Nutr Exerc Metab* 2012;22:165–74.
- 217 Maughan RJ, Burke LM, Dvorak J, et al. IOC consensus statement: dietary supplements and the high-performance athlete. *Br J Sports Med* 2018;52:439–55.
- 218 Mountjoy M, Sundgot-Borgen J, Burke L, et al. The IOC consensus statement: beyond the Female Athlete Triad—Relative Energy Deficiency in Sport (RED-S). *Br J Sports Med* 2014;48:491–7.
- 219 Areta JL, Elliott-Sale KJ. Nutrition for female athletes: what we know, what we don't know, and why. *Eur J Sport Sci* 2022;22:669–71.
- 220 McHaffie SJ, Langan-Evans C, Morehen JC. Carbohydrate fear, skinfold targets and body image issues: a qualitative analysis of player and stakeholder perceptions of the nutrition culture within elite female soccer. *Sci Med Football* 2022;6:675–85.
- 221 Ackerman KE, Stellingwerff T, Elliott-Sale KJ, et al. #REDS (Relative Energy Deficiency in Sport): time for a revolution in sports culture and systems to improve athlete health and performance. *Br J Sports Med* 2020;54:369–70.
- 222 Stellingwerff T, Heikura IA, Meeusen R, et al. Overtraining Syndrome (OTS) and Relative Energy Deficiency in Sport (RED-S): shared Pathways, Symptoms and Complexities. *Sports Med* 2021;51:2251–80.
- 223 Lohman TG, Going SB, Herrin BR. Body composition assessment in the young athlete. In: Hebestreit HU, Bar-Or O, eds. *The young athlete*. Oxford: Blackwell, 2008: 415–29.
- 224 Chang C, Putukian M, Aerni G, et al. Mental health issues and psychological factors in athletes: detection, management, effect on performance and prevention: American Medical Society for Sports Medicine Position Statement-Executive Summary. *Br J Sports Med* 2020;54:216–20.
- 225 WADA. Operation refuge - an examination of doping among minors. 2024. Available: https://www.wada-ama.org/sites/default/files/2024-01/wada_public_report_-_operation_refuge_24jan.pdf [Accessed 2 Feb 2024].
- 226 Weedon G. Youth migration in english professional football: living, labouring and learning in premier league academies. In: *Football and migration*. Routledge, 2014: 176–90.
- 227 Weedon G. Glocal boys': exploring experiences of acculturation amongst migrant youth footballers in Premier League academies. *Int Rev Social Sport* 2012;47:200–16.
- 228 Fédération Internationale de Football A. *Regulations on the status and transfer of players*. Zurich, Switzerland, 2022. Available: <https://digitalhub.fifa.com/m/620d0240c40944ed/original/Regulations-on-the-Status-and-Transfer-of-Players-October-2022-edition.pdf>
- 229 BBC. Commercialisation in sport. Available: <https://www.bbc.co.uk/bitesize/guides/zsx7tyc/revision/1> [Accessed 18 Mar 2023].
- 230 Gregory S. How kids' sports became a \$15 billion industry. TIME; 2017. Available: <https://time.com/magazine/us/4913681/september-4th-2017-vol-190-no-9-u-s/> [Accessed 23 Sep 2023].
- 231 Karlsson J, Kilger M, Bäckström Å, et al. Selling youth sport: the production and promotion of immaterial values in commercialised child and youth sport. *Sport Educ Soc* 2023;28:565–78.
- 232 Seanor ME, Giffin CE, Schinke RJ, et al. Pixies in a windstorm: tracing Australian gymnasts' stories of athlete maltreatment through media data. *Sport Soc* 2022;2022:1–20.
- 233 World Athletics. Online abuse study covering World Athletics Championships Oregon22. 2022. Available: <https://assets.aws.worldathletics.org/document/6389c796714a27f250a15a6a.pdf> [Accessed 18 Mar 2023].
- 234 World Athletics. Online abuse study covering Tokyo Olympic Games. 2020. Available: <https://assets.aws.worldathletics.org/document/619f83480b038f437f485aea.pdf> [Accessed 18 Mar 2023].
- 235 Bonsaksen T, Steigen AM, Stea TH, et al. Negative social media-related experiences and lower general self-efficacy are associated with depressive symptoms in adolescents. *Front Public Health* 2022;10:1037375.
- 236 Côté J. The influence of the family in the development of talent in sport. *Sport Psychol* 1999;13:395–417.
- 237 Côté J, Fraser-Thomas J. Youth involvement and positive development in sport. In: Crocker PRE, ed. *Sport psychology: a canadian perspective*. 3rd edn. Toronto: Pearson, 2016.
- 238 Hansen DM, Larson RW. Amplifiers of developmental and negative experiences in organized activities: dosage, motivation, lead roles, and adult-youth ratios. *J Appl Dev Psychol* 2007;28:360–74.
- 239 Larson RW. Toward a psychology of positive youth development. *Am Psychol* 2000;55:170–83.
- 240 Lerner RM, Fisher CB, Weinberg RA. Toward a science for and of the people: promoting civil society through the application of developmental science. *Chil Dev* 2000;71:11–20.
- 241 National Research Council and Institute of Medicine. Features of positive developmental settings. In: *Community programs to promote community development*. Washington, D.C: National Academy Press, 2002: 86–118.
- 242 Côté J, Murata A, Martin L. The personal and social development of children in sport. In: Smith PK, Hart CH, eds. *Wiley-blackwell handbook of childhood social development*. West Sussex, UK: John Wiley & Sons Ltd, 2022: 386–404.
- 243 Mountjoy M, Vertommen T, Greinig S, et al. 'Nothing About Us, Without Us': Empowering the Youth Athlete Voice in #SafeSport. *Clin J Sport Med* 2022;32:79–81.
- 244 Hidi S, Renninger KA. The Four-Phase Model of Interest Development. *Educ Psychol* 2006;41:111–27.
- 245 Pearce NJ, Larson RW. How Teens Become Engaged in Youth Development Programs: the Process of Motivational Change in a Civic Activism Organization. *Appl Dev Sci* 2006;10:121–31.
- 246 Côté J, Abernethy B. A developmental approach to sport expertise. In: Murphy S, ed. *The Oxford handbook of sport and performance psychology*. New York, NY: Oxford University Press, 2012: 435–47.
- 247 Malina RM, Cumming SP, Rogol AD, et al. Bio-Banding in Youth Sports: background, Concept, and Application. *Sports Med* 2019;49:1671–85.
- 248 Güllich A, Macnamara BN, Hambrick DZ. What Makes a Champion? Early Multidisciplinary Practice, Not Early Specialization, Predicts World-Class Performance. *Perspect Psychol Sci* 2022;17:6–29.
- 249 Malina RM, Cumming SP, Coelho-e-Silva MJ, et al. Talent identification and development in the context of 'growing up'. In: *Routledge handbook of talent identification and development in sport*. Routledge, 2017: 150–68.
- 250 Hill M, Scott S, Malina RM, et al. Relative age and maturation selection biases in academy football. *J Sports Sci* 2020;38:1359–67.
- 251 Johnson A, Farooq A, Whiteley R. Skeletal maturation status is more strongly associated with academy selection than birth quarter. *Sci Med Football* 2017;1:157–63.
- 252 Myburgh GK, Cumming SP, Coelho E Silva M, et al. Growth and maturity status of elite British junior tennis players. *J Sports Sci* 2016;34:1957–64.
- 253 Donohue B, Miller A, Crammer L, et al. A standardized method of assessing sport specific problems in the relationships of athletes with their coaches, teammates, family, and peers. *J Sport Behav* 2007;30:375–97.
- 254 Ames C. Classrooms: goals, structures, and student motivation. *J Educ Psychol* 1992;84:261–71.
- 255 Smith RE, Smoll FL, Cumming SP. Effects of a Motivational Climate Intervention for Coaches on Young Athletes' Sport Performance Anxiety. *J Sport Exerc Psychol* 2007;29:39–59.
- 256 Mossman LH, Slemp GR, Lewis KJ, et al. Autonomy support in sport and exercise settings: a systematic review and meta-analysis. *Int Rev Sport Exerc Psychol* 2024;17:540–63.
- 257 Fraser-Thomas J, Côté J. Understanding Adolescents' Positive and Negative Developmental Experiences in Sport. *Sport Psychol* 2009;23:3–23.
- 258 Erickson K, Côté J. A season-long examination of the motivational tone of coach-athlete interactions in youth sport. *Psychol Sport Exerc* 2016;22:264–72.
- 259 Erikstad MK, Tore Johansen B, Johnsen M, et al. 'As Many as Possible for as Long as Possible'—A Case Study of a Soccer Team That Fosters Multiple Outcomes. *Sport Psychol* 2021;35:131–41.
- 260 Henriksen K, Stambulova N, Roessler KK. Holistic approach to athletic talent development environments: a successful sailing milieu. *Psychol Sport Exerc* 2010;11:212–22.
- 261 Bruner MW, Eys MA, Martin LJ. *The power of groups in youth sport*. London, UK: Elsevier, 2020.
- 262 Erickson K, Côté J, Hollenstein T, et al. Examining coach-athlete interactions using state space grids: an observational analysis in competitive youth sport. *Psychol Sport Exerc* 2011;12:645–54.
- 263 Vella SA, Oades LG, Crowe TP. A Pilot Test of Transformational Leadership Training for Sports Coaches: impact on the Developmental Experiences of Adolescent Athletes. *Int J Sports Sci Coach* 2013;8:513–30.
- 264 Duda JL. Setting the stage for the PAPA project. *Int J Sport Exerc Psychol* 2013;11:311–8.

- 265 Turnnidge J, Côté J. Observing Coaches' Leadership Behaviours: the Development of the Coach Leadership Assessment System (CLAS). *Meas Phys Educ Exerc Sci* 2019;23:214–26.
- 266 Lawrason S, Turnnidge J, Martin L, et al. Assessing the effectiveness of a transformational coaching workshop for changing youth sport coaches' behaviours. *Sport Psychol* 2019;33:304–12.
- 267 Côté J, Hancock D, Abernethy B. Nurturing talent in youth sport. In: Papaioannou AG, Hackfort D, eds. *Routledge companion to sport and exercise psychology: global perspectives and fundamental concepts*. London: Routledge, 2014: 22–33.
- 268 Li J, Julian MM. Developmental relationships as the active ingredient: a unifying working hypothesis of 'what works' across intervention settings. *Am J Orthopsychiatry* 2012;82:157–66.
- 269 Wilson SG, KurtzFavero M, Smith HH, et al. They Are Still Children: a Scoping Review of Conditions for Positive Engagement in Elite Youth Sport. *Br J Sports Med* 2024;58.
- 270 International Safeguarding Children in Sport Working Group. International safeguards for children in sport. Available: <https://www.sportanddev.org/sites/default/files/downloads/international-safeguards-for-children-in-sport-version-to-view-online.pdf> [Accessed 1 Mar 2022].
- 271 Reardon CL, Hainline B, Aron CM, et al. Mental health in elite athletes: international Olympic Committee consensus statement (2019). *Br J Sports Med* 2019;53:667–99.
- 272 Daley MM, Reardon CL. Mental Health in the Youth Athlete. *Clin Sports Med* 2024;43:107–26.
- 273 Flett GL, Hewitt PL. The perils of perfectionism in sports' revisited: toward a broader understanding of the pressure to be perfect and its impact on athletes and dancers. *Int J Sport Psychol* 2014;45:395–407.
- 274 Jensen SN, Ivarsson A, Fallby J, et al. Depression in Danish and Swedish elite football players and its relation to perfectionism and anxiety. *Psychol Sport Exerc* 2018;36:147–55.
- 275 Daley MM, Shoop J, Christino MA. Mental Health in the Specialized Athlete. *Curr Rev Musculoskelet Med* 2023;16:410–8.
- 276 Kerr G, Battaglia A, Stirling A. Maltreatment in Youth Sport: a Systemic Issue. *Kinesiol Rev (Champaign)* 2019;8:237–43.
- 277 Walton C, Rice S, Hutter V, et al. Mental health in youth athletes: a clinical review. *Adv Psychiatry Behav Health* 2021;1:119–33.
- 278 Fusar-Poli P, McGorry PD, Kane JM. Improving outcomes of first-episode psychosis: an overview. *World Psychiatry* 2017;16:251–65.
- 279 Knapp M, McDaid D, Parsonage M. *Mental health promotion and mental illness prevention: the economic case*. United Kingdom: London School of Economics and Political Science, 2011.
- 280 Gulliver A, Griffiths KM, Christensen H. Barriers and facilitators to mental health help-seeking for young elite athletes: a qualitative study. *BMC Psychiatry* 2012;12:157.
- 281 International Olympic Committee. IOC mental health in elite athletes toolkit. Lausanne, Switzerland; 2021. Available: <https://olympics.com/athlete365/mentally-fit/mentallyfit-toolkit-resources> [Accessed 1 Feb 2024].
- 282 Purcell R, Gwyther K, Rice SM. Mental Health In Elite Athletes: increased Awareness Requires An Early Intervention Framework to Respond to Athlete Needs. *Sports Med Open* 2019;5:46.
- 283 Purcell R, Pilkington V, Carberry S, et al. An Evidence-Informed Framework to Promote Mental Wellbeing in Elite Sport. *Front Psychol* 2022;13:780359.
- 284 Dorsch TE, Smith AL, Blazo JA, et al. Toward an Integrated Understanding of the Youth Sport System. *Res Q Exerc Sport* 2022;93:105–19.
- 285 Suh CS, Lim Y, Kim HH-S. Ready to Rumble? Popularity, Status Ambiguity, and Interpersonal Violence Among School-Based Children. *J Interpers Violence* 2023;38:3612–36.
- 286 Stirling AE, Kerr GA. Abused athletes' perceptions of the coach-athlete relationship. *Sport Soc* 2009;12:227–39.
- 287 Brackenridge C, Kirby S. PLAYING SAFE: assessing the Risk of Sexual Abuse to Elite Child Athletes. *Int Rev Sociol Sport* 1997;32:407–18.
- 288 Interim age estimation science advisory committee. Biological evaluation methods to assist in assessing the age of unaccompanied asylum-seeking children (accessible). London, United Kingdom; 2023. Available: <https://www.gov.uk/government/publications/methods-to-assess-the-age-of-unaccompanied-asylum-seeking-children/biological-evaluation-methods-to-assist-in-assessing-the-age-of-unaccompanied-asylum-seeking-children-accessible#executive-summary> [Accessed 17 Feb 2024].
- 289 Vertommen T, Decuyper M, Parent S, et al. Validation of the Dutch (Flemish) version of the Violence Towards Athletes Questionnaire (VTAQ). *Loisir et Société / Society and Leisure* 2022;45:390–408.
- 290 Dvorak J, George J, Junge A, et al. Age determination by magnetic resonance imaging of the wrist in adolescent male football players. *Br J Sports Med* 2007;41:45–52.
- 291 Aanes H, Bleka Ø, Dahlberg PS, et al. A new blood based epigenetic age predictor for adolescents and young adults. *Sci Rep* 2023;13:2303.
- 292 Dallora AL, Kvist O, Berglund JS, et al. Chronological Age Assessment in Young Individuals Using Bone Age Assessment Staging and Nonradiological Aspects: machine Learning Multifactorial Approach. *JMIR Med Inform* 2020;8:e18846.
- 293 Raschner C, Müller L, Hildebrandt C. The role of a relative age effect in the first winter Youth Olympic Games in 2012. *Br J Sports Med* 2012;46:1038–43.
- 294 Finch CF, White P. The new concussion in sport guidelines are here. But how do we get them out there? *Br J Sports Med* 2017;51:1734–6.
- 295 Bittencourt NFN, Meeuwisse WH, Mendonça LD, et al. Complex systems approach for sports injuries: moving from risk factor identification to injury pattern recognition-narrative review and new concept. *Br J Sports Med* 2016;50:1309–14.
- 296 López-Valenciano A, Ayala F, Puerta JosM, et al. A Preventive Model for Muscle Injuries: a Novel Approach based on Learning Algorithms. *Med Sci Sports Exerc* 2018;50:915–27.