

Every year in the UK over 50,000 children receive speech and language therapy for speech sound disorder (SSD). The prevalence of SSD is high, with estimates of 3.4% to 3.8% in children aged 4-8 years. There are several subtypes of SSD and accurate differential diagnosis signposts efficacious interventions. However, little is known about the effectiveness of these interventions in clinical practice.

In the UK, speech and language therapy for children is provided by the NHS and is free at the point of access. Speech and language therapy services routinely collect detailed data about the outcomes of assessments and the intervention provided. However, when children are discharged following successful intervention there is rarely a final assessment, so we have no record of progress due to intervention.

With the aim of developing a digital template for routine use in the NHS to enable large scale evaluation of interventions for SSD, the MISLToe\_SSD study engaged UK and international speech and language therapists (SLTs) to develop a core outcome set (COS) for SSD. Integral to the COS is agreed terminology, outcome measures, identified interventions to achieve the outcomes and a minimum dataset (MDS) which supports interpretation of the COS in a clinical, quality improvement, research or policy context.

The MISLToe\_SSD study comprised an umbrella review, participatory workshops, and a modified Delphi process following the COMET (Core Outcome Measures in Effectiveness Trials) Initiative protocol.

As well as achieving our aims, MISLToe\_SSD revealed much about the research practice gap for assessment protocols, terminology and interventions. Important messages emerged for researchers striving for impact and practitioners striving to implement evidence.